

 BRIGHAM AND WOMEN'S HOSPITAL		Lab Requisition <h1 style="margin: 0;">CAMD</h1>		Name	
				MRN	
				DOB	
				M/F	
Molecular Diagnostics Requisition					
Location/Institution					
ICD-10 Code(s): (Required)			Collection Information		
Ordering Clinician: Please print		Clinical ID/NPI#	Date	Time	Drawn by:
Clinician Signature (Required)					Phleb. ID: MD/RN ID
E-Mail for Patient Reports		Clinician's Phone Number		Contact Name & Phone Number	
Send Duplicate Reports To: (Name/Address/E-Mail/Phone)					
Indication:					
<input type="checkbox"/> Surgical Pathology Accession/ Paraffin Block # _____ (Include H&E slide, if available)					
SPECIMEN SUBMITTED: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood <input type="checkbox"/> Tissue <input type="checkbox"/> Cell Pellet <input type="checkbox"/> CSF <input type="checkbox"/> Vitreous Fluid <input type="checkbox"/> Slide <input type="checkbox"/> Other _____					
<input type="checkbox"/> Tissue Type: _____ <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Paraffin <input type="checkbox"/> Fixative: <input type="checkbox"/> Formalin <input type="checkbox"/> DECAL <input type="checkbox"/> Bouin's <input type="checkbox"/> B+/B5/Zenker's					
Molecular Diagnostics					
<u>Hematologic Malignancies</u>			<u>Solid Tumor</u>		
<i>ABL1</i> Kinase Domain Mutation (for drug resistance)			<i>BRAF</i> V600E/K ddPCR		
<i>BCR-ABL1</i> , quantitative, p210			<i>EGFR</i> , Plasma DNA (exon 19 del, L858R, T790M)		
<i>BCR-ABL1</i> , quantitative, p190			<i>EGFR</i> , Tissue (exon 19 del, L858R, T790M)		
Clonality, <i>IGH</i> (B Cells)			<i>MGMT</i> promoter methylation		
Clonality, <i>TRG</i> (T Cells)			Microsatellite instability (MSI)		
<i>JAK2</i> V617F (qualitative)			Mismatch repair proteins immunohistochemistry		
<i>KIT</i> D816V mutation only (for mastocytosis)			<i>MLH1</i> promoter methylation		
<i>MYD88</i> L265P RT-PCR (qualitative)			OncoPanel, Clinical (Next Generation Sequencing)		
<i>PML-RARA</i> RT-PCR (qualitative)					
Rapid Heme Panel (Next Generation Sequencing) ^			<u>Infection</u>		
^ <i>Blood and Bone Marrow only</i>			HPV high risk (cervical cytology)*		
OncoPanel, Clinical (Next Generation Sequencing)			HPV 16/18/45 *		
			HPV genotype (tissue)		
<u>Germline</u>					
Factor II (G20210A)					
Factor V (Leiden)					
Note: Procedures include Professional Interpretation unless otherwise noted. <input type="checkbox"/> No Professional interpretation *No Professional Interpretation					