



VANDERBILT PATHOLOGY LABORATORY SERVICES

Nashville: (615) 936-0510 • Continental U.S.: (800)551-5227

SEND SPECIMEN(S) TO:

4607 The Vanderbilt Clinic
1301 Medical Center Drive
Nashville TN 37232-5310

PATIENT NAME (LAST) _____ (FIRST) _____ (M.I.) _____

SEX FEMALE MALE DATE OF BIRTH _____ - _____ - _____ PATIENT ID NUMBER _____ (3G CLIENT)

DATE COLLECTED _____ - _____ - _____ TIME COLLECTED _____ AM PM SAMPLE ID _____ (3G REFERENCE)

SERUM PLASMA URINE OTHER _____ URINE TOTAL VOLUME _____

REFERRING CLIENT/COLLECTION CENTER
(VPLS) VPLS CLIENT ACCOUNT
Nurse/Amb = VUH-VPLS

BILL TO:

Client Account _____

Patient (Billing information must be attached.)

Lab Use Only
VUMC Case Label

REFERRING PHYSICIAN _____ PHONE NUMBER _____

FOR LAB USE ONLY
3G MU# _____

REQUEST#
CPT# _____

PLEASE INCLUDE COMPLETE PATIENT BILLING INFORMATION (FACE SHEET) WITH SAMPLE

REFERRING PATHOLOGIST: _____ ICD-10 Code: _____

REQUIRED PATIENT INFORMATION: Diagnosis: _____ Date of Original Dx: _____

PATIENT HISTORY:

- AML/MDS
- ALL (Circle B or T)
- Lymphoma
- Plasma Cell Myeloma
- Myeloproliferative Neoplasm, Specify: _____
- Unknown
- Other: _____

CLINICAL CONTEXT:

- Initial Visit / Diagnosis
- Follow-Up Visit
- Relapse / Progression - reason suspected: _____

PRIOR TEST RESULTS:

- WBC: _____
- Date/Time: _____
- Karyotype / FISH, Specify: _____
- FLT3 _____
- NPM1 _____
- BCRABL _____
- JAK-2 _____

GROWTH FACTOR TREATMENT (Within

- Last Week):**
 Yes No

SAMPLE SUBMITTED: Bone Marrow Aspirate Peripheral Blood Fluid / Tissue Source: _____

Option 1: BONE MARROW TESTING PANEL (VU Pathologist will select appropriate tests based upon review of morphology and clinical history) Please submit bone marrow smear if this option is requested

Option 2: A LA CARTE TEST ORDERING (Ordering physician select ancillary testing below)

Option 3: HOLD FOR TESTING (VU Lab: Flow+Grow & Hold) [Client Lab: Fax final orders to 615-343-7961]

CYTOGENETICS

___ CYG CHROMOSOME ANALYSIS (Karyotype)

FLOW CYTOMETRY ANALYSIS

___ FCL FLOW CYTOMETRY LEUKEMIA / LYMPHOMA

MOLECULAR GENETICS

- ___ AMS AML SNAPSHOT PANEL
- ___ IGR B-CELL CLONALITY (IGH)
- ___ B2A BCRABL mRNA COPY NUMBER
- ___ BC2 BCL-2 GENE REARRANGEMENT
- ___ RFL BONE MARROW ENGRAFTMENT
- ___ FL3 FLT3 INTERNAL TANDEM DUPLICATION
- ___ JK2 JAK2 MUTATION V617F
- ___ NPM NPM1 INSERTION MUTATION
- ___ TCC T-CELL CLONALITY

FISH ANALYSIS - either order panel or individual markers:

- ___ LLP Acute Lymphoblastic Leukemia (pre-B ALL Panel)
 - ___ TEL t(12;21) (TEL-AML1)
 - ___ 11M Chr 11q23 (MLL)
 - ___ 922 t(9;22) (BCR-ABL)
 - ___ 119 t(1;19) (E2A-PBX1)
 - ___ 4, 10 and 17 Centromeres (Hyperdiploidy)
 - ___ 9P21 (CDKN2A)
- ___ FLK Acute Myeloid Leukemia (AML Panel)
 - ___ 821 t(8;21) (AML1-ETO)
 - ___ APL APL: t(15;17) (PML-RARA)
 - ___ I16 inv(16) (MYH11-CBFB)
 - ___ 11M Chr 11q23 (MLL)
- ___ MDY Myelodysplastic Syndrome (MDS Panel)
 - ___ C5Q Chr 5q
 - ___ C7Q Chr 7q
 - ___ C8C Chr 8 (centromere)
 - ___ 20Q Chr 20q

FISH ANALYSIS CONT'D- either order panel or individual markers:

- ___ 922 Chronic Myeloid Leukemia (CML): t(9,22)
- ___ LCL Chronic Lymphocytic Leukemia (CLL) Panel
 - ___ 11A Chr 11q23 (ATM)
 - ___ 12C Chr 12 (centromere)
 - ___ MIR Chr 13q14 (miR15-16)
 - ___ P13 Chr 17p13 (p53)
- ___ LYM Lymphoma
 - ___ FLL Follicular Lymphoma: t(14;18)
 - ___ MAN Mantle Cell Lymphoma: t(11;14)
 - ___ MZL Marginal Zone Lymphoma: t(11;18)
 - ___ BUR Burkitt Lymphoma: MYC breakapart
 - ___ ALK ALCL: ALK breakapart
 - ___ OLP Other Lymphoma: BCL6 breakapart
- ___ PMY Plasma Cell Myeloma (PCM Panel)
 - ___ MAN t(11;14)(CCND1-IGH)
 - ___ 17C Chr 17p13 (p53)
 - ___ 13C Chr13q14(RB)
 - ___ 414 t(4;14) (FGFR3-IGH)
- ___ OMN Other Myeloproliferative Neoplasm : PDGFRA/B
- ___ FMF FISH M / F
- ___ OTH OTHER (specify): _____

OTHER TESTS

Please write-in test(s) requested: _____

FOR MORE INFO OR ASSISTANCE:

VMC HEMEPATH: 1-800-551-5227, x7
VPLS ADMIN OFFICE: 1-800-551-5227, x3
VISIT VPLS ON-LINE AT: www.labVU.com