



CAIRO  
DIAGNOSTICS

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Requisition Number T -

STAT Results ☐ Call ☐ Fax

Need Results By / /

### Hematopathology Requisition Form

#### Patient Information (Required)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

##### Gender Identity

- ☐ Male ☐ Female ☐ Female-to-Male (FTM) ☐ Male-to-Female (MTF)  
☐ Other \_\_\_\_\_ ☐ Choose Not to Disclose

##### Race/Ethnicity

- ☐ American Indian or Alaskan Native ☐ Black or African American ☐ White  
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino  
☐ Other \_\_\_\_\_ ☐ Choose Not to Disclose

##### Sexual Orientation

- ☐ Lesbian, Gay or Homosexual ☐ Straight Heterosexual ☐ Bisexual  
☐ Other \_\_\_\_\_ ☐ Choose Not to Disclose

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Med Rec# / Patient ID# \_\_\_\_\_

#### Physician Information (Required)

##### Account Information

Tel \_\_\_\_\_ Fax \_\_\_\_\_

#### Service Requested (Required)

- ☐ **Comprehensive Evaluation**  
(Based on the diagnosis under consideration, perform a comprehensive evaluation bone marrow and/or blood morphology, flow cytometry, cytogenetics and/or FISH, and molecular as determined necessary by a Cairo Diagnostics hematopathologist.)
- ☐ **Perform marked tests only**
- ☐ **Technical only**  
(Results without interpretation)
- ☐ **Call us to discuss appropriate testing**

#### Clinical Information (Required)

Attach CBC & Clinical Note

##### Clinical Notes ICD-10

Authorized Signature \* \_\_\_\_\_ Date / /

\* Disclaimer: The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary. By signing above, I have obtained patient's informed consent for the requested tests. In case of Solid Tumor testing, the signature above authorizes the release of the patient's specimen block/slides from its collection (Holding) facility.

#### Billing Information (Required, Attach insurance information)

- ☐ Insurance ☐ Client ☐ Patient ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient (Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients)

#### Disease Categories - Testing Indications

- ☐ Anemia ☐ Leukopenia ☐ Thrombocytopenia ☐ MDS ☐ Erythrocytosis ☐ Leukocytosis ☐ Thrombocytosis ☐ MPN ☐ AML ☐ ALL  
☐ MGUS/Myeloma ☐ Lymphoma ☐ CLL ☐ High Grade Lymphoma ☐ Hodgkin's Lymphoma ☐ T-cell Lymphoma ☐ LGL ☐ Others \_\_\_\_\_

#### Specimen Information (Required)

Collection Date / / Time \_\_\_\_\_

☐ Peripheral Blood (# \_\_\_\_\_) Green top(s) (# \_\_\_\_\_) Lavender top(s)

☐ Bone Marrow Aspirate (# \_\_\_\_\_) Green top(s) (# \_\_\_\_\_) Lavender top(s)

☐ Fresh Tissue (# \_\_\_\_\_) ☐ FNA (# \_\_\_\_\_) ☐ Smears (# \_\_\_\_\_)

☐ Paraffin Blocks (# \_\_\_\_\_) ☐ Slides (# \_\_\_\_\_)

☐ Biopsies (Total Number) \_\_\_\_\_

Body Site (#1) \_\_\_\_\_ Body Site (#2) \_\_\_\_\_

Body Site (#3) \_\_\_\_\_ Body Site (#4) \_\_\_\_\_



##### Morphologic Evaluation

- ☐ CBC and Peripheral Blood morphology with differential ☐ Tissue biopsy  
☐ Bone marrow biopsy ☐ Clot ☐ Smears ☐ Consult slides



##### Flow Cytometry

- ☐ Leukemia ☐ Lymphoma ☐ Myeloma ☐ MDS/AML ☐ CLL  
☐ T-cell Lymphoma ☐ LGL ☐ PNH ☐ Other \_\_\_\_\_



##### Molecular

###### Hematopathology

- ☐ JAK2 ☐ MPL ☐ CALR ☐ MYD88/CXCR4  
☐ BCR-ABL ☐ IgVH ☐ B-CELL ☐ T-CELL

###### Comprehensive Myeloid Panel

- ☐ AML ☐ CMML ☒ DDX41/BAX/MEN1  
☐ MDS ☐ MPN ☐ Others \_\_\_\_\_

###### Comprehensive Lymphoid Panel

- ☐ CLL ☐ Lymphoma

###### Solid Tumor

- ☐ MSI

###### Comprehensive Solid Tumor Panel

- ☐ Colon ☐ Melanoma  
☐ Lung ☐ Others  
☐ Prostate

- ☐ Tumor Mutation Burden (TMB)



##### Cytogenetics

Karyotyping ☐ Karyotyping and/or FISH as determined by hematopathologist

- FISH ☐ MDS ☐ AML ☐ CML  
☐ MPN ☐ CLL ☐ LPD  
☐ Myeloma ☐ Eosinophilia ☐ ALL

#### Additional Tests Notes, Requests, etc.

## Flow Cytometry Panels

**Standard Screening Panel:** CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD13, CD14, CD16, CD19, CD20, CD22, CD33, CD34, CD38, CD45, CD56, CD11b, CD117, HLA-DR, Kappa, Lambda.

**Lymphoid Screening Panel (Lymph Node):** CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD19, CD20, CD22, CD38, CD45, Kappa, Lambda.

**B Cell Addons:** CD11c, CD19, CD20, CD23, CD25, CD45, CD49d, CD79b, CD103, CD200.

**T Cell Addons:** CD1a, CD3, CD4, CD16, CD25, CD26, CD30, CD45, TCR a/b, TCR Cb1, TCR PAN  $\gamma/\delta$ .

**Myeloma Panel:** cKappa, cLambda, CD19, CD27, CD38, CD45, CD56, CD81, CD117, CD138.

**Myeloid Extended:** CD34, CD36, CD38, CD41, CD45, CD64, CD71, CD123, CD235a, HLA-DR.

**Cytoplasmic Panel:** cCD3, cCD22, cCD79a, cMPO, cTdT, CD3, CD19, CD33, CD34, CD45.

**PNH:** CD14, CD15, CD24, CD45, CD56, CD64, CD235, FLAER.

## Cytogenetics Panels

**ALL:** ABL1/BCR (9q34.1/22q11.2), MLL (11q23), ETV6 (12p13.2), IGH (14q32.3).

**AML:** D5S23,D5S721/EGR1 (5p15.2/5q31), CEP 7/D7S522 (7p11.1/7q31), RUNX1T1/RUNX1 (8q21.3/21q22), MLL (11q23), PML/RARA (15q24/17q21.1-21.2), CBFB (16q22), TP53 (q13.1)/CEP 17 (17p11.1q11.1).

**CLL:** CCND1/IGH (11q13.2/14q32.3), ATM (11q22.3), CEP 12 (p11.1-q11), D13S319 (13q14.3)/LAMP1 (13q34), TP53 (17p13.1).

**CML:** ABL1/BCR (9q34.1/22q11.2).

**EOSINOPHILIA:** PDGFRA (4q12), PDGFRB (5q32), FGFR1 (8p11.23-p11.22), PCM1/JAK2 (8p22/9p24.1).

**MDS:** D5S23,D5S721/EGR1 (5p15.2/5q31), CEP 7/D7S522 (7p11.1-q11.1/7q31), CEP 8 (p11.1-q11.1), ETV6 (12p13.2), TP53 (17p13.1)/CEP 17 (17p11.1q11.1), D20S108 (20q12).

**MM:** 1pTEL/p58(1p36)/1q25, FGFR3/IGH (4p16.3/14q32.3), CEP 9 (p11-q11), CCND1/IGH (11q13.3/14q32.3), D13S319 (13q14.3)/LAMP1 (13q34), IGH (14q32.3), IGH/MAF (14q32.3/16q23), IGH/MAFB (14q32.3/20q12), CEP 15 (p11.2), TP53 (17p13.1).

**MPN:** ABL1/BCR (9q34.1/22q11.2) CEP 8 (p11.1-q11.1), ETV6 (12p13), D13S319 (13q14.3)/LAMP1 (13q34), D20S319 (20q12).

**HGL:** BCL6 (3q27), MYC (8q24.21), IGH (14q32.3)/BCL2 (18q21).

**MZL:** CEP 3 (3p11.1-q11.1), MYB (6q23.2-q23.3), CEP 7 (7p11.1-q11.1)/D7S522 (7q31), CCND1 (11q13.3)/IGH (14q32.3), BIRC3 (11q22.1)/MALT1 (18q21.3).

**T-CELL:** CEP 7/D7S522 (7p11.1/7q31), MYC (8q24.2)/IGH (14q32.3)/CEP 8 (p11.1-q11.1), IGH (14q32.3).

## Molecular Panels

### Comprehensive Myeloid

**23 Hotspot Genes:** ABL1, BRAF, CBL, CSF3R, DNMT3A, FLT3, GATA2, HTAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NPM1, NRAS, PTPN11, STBP1, SF3B1, SRSF2, U2AF1, WT1.

**17 Full Genes:** ASXL1, BCOR, CALR, CEBPA, ETV6, EZH2, IKZF1, NF1 PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2

**29 Fusion Driver Genes:** ABL1, ALK, BCL2, BRAF, CCND1, CREBBP, ETV6, EGFR, FGFR1, FGFR2, FUS, HMGA2, JAK2, KMT2A (MLL), MECOM, MET, MLLT10, MLLT3, MYBL1, MYH11, NTRK3, NUP214, PDGFRA, PDGFRB, RARA, RBM15, RUNX1, TCF3, TFE3.

### Comprehensive Lymphoid

**Lymphoma (66 genes):** ATM, CREBBP, KMT2D, NOTCH1, TP53, ARID1A, B2M, BCL2, BIRC3, BRAF, BTK, CARD11, CD79B, CDKN1B, CDKN2A, CIITA, CXCR4, DDX3X, DNMT3A, EP300, EZH2, FBXW7, FOXO1, GNA13, ID3, IDH1, IDH2, IRF4, JAK1, JAK2, JAK3, KLF2, KMT2C, KRAS, MAP2K1, MEF2B, MTOR, MYC, MYD88, NF1, NOTCH2, NRAS, PAX5, PHF6, PIK3CA, PIM1, PLCG2, PRDM1, PTEN, PTPN11, PTPRD, RB1, RHOA, SETD2, SF3B1, SGK1, SOCS1, SPEN, STAT3, STAT5B, STAT6, TCF3, TET2, TNFAIP3, TNFRSF14, XPO1.

### Solid Tumor Panel

**Hotspot (35 genes):** AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO.

**CNVs (19 genes):** ALK, AR, BRAF, CCND1, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, FGFR3, FGFR4, KIT, KRAS, MET, MYC, MYCN, PDGFRA, PIK3CA.

**Fusion driver genes (23 genes):** ABL1, ALK, AKT3, AXL, BRAF, EGFR, ERBB2, ERG, ETV1, ETV4, ETV5, FGFR1, FGFR2, FGFR3, MET, NTRK1, NTRK2, NTRK3, PDGFRA, PPARG, RAF1, RET, ROS1.