MAWD
MAWD PATHOLOGY GROUP

FLOW CYTOMETRY REQUISITION

APPLY ID STAMP OR STICKER **HERE**

9705 LENEXA DR, LENEXA, KS 66215
PH: (913) 396-8509 / (800) 933-6293 Fax: (913) 495-9759

CLIENT NAME AND ADDRESS	PATIENT NAME (LAST)		(FIRST)	(MI)
	SEX	DOB	PATIENT ID	

ORDERING PHYSICIAN

COPY REPORT TO:

CC REPORT TO

ADDRESS

CITY STATE ZIP

RESPONSIBLE PARTY & INSURANCE (ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)

BILL TO ☐ PATIENT (SELF) ☐ INSURANCE ☐ CLIENT

PT RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

NAME OF INSURED (IF NOT SELF) | INSURED'S SSN:

ADDRESS CITY STATE ZIP

PHONE NUMBER HOME WORK

☐ **See Attached:**

Attach All Copies of Insurance

DATE OF COLLECTION: ______________ TIME: _________ SPECIMEN ID: ______________ BODY SITE: ______________

SPECIMEN: ☐ Bone Marrow Aspirate/Core ☐ Peripheral Blood ☐ Tissue - Excisional Biopsy ☐ Tissue - Core Biopsy
☐ FNA ☐ CSF ☐ Body Fluid (Please specify type) ________________ ☐ Other (Please describe) ________________

CLINICAL INFORMATION:

***Please include a copy of complete blood count with peripheral blood samples.**

LABORATORY TESTS REQUESTED:

Flow Cytometry

☐ Global Flow Cytometry / Lymphoma Protocol - *Please submit in RPMI media*
☐ Reflex as medically necessary (Could include FISH, cytogenetics, or molecular assays, as needed)

Cytogenetics

☐ Oncology Chromosome Analysis ☐ Non-Oncology Chromosome Analysis
☐ POC Chromosome Analysis ☐ Microarray Analysis

Molecular

☐ AML Mutation Analysis Panel: FLT3/IDH1/IDH2 *If karyotype is normal or non-informative, REFLEX to CEBPA/NPM1; *If inv(16) or t(8;21), REFLEX to KIT, Exons 8 and 17
☐ FLT3 ☐ IDH1, IDH2 ☐ PML-RARA ☐ KIT (D816V)
☐ BCR-ABL1 screening p190, p210 ☐ SF3B1
☐ BCR-ABL1 follow-up: Select ☐ p190 or ☐ p210 ☐ ABL1 kinase domain mutation
☐ JAK2 V617F ☐ JAK2 reflex Exon 12 (PV) ☐ JAK2 reflex to CALR, MPL (ET,PMF)
☐ B-Cell clonality (IGH reflex to IGK) ☐ T-Cell clonality (TCRG reflex to TCRB)
☐ BRAF (HCL) ☐ IGH-BCL2 ☐ MYD88 ☐ IGVH (CLL/SLL)

Next Generation Sequencing

☐ Hematology Profile: panel of 177 genes implicated in hematologic neoplasms
☐ Liquid Biopsy, Hematology Profile: 177 Genes

FISH

☐ ALK (Lymphoma)
☐ AML Panel 1
☐ AML Panel 2
☐ AML Panel 3
☐ AML Panel 4
☐ AML w/ Monocytosis
☐ B-ALL Panel
☐ Burkitt Lymphoma
☐ CLL/MCL Panel
☐ CLL/SLL Panel
☐ CML (BCR-ABL1)
☐ Eosinophilia Panel
☐ Follicular Panel
☐ HGBL/Triple-Hit Panel
☐ LPL Waldenstrom Panel
☐ MALT Panel
☐ Marginal Zone Panel
☐ MCL
☐ MCL w/ reflex CLL/SLL Panel
☐ MDS Panel
☐ MPN/ Eosinophilia Panel
☐ MPN Panel
☐ Myeloma/ PCD Panel
☐ PML-RARA-Routine
☐ PML-RARA-STAT
☐ T-ALL Panel
☐ T-PLL Panel
☐ X/Y Sex Mismatch
☐ Other: ________________

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient. Further testing may result in additional charges.