Paradigm
diagnostic informatics
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Test Requisition Form

Requisition Number: T- 10000

Need Results by Date: / / 20__ __

❍ Call ❍ Fax

PATIENT INFORMATION

Name:

D.O.B (Age): Sex: ❑ M ❑ F

Address:

City, State, Zip:

Med Rec#/Patient ID#: SSN:

Phone Number:

PHYSICIAN INFORMATION

Referring MD:

Tel: Fax:

COMPREHENSIVE PROFILES

Morphologic Evaluation:

❍ Biopsy ❍ Consult ❍ Peripheral Smear

❍ Marrow Aspirate (Full Interpretation) ❍ Marrow Aspirate (Differential Only)

Flow Cytometry:

❍ Leukemia/Lymphoma: ❍ LPD/CLL ❍ Acute leukemia/MDS ❍ M. Myeloma)

❍ Lymph Subsets: ❍ CD3/CD4/CD8 ❍ CD3/CD4/CD8/CD19/CD56)

❍ PNH

Cytogenetics:

❑ Karyotyping and/or FISH as determined by hematopathologist

❑ Karyotyping

❑ FISH (Leukemia/Lymphoma target gene analysis):

❍ MDS ❍ CML ❍ AML ❍ ALL ❍ NHL ❍ CLL ❍ LPD ❍ M. Myeloma)

❍ Other: (specify ______________________________)

❍ Urovysion ❍ HER-2/neu (Fixative: ❍ 10% NBF, Fixation Time: hr.)

Molecular:

❍ JAK2 mutation ❍ Quantitative BCR-ABL (for CML monitoring only)

❍ B-cell gene rearrangement ❍ T-cell gene rearrangement

❍ FLT3 & NPM1 ❍ FIP1L1-PDGRFA ❍ IgVH mutation (for CLL prognostication)

Other: (specifiy ______________________________)

Immunohistochemistry:

❑ Specifiy antibodies or differential diagnosis in box below

❑ Breast Prognostic Markers: (ER, PgR, Ki-67, HER-2/neu)

❑ Micrometastasis (Fixative: ❍ 10% NBF, Fixation Time: hr.)

LEVEL OF SERVICE

❑ Full Consult (hematopathologist to select tests as needed)

❑ Results with interpretation (perform marked tests only)

❑ Results without interpretation (technical only)

❑ Call us to discuss appropriate testing

CLINICAL INFORMATION

ICD-9

Attach CBC & Clinical Notes

AUTHORIZED SIGNATURE:

BILLING INFORMATION

ATTACH INSURANCE INFORMATION

Bill: ❑ Insurance ❑ Client ❑ Patient

❑ **Hospital Inpatient** ❑ **Hospital Outpatient** ❑ **Non Hospital Patient**

SPECIMEN INFORMATION

Collection Date: Time:

Today's Date: Time:

❑ Biopsies (Total number:)

Body Site: (#1): Body Site: (#2)

Body Site: (#3) Body Site: (#4)

Body Site: (#5) Body Site: (#6)

❑ Peripheral Blood (#) ❑ Bone Marrow (#) ❑ Fluid (#)

❑ Paraffin Blocks (#) ❑ Test (❍ All ❍ Best) Fixative ( )

❑ Fresh Tissue (#) ❑ Slides (#) ❑ Smears (#)

ADDITIONAL TESTS, NOTES, REQUESTS, ETC.

DISEASE CATEGORIES "TESTING INDICATIONS"

❑ Blood disease, NOS	❑ CML, remission	❑ MPD
❑ ALL	❑ Hodgkin Disease	❑ Myeloma
❑ AML	❑ Leukocytosis	❑ Pancytopenia
❑ Anemia/MDS	❑ Leukopenia	❑ Polycythemia
❑ Anemia/Non-MDS	❑ Lymphoma (NHL)	❑ Thrombocytopenia
❑ CLL	❑ MDS	❑ Thrombocytosis
❑ CML, new diagnosis	❑ MGUS	❑ ______________