

**HEMATOLOGIC ONCOLOGY MUTATION TESTING
NEXT-GENERATION SEQUENCING REQUISITION
UCLA MOLECULAR DIAGNOSTICS LABORATORIES**

PATIENT NAME LAST FIRST
MEDICAL RECORD NUMBER LOCATION
DATE OF BIRTH SEX M F

Ordering MD: _____ ID # _____
(Last name), (First Name)

Copy To: _____ ID # _____
(Last name), (First Name)

ATTACH DEMOGRAPHIC LABEL OR FILL IN ABOVE INFORMATION

SPECIMEN INFORMATION				
COLLECTION DATE:	COLLECTION TIME:	BODY SITE:	ICD-10 CODE OR DIAGNOSIS:	FOR LAB USE ONLY REQUISITION # _____
<input type="checkbox"/> Peripheral Blood: <input type="checkbox"/> Lavender <input type="checkbox"/> Green		<input type="checkbox"/> Bone Marrow: <input type="checkbox"/> Lavender <input type="checkbox"/> Green		

CLINICAL INFORMATION
Clinical history, diagnosis/diagnoses under consideration, and treatment history when appropriate:

STEP 1: SELECT INDICATION
<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapsed/Refractory <input type="checkbox"/> Follow-up in remission <i>(Step 2 Can Be Omitted)</i> <input type="checkbox"/> Per Hematopathology/ Pathologic Findings <i>(Step 2 Can Be Omitted)</i>

STEP 2: SELECT PANEL
<input type="checkbox"/> AML Panel <i>(CPT 81450, 81245, 81218)</i> <input type="checkbox"/> MDS and/or MPN Panel <i>(CPT 81450, 81245, 81219)</i> <input type="checkbox"/> Lymphoma Panel (Full) <i>(CPT 81450)</i> <input type="checkbox"/> Comprehensive Panel <i>(CPT 81450, 81245, 81218, 81219)</i>
<input type="checkbox"/> ALL Panel <i>(CPT 81450, 81245)</i> <input type="checkbox"/> Myeloid Neoplasm Panel <i>(CPT 81450, 81245, 81218)</i> <input type="checkbox"/> MYD88/NOTCH1/TP53 For B-cell Lymphoma <i>(CPT 81404, 81404, 81404, 81405)</i> <input type="checkbox"/> Other Custom Gene(s) <i>(Mark below)</i>
<input type="checkbox"/> Acute Leukemia NOS Panel <i>(CPT 81450, 81245, 81218)</i> <input type="checkbox"/> CALR/JAK2/MPL Screen for MPN <i>(CPT 81404, 81403, 81219)</i> <input type="checkbox"/> BRAF/KRAS/NRAS/TP53 For Myeloma <i>(CPT 81403, 81404, 81311, 81405)</i> <input type="checkbox"/> Per Hematopathology/ Pathologic Findings

AVAILABLE GENES FOR CUSTOM GENE(S) TESTING
<input type="checkbox"/> ABL1 <i>(CPT 81404)</i> <input type="checkbox"/> CBL <i>(CPT 81404)</i> <input type="checkbox"/> ETV6/TEL <i>(CPT 81405)</i> <input type="checkbox"/> IDH1 <i>(CPT 81403)</i> <input type="checkbox"/> KRAS <i>(CPT 81404)</i> <input type="checkbox"/> PHF6 <i>(CPT 81406)</i> <input type="checkbox"/> SF3B1 <i>(CPT 81404)</i> <input type="checkbox"/> WT1 <i>(CPT 81404)</i>
<input type="checkbox"/> ASXL1 <i>(CPT 81403)</i> <input type="checkbox"/> CBLB <i>(CPT 81404)</i> <input type="checkbox"/> EZH2 <i>(CPT 81406)</i> <input type="checkbox"/> IDH2 <i>(CPT 81403)</i> <input type="checkbox"/> MPL <i>(CPT 81403)</i> <input type="checkbox"/> PTEN <i>(CPT 81404)</i> <input type="checkbox"/> SRSF2 <i>(CPT 81403)</i> <input type="checkbox"/> ZRSR2 <i>(CPT 81406)</i>
<input type="checkbox"/> BCOR <i>(CPT 81406)</i> <input type="checkbox"/> CEBPA <i>(CPT 81218)</i> <input type="checkbox"/> FBXW7 <i>(CPT 81404)</i> <input type="checkbox"/> IKZF1 <i>(CPT 81405)</i> <input type="checkbox"/> MYD88 <i>(CPT 81404)</i> <input type="checkbox"/> PTPN11 <i>(CPT 81404)</i> <input type="checkbox"/> STAG2 <i>(CPT 81407)</i>
<input type="checkbox"/> BCORL1 <i>(CPT 81406)</i> <input type="checkbox"/> CSF3R <i>(CPT 81404)</i> <input type="checkbox"/> FLT3 <i>(CPT 81404, 81245)</i> <input type="checkbox"/> JAK2 <i>(CPT 81404)</i> <input type="checkbox"/> NOTCH1 <i>(CPT 81404)</i> <input type="checkbox"/> RAD21 <i>(CPT 81406)</i> <input type="checkbox"/> TET2 <i>(CPT 81405)</i>
<input type="checkbox"/> BRAF <i>(CPT 81403)</i> <input type="checkbox"/> CUX1 <i>(CPT 81406)</i> <input type="checkbox"/> GATA1 <i>(CPT 81403)</i> <input type="checkbox"/> JAK3 <i>(CPT 81403)</i> <input type="checkbox"/> NPM1 <i>(CPT 81310)</i> <input type="checkbox"/> RUNX1 <i>(CPT 81405)</i> <input type="checkbox"/> TP53 <i>(CPT 81405)</i>
<input type="checkbox"/> CALR <i>(CPT 81219)</i> <input type="checkbox"/> DNMT3A <i>(CPT 81406)</i> <input type="checkbox"/> GATA2 <i>(CPT 81404)</i> <input type="checkbox"/> KIT <i>(CPT 81405)</i> <input type="checkbox"/> NRAS <i>(CPT 81311)</i> <input type="checkbox"/> SETBP1 <i>(CPT 81403)</i> <input type="checkbox"/> U2AF1 <i>(CPT 81404)</i>

Deliver Specimens to:	UCLA Molecular Diagnostics Laboratories Reed Neurological Research Center 3235 or 3243 710 Westwood Plaza, Los Angeles, CA 90095 Phone: 310-794-2781 Fax: 310-825-0285
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