Washington University in St. Louis
School of Medicine

Department of Laboratories
HEMATOPATHOLOGY
St. Louis, Missouri 63110

Barnes-Jewish Hospital
BJC HealthCare

COLLECTION INFORMATION: ☐ AM ☐ PM
DATE _____ TIME _____ INITIALS _____

ACCOUNT INFORMATION

NAME
ADDRESS
CITY STATE ZIP
PHONE

ORDERING PHYSICIAN/SUBMITTING PHYSICIAN

BILL TO:
☐ ACCOUNT ☐ PATIENT/INSURANCE ☐ ALTERNATE

SEND ADDITIONAL COPY OF REPORT TO:
CLIENT NUMBER/PHYSICIAN NAME PHONE/FAX NUM.
PHYSICIAN'S ADDRESS CITY, STATE, ZIP

BJH REGISTRATION #

REGISTERED BY }

PATIENT

PATIENT'S NAME (LAST) (FIRST) (MI) SEX DATE OF BIRTH MO DAY YR PATIENT'S SS #
PATIENT'S ADDRESS CITY STATE ZIP PHONE
REFERENCE # DIAGNOSIS REQUIRED

RESP. PARTY

PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY ☐ 1-SELF ☐ 2-SPOUSE ☐ 3-CHILD ☐ 4-OTHER
NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT) SOCIAL SECURITY (INSURED SS#):
ADDRESS OF RESPONSIBLE PARTY APT # DATE OF BIRTH MO DAY YR
CITY STATE ZIP
MEDICAID # STATE MEDICARE # (INCLUDE PREFIX/SUFFIX) ☐ PRIMARY ☐ SECONDARY MEDICARE RETIREMENT OR DISABILITY DATE:

INSURANCE

INSURANCE COMPANY NAME PLAN CARRIER CODE
SUBSCRIBER / MEMBER # LOCATION GROUP #
INSURANCE ADDRESS PHYSICIAN'S PROVIDER #
CITY STATE ZIP
EMPLOYER'S NAME OR NUMBER WORKER'S COMP ☐ YES ☐ NO

CLINICAL HISTORY AND DIAGNOSIS:

SPECIMEN TYPE:

☐ Donor for: _____
☐ Pre BMT ☐ Post BMT
☐ Allogenic ☐ Autologous ☐ Unrelated ☐ Related

SAMPLE SUBMITTED:

BM Core
☐ Formalin # _____ ☐ Fresh # _____

BM Aspirate
☐ Green # _____ ☐ (Purple/EDTA#) _____

Touch Prep
☐ # _____

Blood
☐ Green # _____ ☐ Purple # _____
☐ Blue # _____ ☐ Yellow # _____
☐ Frozen
☐ W.U. Cytogenetics Container

Other: _____

Information Required for Testing

Status
☐ New Diagnosis ☐ Male Donor ☐ Female Donor
☐ Post Treatment # days post transplant _____
☐ Remission
☐ Relapse

WBC: _____

Diagnosis:
☐ Leukemia ☐ Lymphoma
☐ CML ☐ ALL ☐ Non-Hodgkin's
☐ AML ☐ CLL ☐ Hodgkin's
☐ Myeloproliferative Disorder (MPD) ☐ Cutaneous Lymphoma
☐ Myelodysplastic Syndrome (MDS) ☐ Multiple Myeloma
☐ Solid Tumor:
☐ Immune Disorder:
☐ Other - must provide ICD9 code:

BJH MOLECULAR (Purple/EDTA) DIAGNOSTICS

☐ Hematologic Malignancy Algorithm
☐ IGH Rearrangement (B cell clonality)
☐ TCR Gamma rearrangement (T cell clonality)
☐ IGH Hypermutation
☐ STR Comprehensive testing (Patient Pre-BMT)
☐ STR Donor testing (Donor Pre-BMT)
☐ STR Identity testing (Patient Post-BMT)
☐ STR Separated PB Cells Enrichment (Patient Post-BMT)
☐ BCR-ABL Qual PCR t(9;22)
☐ BCR-ABL Quant PCR t(9;22)
☐ PML-RARA Quant PCR t(15;17)
☐ NPM1 mutation
☐ FLT3 mutation
☐ JAK2 mutation
☐ Other: _____

☐ KARYOTYPE/CHROMOSOME ANALYSIS (Green Top/Na Heparin)

CYTOGENETICS & FISH*

☐ **Fluorescence in Situ Hybridization**
Chromosome Abnormality / *Probe Loci*

AML ○ Entire Panel
☐ t(15;17) *PML/RARA*
☐ t(v;17) *RARA*
☐ t(8;21) *ETO/AML1*
☐ inv(16) *CBFB*
☐ 11q23 *MLL*
☐ +8 *CEP 8*

CML/LPD ○ Entire Panel
☐ t(9;22) *BCR/ABL1*
☐ CHIC2/del 4q12 *FIP1L1/PDGFRA*

Sex Mismatch Transplant:
☐ CEP X/Y

Multiple Myeloma ○ Entire Panel
☐ del 13q *D13S319*
☐ t(4;14) *FGFR3/IGH*
☐ t(11;14) *CCND1/IGH*
☐ 17p13 *P53*

CLL ○ Entire Panel
☐ +12 *CEP 12*
☐ del 13q *D13S319*
☐ 11q22.3 *ATM*
☐ 17p13 *P53*
☐ t(11;14) *CCND1/IGH*
☐ 3q27 *BCL 6*

MDS ○ Entire Panel
☐ -7/del 7q *D7S486*
☐ -5/del 5q *EGR1*
☐ del 20q *D20s108*
☐ 12p13 *ETV6*
☐ +8 *CEP 8*
☐ del 13q *D13S319*

B-Cell ALL ○ Entire Panel
☐ t(12;21) *TEL/AML1*
☐ t(9;22) *BCR/ABL*
☐ 11q23 *MLL*
☐ Hyper/hypodiploid *CEP 4, 10, 17*
☐ t(1;19)/t(17;19) *E2A*

Lymphoma:
☐ 14q32 *IGH*
☐ 3q27 *BCL6*

Anaplastic:
☐ 2p23 *ALK*

Mantle Cell:
☐ t(11;14) *CCND1/IGH*

Burkitt's:
☐ t(8;14) *CMYC/IGH/CEP 8*
☐ 8q24 *CMYC*

MALT:
☐ 18q21 *MALT1*
☐ t(11;18) *API2/MALT1*

Follicular
☐ t(14;18) *IGH/BCL2*

Diffuse Large Cell:
☐ t(14;18) *IGH/MALT1*

Other:
Contact lab for availability

FLOW CYTOMETRY
Green/Na Heparin and Purple/EDTA

Clinical Suspicion:
☐ Lymphoma
☐ Leukemia
☐ Myeloma/Plasma Cell Disorders
☐ Other (Please Specify): _____

Testing
☐ PNH
☐ Iron Stain
☐ Other: _____

CLIA BJH 26D0438672
CLIA WU 26D0698285

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PATIENT'S ADDRESS CITY STATE ZIP PHONE
REFERENCE # DIAGNOSIS REQUIRED

RESP. PARTY

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SUBSCRIBER / MEMBER # LOCATION GROUP #
INSURANCE ADDRESS PHYSICIAN'S PROVIDER #
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CLINICAL HISTORY AND DIAGNOSIS:

SPECIMEN TYPE:

☐ Donor for: _____
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☐ Allogenic ☐ Autologous ☐ Unrelated ☐ Related

SAMPLE SUBMITTED:

BM Core
☐ Formalin # _____ ☐ Fresh # _____

BM Aspirate
☐ Green # _____ ☐ (Purple/EDTA#) _____

Touch Prep
☐ # _____

Blood
☐ Green # _____ ☐ Purple # _____
☐ Blue # _____ ☐ Yellow # _____
☐ Frozen
☐ W.U. Cytogenetics Container

Other: _____

Information Required for Testing

Status
☐ New Diagnosis ☐ Male Donor ☐ Female Donor
☐ Post Treatment # days post transplant _____
☐ Remission
☐ Relapse

WBC: _____

Diagnosis:
☐ Leukemia ☐ Lymphoma
☐ CML ☐ ALL ☐ Non-Hodgkin's
☐ AML ☐ CLL ☐ Hodgkin's
☐ Myeloproliferative Disorder (MPD) ☐ Cutaneous Lymphoma
☐ Myelodysplastic Syndrome (MDS) ☐ Multiple Myeloma
☐ Solid Tumor:
☐ Immune Disorder:
☐ Other - must provide ICD9 code:

BJH MOLECULAR (Purple/EDTA) DIAGNOSTICS

☐ Hematologic Malignancy Algorithm
☐ IGH Rearrangement (B cell clonality)
☐ TCR Gamma rearrangement (T cell clonality)
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☐ STR Separated PB Cells Enrichment (Patient Post-BMT)
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☐ NPM1 mutation
☐ FLT3 mutation
☐ JAK2 mutation
☐ Other: _____

☐ KARYOTYPE/CHROMOSOME ANALYSIS (Green Top/Na Heparin)

CYTOGENETICS & FISH*

☐ **Fluorescence in Situ Hybridization**
Chromosome Abnormality / *Probe Loci*

AML ○ Entire Panel
☐ t(15;17) *PML/RARA*
☐ t(v;17) *RARA*
☐ t(8;21) *ETO/AML1*
☐ inv(16) *CBFB*
☐ 11q23 *MLL*
☐ +8 *CEP 8*

CML/LPD ○ Entire Panel
☐ t(9;22) *BCR/ABL1*
☐ CHIC2/del 4q12 *FIP1L1/PDGFRA*

Sex Mismatch Transplant:
☐ CEP X/Y

Multiple Myeloma ○ Entire Panel
☐ del 13q *D13S319*
☐ t(4;14) *FGFR3/IGH*
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CLL ○ Entire Panel
☐ +12 *CEP 12*
☐ del 13q *D13S319*
☐ 11q22.3 *ATM*
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☐ 3q27 *BCL 6*

MDS ○ Entire Panel
☐ -7/del 7q *D7S486*
☐ -5/del 5q *EGR1*
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☐ t(12;21) *TEL/AML1*
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Anaplastic:
☐ 2p23 *ALK*

Mantle Cell:
☐ t(11;14) *CCND1/IGH*

Burkitt's:
☐ t(8;14) *CMYC/IGH/CEP 8*
☐ 8q24 *CMYC*

MALT:
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Other:
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