



SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd, Bldg 35, Ann Arbor, MI 48109-2800

Client Patient Reg or MRN: Patient Name: Last First MI Birthdate: Gender: OM OF Ordering Doctor: Last First NPI#

Patient Address City State ZIP Home Phone # Policy Holders Name Primary Insurance (Card Name) Primary Policy/Contract # Primary Group # Policy Holders DOB

Bill To: Client/Referring Institution Patient/Insurance Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS If patient or insurance information is not included or attached to this form, your facility will be billed.

ICD-10 CODES

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician Referring Institution Phone Fax Address City State ZIP Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

STAT PROCESSING

Collection Date: Time: (Oam Opm) Footnote: Case/Accn #

MATERIALS SENT

Bone Marrow Clot Bone Marrow Core BM Core Touch Prep Slides (unstained) # Bone Marrow Aspirate Na Heparin(G) green # EDTA(L) lavender # BM Aspirate Unstained Slides (not baked) #

PATIENT HISTORY/DIAGNOSIS (REQUIRED)

Non-Hodgkin Lymphoma(NHL) B-Cell T-Cell Follicular Lymphoma Mantle Cell Lymphoma MALT Lymphom Burkitt vs Large B-Cell CLL/SLL Hairy Cell Leukemia (HCL) Plasma Cell Dyscrasia/Multiple Myeloma Hodgkin Lymphoma

PATIENT STATUS: NEW DIAGNOSIS RELAPSE MONITORING MIN. RESIDUAL DISEASE

Acute Leukemia Myelodysplastic Syndrome (MDS) AML B-ALL T-ALL APL CMMoL PNH Mature lymphoid leukemia/Non-Hodgkin lymphoma LAD Leukocytosis PMF Other

TREATMENT None Current >1 Month ago Induction ___ days ago Radiotherapy CHEMOTHERAPY Anti-CD19 Anti-CD20 Anti-CD38 GCSF GMCSF EPO TKI Other:

The tests below may include microdissection and/or reflex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge.

CONSULTATIVE SERVICES

COMPREHENSIVE PRIMARY DIAGNOSIS ON REFERRED SPECIMENS: Bone marrow study includes: bone marrow morphology evaluation, Cytogenetics evaluation, and triage for Flow Cytometry and/or Molecular Diagnostics studies if indicated. REQUIRED: BM clot, BM core biopsy, 5 BM aspirate smears, 3 BM core touch prep slides, 2 PB smears, 3 green top (G) BM min. 2 mL, 1 lavender top (L) BM min. 2 mL, copy of most recent CBC and platelet count or 1 lavender top (L) PB 3 mL. AUTHORIZATION: In addition to what has been ordered, the UMHS Pathologist is authorized to add other testing as needed to assist in evaluation.

CYTOGENETICS

Chromosome Analysis (Culture and Karyotype) G Cancer Cytogenomics Array G, TR

FISH ONCOLOGY PROBES

BCR::ABL1 t(9;22) MYC t(8q24) PML::RARA t(15;17) IGH/CCND1 t(11;14) RUNX1/RUNX1T1 t(8;21) TRAD inv(14) CBFb/MYH11 inv(16) GATA2/MCOM inv(3) KMT2A t(11q23) CRLF2 Xp22.33/Yp11.32 CLL Panel MDS Panel (reflex) Eosinophilia Panel High-grade B-cell Lymphoma Panel The following FISH require an additional green top: Multiple Myeloma Panel G

FLOW CYTOMETRY

Send copy of most recent WBC, platelet and differential (CBC). CSF specimens please include copy of fluid count and differential. Leukemia / Lymphoma workup Select either LEUKS or LEUKB and 1 or more of the suboptions (LEUKS) Non-blood specimen F, TR, G (LEUKB) Peripheral blood specimen G Panel to be determined by testing laboratory Stem cell neoplasm/Acute leukemia Mature lymphoid leukemia/Non-Hodgkin lymphoma LGL/NK markers HCL markers Cutaneous T-cell Lymphoma (T-cell subsets and pan T-cell epitopes only) Plasma cell/Multiple myeloma HOLD until notified by client (Please contact MLabs (800-862-7284) by 12 noon day after submission to ensure optimal specimen viability for flow cytometry analysis) (MRDBM) Minimum Residual Disease for B-ALL, BM G (MRDPB) Minimum Residual Disease for B-ALL, PB G (MMRDM) Minimum Residual Disease for Multiple Myeloma (SENDOUT) Y (BM) (MAST) Mastocytosis G (BM) (QTBNK) T and B Lymphocyte Subsets, Quantitative G (PB) (PNHRW) PNH Profile Y (PB) MOLECULAR DIAGNOSTICS ACUTE MYELOID LEUKEMIA Myeloid NGS Panel L NPM1 Mutation T, L FLT3 Mutation T, L IDH1 and IDH2 Mutations T, L

KIT D816V Mutation T, L PML::RARA t(15;17) Translocation (PCR) Quantitative T, L TP53 Mutation in Malignancy T, L MYELOPROLIFERATIVE NEOPLASMS (MPN) / CML Myeloid NGS Panel L JAK2 V617F Mutation L If JAK2 V617F is negative, perform: CALR MPL JAK2 Exon 12 L JAK2 Exon 12 Mutation L CALR Mutation L MPL Mutation L KIT D816V Mutation T, L BCR::ABL1 Analysis, Quantitative L TP53 Mutation in Malignancy T, L LYMPHOMA TP53 Mutation in Malignancy T, L B Cell Clonality (IGH & IGK Gene Rearrangement) T, L B Cell Clonality (IGH Gene Rearrangement) T, L B Cell Clonality (IGK Gene Rearrangement) T, L T Cell Clonality (TRG & TRB Gene Rearrangement) T, L T Cell Clonality (TRG Gene Rearrangement) T, L T Cell Clonality (TRB Gene Rearrangement) T, L IGH::BCL2 t(14;18) Translocation (PCR) T, L IGH::BCL2 t(14;18) Translocation (FISH) S, T IGH::MYC t(8;14)(q24;q32) Translocation (FISH) S, T BCL6 (3q27) Rearrangement (FISH) S, T MYC (8q24) Rearrangement (FISH) S, T MALT1 (18q21) Rearrangement (FISH) S, T MYD88 (L265P) Mutation S, T, L BRAF V600E/V600K Mutations S, T, L