

KNIGHT DIAGNOSTIC LABORATORIES

Molecular Oncology Requisition

Patient Information		Client Information	
Name (Last, First, MI):		Ordering Physician Name:	
Address:		Office/Facility Name:	
City, State, Zip:		Client Address:	
Patient Phone:	Fax:	Client Phone:	Fax:
Patient DOB:	Sex:	Ordering Physician NPI:	
Patient ID/Reference #:		Email:	

Additional Physicians To Receive Report Copy

CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

Billing Information

Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) Bill Client (Invoice will be sent to Client Address Listed Above) Bill Patient

Primary Insurance Company Name: _____ Group # _____ Policy# _____
 Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____
 Relation to Insured : Self Child Spouse Other _____

Secondary Insurance Company Name: _____ Group # _____ Policy# _____
 Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____
 Relation to Insured : Self Child Spouse Other _____

Clinical Information

Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> DNA <input type="checkbox"/> Na Heparin <input type="checkbox"/> EDTA	ICD-9(Required):	Date of Collection:
<input type="checkbox"/> Paraffin Block / Slide Sections <input type="checkbox"/> Other (Specify): _____	Clinical Diagnosis:	
Pathology Department Hospital Name:		
Pathology Phone:	Fax:	Tissue Source: <input type="checkbox"/> Primary <input type="checkbox"/> Metastatic

Molecular Panels For Solid Tumors

Test Code	Panel Name	Test Code	Panel Name
<input type="checkbox"/> 4199	cKIT - GIST (may include exons 9, 11, 13, 17) reflexed to PDGFRA	<input type="checkbox"/> 4900	Melanoma Panel (BRAF, NRAS, cKIT)
<input type="checkbox"/> 4224	Colon Mutation Panel (KRAS, BRAF)	<input type="checkbox"/> 5140	NSCLC Mutation Panel (EGFR, KRAS, HER2, BRAF, EML4-ALK (FISH))
<input type="checkbox"/> 7270	Glioma Panel (1p/19q LOH) FISH	<input type="checkbox"/> 5190	Oncogene Panel Mutation Analysis - Solid Tumor
<input type="checkbox"/> 4850	Lynch Syndrome Panel (MSI(PCR); MLH1/MSH2/MSH6/PMS2(IHC))		

Single Gene Assays For Solid Tumors

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4110	BRAF Mutation Analysis (Exon 15)	<input type="checkbox"/> 5005	MGMT Methylation
<input type="checkbox"/> 4360	EGFR Mutation Analysis (Exons 18-21)	<input type="checkbox"/> 5000	MSI PCR
<input type="checkbox"/> 4800	KRAS Mutation Analysis (Exons 1-2)	<input type="checkbox"/> 5100	NRAS Mutation Analysis (Exons 1-2)
<input type="checkbox"/> 4650	IDH1 & IDH2 Mutation Screening	<input type="checkbox"/> 5250	PDGFRA Mutation Analysis (Exons 12, 14, 18)

Post-Transplant Engraftment (Chimerism) Tests

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4380	Pre Transplant, Donor (Extraction)	<input type="checkbox"/> 4390	Post Transplant Engraftment, Sorted Cell Chimerism (Select Antibody Below)
<input type="checkbox"/> 4382	Pre Transplant, Recipient (Extraction)		<input type="checkbox"/> CD3 <input type="checkbox"/> CD19 <input type="checkbox"/> CD33 <input type="checkbox"/> CD34 <input type="checkbox"/> Other : _____
<input type="checkbox"/> 4386	Post Transplant Engraftment (Chimerism)		

Cytogenetics

Test Code	Test Name
<input type="checkbox"/> 6810	Tumor Chromosome Study

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Molecular Panels For Hematologic Malignancies

Test Code	Panel Name	Included Tests
<input type="checkbox"/> 4040	AML Prognostic Panel	FLT3, NPM1, CEBPA, DNMT3A Mutations; WT1, ERG, BAALC RNA, Quantitative
<input type="checkbox"/> 5040	Myeloproliferative Disorders Panel	BCR-ABL, JAK2 (V617F, Exon 12), MPL
<input type="checkbox"/> 5191	Oncogene Multiplex Panel (Leukemia)	(31 Genes, 370 Mutations Including Sequence Confirmation on all Positive Results (Test Code 5193)
<input type="checkbox"/> 5590	T and B Cell Gene Rearrangement	Clonality

Single Gene Assays For Hematologic Malignancies

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4042	BAALC RNA Quantitation	<input type="checkbox"/> 4400	ERG RNA Quantitation
<input type="checkbox"/> 4070	B-Cell Gene Rearrangement (Clonality)	<input type="checkbox"/> 4450	FLT3 ITD Mutation Analysis, Qualitative
<input type="checkbox"/> 4080	BCR-ABL RNA PCR, Quantitative	<input type="checkbox"/> 4460	FLT3 ITD Mutation Analysis, Quantitative
<input type="checkbox"/> 4083	BCR-ABL Quant. w/ Reflex to Nested PCR	<input type="checkbox"/> 4736	JAK2 Exon 12 Mutation Analysis
<input type="checkbox"/> 4084	BCR-ABL Nested PCR (high sensitivity) Qualitative	<input type="checkbox"/> 4730	JAK2 V617F Mutation Analysis, Qualitative
<input type="checkbox"/> 4020	BCR-ABL Kinase Domain Mutations Qualitative	<input type="checkbox"/> 4734	JAK2 V617F Mutation Analysis, Quantitative
<input type="checkbox"/> 4078	BCR-ABL Kinase Domain Mutations Quantitative	<input type="checkbox"/> 5010	MPL Mutation Analysis
<input type="checkbox"/> 4150	CEBPA Mutation Analysis	<input type="checkbox"/> 5080	NPM1 (Nucleophosmin) Mutation Analysis
<input type="checkbox"/> 4208	cKIT for Mastocytosis (High Sensitivity) (Exon 17)	<input type="checkbox"/> 5592	T-Cell Gene Rearrangement (Clonality)
<input type="checkbox"/> 4206	cKIT for AML (Exons 8 & 17)	<input type="checkbox"/> 5850	WT1 RNA Quantitation
<input type="checkbox"/> 4250	DNMT3A Mutation Analysis		

FISH Assays

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 8018	ALK	<input type="checkbox"/> 8218	FGFR1
<input type="checkbox"/> 8020	AML/ETO t(8;21)	<input type="checkbox"/> 8230	FOXO1
<input type="checkbox"/> 8021	4, 10, 17 aneuploidy (ALL)	<input type="checkbox"/> 8250	FUS
<input type="checkbox"/> 8022	5, 9, 15 aneuploidy (MM)	<input type="checkbox"/> 8274	1p/19q glioma
<input type="checkbox"/> 8025	AP12/MALT1 t(11;18)	<input type="checkbox"/> 8300	HER-2 /neu amplification
<input type="checkbox"/> 8027	ATM	<input type="checkbox"/> 7360	IGH/BCL2 t(14;18)
<input type="checkbox"/> 8050	BCL6 (3q)	<input type="checkbox"/> 7090	IGH/CCND1 t(11;14)
<input type="checkbox"/> 7040	BCR/ABL +/- ASS t(9;22)	<input type="checkbox"/> 8338	IGH/FGFR3 t(4;14)
<input type="checkbox"/> 8075	CBFB inv 16 or t(16;16)	<input type="checkbox"/> 8340	IGH/MAF t(14;16)
<input type="checkbox"/> 8080	CEP X and Y status post transplant	<input type="checkbox"/> 8341	IGH/MALT1 t(14;18)
<input type="checkbox"/> 8087	8 centromere	<input type="checkbox"/> 8342	IGH/MYC t(8;14)
<input type="checkbox"/> 8090	CHIC 2 (FIP1L1-PDGFR)	<input type="checkbox"/> 8490	MALT1
<input type="checkbox"/> 8091	12 centromere	<input type="checkbox"/> 8498	MDM2
<input type="checkbox"/> 8092	CHOP	<input type="checkbox"/> 8500	MET amplification
<input type="checkbox"/> 8098	C-MYC	<input type="checkbox"/> 8503	MLL
<input type="checkbox"/> 8100	COL1A-PDGFB Fusion (Dermatofibrosarcoma Protuberans)	<input type="checkbox"/> 8546	1p36 neuroblastoma
<input type="checkbox"/> 8105	CSF1R (5q)	<input type="checkbox"/> 8580	N-myc
<input type="checkbox"/> 8115	Cyclin D1 (CCND-1)(11q)	<input type="checkbox"/> 8615	p16 (9p21)
<input type="checkbox"/> 8125	D138S25 (13q)	<input type="checkbox"/> 8625	PDGFRB
<input type="checkbox"/> 8127	D13S319/13q34	<input type="checkbox"/> 8636	PML/RARA t(15;17)
<input type="checkbox"/> 8130	D7S486 (7q)	<input type="checkbox"/> 8642	PTEN
<input type="checkbox"/> 8132	D7S522(7q)	<input type="checkbox"/> 8670	6q21, MYB (6q23)
<input type="checkbox"/> 8175	E2A (19p)	<input type="checkbox"/> 8692	RB1/D13S319
<input type="checkbox"/> 8180	EGFR	<input type="checkbox"/> 8774	SS18 (18q11.2; formerly SYT)
<input type="checkbox"/> 8182	EGR1 (5q)	<input type="checkbox"/> 8618	TP53
<input type="checkbox"/> 8794	ETV6/RUNX1 t(12;21); formerly TEL/AML1	<input type="checkbox"/> 8950	X & Y
<input type="checkbox"/> 8200	EWSR1		



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FISH Panels			
Test Code	Panel Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7010	ALL Panel	ETV6/RUNX1 BCR/ABL + ASS MLL CEP 4/CEP 10/ CEP 17 E2A IGH	t(12;21) (prev. known as TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement
<input type="checkbox"/> 7014	ALL & AML Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 MLL BCR/ABL + ASS PML/RARA ETO/AML1 CBFB	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16) or t(16;16)
<input type="checkbox"/> 7016	Burkitt Panel	IGH/MYC/CEP 8 MYC break apart	t(8;14) 8q24 rearrangement
<input type="checkbox"/> 7100	CLL/SLL Panel	IGH/CCND1 ATM TP53 D13S319/13q34 CEP 12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel	IGH/CCND1 IGH/BCL2 MYC BCL6	t(11;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
<input type="checkbox"/> 7210	Fanconi Anemia Panel	1p/1q EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel BCL6 /CEP 3	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q
<input type="checkbox"/> 7190	Hypereosinophilia Panel	FIP1L1/CHIC2/PDGFRA PDGFRB FGFR1	CHIC2 deletion (FIP1L1/PDGFRA fusion) 5q33 rearrangement 8p12 rearrangement
<input type="checkbox"/> 7270	Glioma Panel	1p36, 1q25 19q13, 19p13 EGFR, CEP 7 PTEN, CEP 10	deletion 1p deletion 19q EGFR amplification Deletion 10q, monosomy 10
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel	BCL6/CEP 3 AP12/MALT1 IGH/MALT IGH CEP 7/CEP 18	3q27 rearrangement and +3 t(11;18) t(14;18) 14q32 rearrangement +18
<input type="checkbox"/> 7520	Multiple Myeloma Panel	TP53 D13S319/RB1 IGH/FGFR3 IGH/CCND1 IGH/MAF	TP53 deletion -13/13q deletion t(4;14) t(11;14) t(14;16)
<input type="checkbox"/> 8022	Multiple Myeloma Aneuploidy	D5S23/D5S21/CEP 9/ CEP 15	+5, +9 and +15
<input type="checkbox"/> 7500	MDS Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel MLL TP53	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion