

ONCOLOGY Test Request Form

A. PATIENT IDENTIFICATION

NAME: _____ DOB: _____ MR#: _____ FEMALE
 MALE
 PHONE#: _____ ADDRESS: _____ CITY/ST/ZIP: _____

B. SPECIMEN / CLINICAL INFORMATION

Access specimen requirements at: www.unmc.edu/geneticslab

- Send specimens immediately - avoid extreme temperatures. Testing is most successful when performed on samples received within 24 hours of collection.
- If immediate shipment is not possible, contact us and store at room temperature (urine/bladder washings should be refrigerated).

COLLECTION DATE: _____ COLLECTION TIME: _____

SPECIMEN ID (e.g., Surgical Path #): _____

INDICATIONS FOR TESTING: _____

Diagnostic Follow Up

PRIOR TREATMENT? No | Yes radiation chemotherapeutic

BONE MARROW/TISSUE TRANSPLANT? No | Yes same sex opposite sex

PATIENT CONSENT: Check this box if your patient does not wish to have their specimen stored. Consent is implied if box is left unchecked.

Bone Marrow | Bone Marrow Core

Blood (Leukemic/Cancer)

Lymphatic Tissue/Node | Solid Tumor

» Anatomical Site **MUST** be described:

» _____

Paraffin Embedded Tissue

Are there specific areas of interest for FISH analysis?

No | Yes » send corresponding H&E with area(s) indicated

Urine/Bladder Washings

Other - [specify]: _____

C. TEST SELECTION

Chromosome Analysis

▼ **FISH Analysis** (select panel(s) and/or probe(s) below) - Note: FISH assessment of previously identified abnormalities as well as an indication-related probe panel may be of clinical utility in follow-up cases; please select the designated panel below when appropriate

Previous Abnormalities

Order code format for RPS staff: (Culture or fresh / Direct or FFPE)

Indication-specific FISH Panels (see website for full test/probe details)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> ALL-Pediatric (ages 0-30) (FALLP / FDALP) | <input type="checkbox"/> MDS (FMDS / FDMPS) | <input type="checkbox"/> NHL (FNHL / FDNHL) | <input type="checkbox"/> Plasma cell dyscrasia (FMM/FMMM) |
| <input type="checkbox"/> ALL-Adult (ages >30) (FALLA / FDALL) | <input type="checkbox"/> MPN (FMPP / FMPDP) | <input type="checkbox"/> Burkitt lymphoma (FINT / FDIR) | <input type="checkbox"/> Amyloidosis (FMM/FMMM) |
| <input type="checkbox"/> ALL-Ph-like (FINT / FDIR) | <input type="checkbox"/> MDS/MPN (FMDSM / FDMMP) | <input type="checkbox"/> CLL/SLL (FCLL / FDCLL) | <input type="checkbox"/> Elevated IGM (FMM/FMMM) |
| <input type="checkbox"/> ALL-T-cell (FTCEL / FDIR) | <input type="checkbox"/> Double-hit lymphoma (FNHL / FDNHL) | <input type="checkbox"/> Follicular lymphoma (FINT / FDIR) | <input type="checkbox"/> Monoclonal gammopathy (FMM/FMMM) |
| <input type="checkbox"/> Eosinophilia (FEOSN / FDIR) | <input type="checkbox"/> Triple-hit lymphoma (FNHL / FDNHL) | <input type="checkbox"/> Mantle cell lymphoma (FINT / FDIR) | <input type="checkbox"/> Monoclonal paraprotein (FMM/FMMM) |
| <input type="checkbox"/> AML (FAML / FDIR) | <input type="checkbox"/> DLBCL (FNHL / FDNHL) | <input type="checkbox"/> Marginal zone lymphoma (FMARG / FDMAR) | <input type="checkbox"/> Plasmacytoma (FMM/FMMM) |
| <input type="checkbox"/> CML (FCML / FDCML) | <input type="checkbox"/> High-grade B-cell NHL (FNHL / FDNHL) | <input type="checkbox"/> Multiple myeloma (FMM/FMMM) | |

Individual FISH Probes (multiple probes can be chosen) (FINT / FDIR)

- | | | |
|---|---|---|
| <input type="checkbox"/> 6q21 / 6q23 | <input type="checkbox"/> DEK/NUP214 [t(6;9)] | <input type="checkbox"/> MECOM (EV1) [3q26.2] |
| <input type="checkbox"/> 15q22 | <input type="checkbox"/> EGR1 [5q31] | <input type="checkbox"/> MLLT10 (AF10) [10p12] |
| <input type="checkbox"/> 19p13 / 19q13 | <input type="checkbox"/> EPOR [19p13.2] | <input type="checkbox"/> MLLT10 (AF10) / PICALM [t(10;11)] |
| <input type="checkbox"/> 20q12 | <input type="checkbox"/> ETV6 (TEL) [12p13] | <input type="checkbox"/> MYC [8q24] |
| <input type="checkbox"/> ABL1 [9q34] | <input type="checkbox"/> ETV6 / RUNX1 (TEL / AML1) [t(12;21)] | <input type="checkbox"/> NUP98 [11p15] |
| <input type="checkbox"/> ABL2 [1q25.2] | <input type="checkbox"/> FGF1 [8p12] | <input type="checkbox"/> P2RY8 [Xp22.3/Yp11.3] |
| <input type="checkbox"/> ALK [2p23] | <input type="checkbox"/> FIP1L1 / CHIC2 / PDGFRA [4q12] | <input type="checkbox"/> PBX1 / TCF3 [t(1;19)] |
| <input type="checkbox"/> ATM [11q22.3] | <input type="checkbox"/> IGH [14q32 abnormalities] | <input type="checkbox"/> PDGFRB / CSF1R [5q32] |
| <input type="checkbox"/> BCL2 [18q21] | <input type="checkbox"/> IGH / BCL2 [t(14;18)] | <input type="checkbox"/> PML / RARA [t(15;17)] |
| <input type="checkbox"/> BCL6 [3q27] | <input type="checkbox"/> IGH / CCND1 [t(11;14)] | <input type="checkbox"/> RARA [17q21] |
| <input type="checkbox"/> BCR / ABL1 [t(9;22)] / LSI 9q34 | <input type="checkbox"/> IGH / FGFR3 [t(4;14)] | <input type="checkbox"/> RUNX1T1 / RUNX1 (ETO / AML1) [t(8;21)] |
| <input type="checkbox"/> BIRC3 (API2) / MALT1 [t(11;18)] | <input type="checkbox"/> IGH / MAF [t(14;16)] | <input type="checkbox"/> TCL1A [14q32] |
| <input type="checkbox"/> CBF3 [16q22] | <input type="checkbox"/> IGH / MAFB [t(14;20)] | <input type="checkbox"/> TP53 [17p13.1] |
| <input type="checkbox"/> CBF3 / MYH11 [inv(16)/t(16;16)] | <input type="checkbox"/> IGH / MALT1 [t(14;18)] | <input type="checkbox"/> TRA/D (TCR) [14q11.2] |
| <input type="checkbox"/> CCND1 [11q13] | <input type="checkbox"/> IGH / MYC / 8 centromere [t(8;14)] | <input type="checkbox"/> TRB (TCRB) [7q34] |
| <input type="checkbox"/> CCND2 [12p13] | <input type="checkbox"/> IGK [2p11.2] | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CCND3 [6p21.1] | <input type="checkbox"/> IGL [22q11] | |
| <input type="checkbox"/> CDKN2A (P16) [9p21] | <input type="checkbox"/> IRF4 / DUSP22 [6p25.3] | |
| <input type="checkbox"/> CDKN2C (1p32.3) / CKS1B (1q21.3) | <input type="checkbox"/> JAK2 [9p24] | |
| <input type="checkbox"/> CRLF2 [Xp22.33/Yp11.3] | <input type="checkbox"/> KAT6A/CREBBP [t(8;16)] | |
| <input type="checkbox"/> D13S319 [13q14] / 13q34 | <input type="checkbox"/> KMT2A (MLL) [11q23] | |
| <input type="checkbox"/> D7S486 [7q31] / 7 centromere | <input type="checkbox"/> MALT1 [18q21] / 18 centromere | |

Microarray Analysis

ONCOLOGY Test Request Form

← PATIENT IDENTIFICATION

NAME: _____ DOB: _____ MR#: _____ FEMALE
 MALE

D. BILLING

▪ Contact our billing team for insurance preauthorization assistance at 402.559.8359

1) Does this patient live in a skilled nursing facility? Yes No 2) Has the patient been inpatient in the last week? Yes No

INSURANCE BILLING » Include a clear, enlarged copy of both sides of the insurance card

• **ICD-10 CODE(S):** _____

Patient Insurance | Policy holder is different than patient
 » Policy Holder Name: _____ DOB: _____

Medicaid | Medicaid Pending | Medicare » An ABN may be required

• **Verify coverage for genetic testing and obtain/request preauthorization when required**

Preauthorization approved
 » Auth#: _____ Valid Date: _____ Exp Date: _____

Preauthorization service requested
 » Contact RPS Billing Support at rpsbillingsupport@unmc.edu

CLIENT BILLING

Facility: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

PATIENT SELF-PAY

» View patient billing options at:
<http://www.reglab.org/billingcompliance/participating-insurance-plans/>

E. RESULT REPORTING

ORDERING LOCATION:

Facility: _____

Client Code: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

ORDERING PROVIDER:

Name: _____

Delivery Method: _____

ADDITIONAL REPORT(S) TO:

Name: _____ Name: _____

Delivery Method: _____ Delivery Method: _____

F. SHIPPING

Shipping supplies including collection kits, tubes, transport media, and prepaid airbills are available through our supply portal.

Local Transport: Call the laboratory (402-559-6420) to request specimen pickup or utilize your routine RPS courier.

Shipping Address: UNMC Shipping & Receiving Dock
Regional Pathology Services MSB 3500
University of Nebraska Medical Center
601 Saddle Creek Road
Omaha, NE 68108-1180