



2799 W. Grand Blvd.  
Detroit, MI 48202

# MOLECULAR PATHOLOGY TEST REQUEST FORM

**Molecular Lab, E&R Building, Room 6087, Lab Hours: 8:00 a.m. – 5:00 p.m., M-F**  
**Lab: 313.916.9041 Fax: 313.916.2385 Dr. Milena Cankovic: 916.9448**  
**For further info visit us at: [www.henryford.com/molecularp pathology](http://www.henryford.com/molecularp pathology)**

## PATHOLOGY

| Patient Information | Send Reports To:   | Send Reports To:   |
|---------------------|--------------------|--------------------|
| Date:               | Phys Name:         | Phys Name:         |
| Pt Name:            | Phys Code:         | Phys Code:         |
| Pt MRN:             | Phone # (required) | Phone # (required) |
| DOB:                | FAX #              | FAX #              |

|                       |                                   |
|-----------------------|-----------------------------------|
| Required Information: | ICD9 Codes: _____ . _____ . _____ |
| Clinical Diagnosis:   |                                   |

**Tissue-Based Testing:** For institutions external to the Henry Ford Health System, please include the following information:  
 1. Include corresponding pathology report 2. Send 5-10 blank slides and an H&E Slide.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> T Cell Gene Rearrangement | <input type="checkbox"/> B Cell Gene Rearrangement      | <input type="checkbox"/> t(14:18) MBR                |
| <input type="checkbox"/> MGMT Methylation          | <input type="checkbox"/> 1p/19q LOH (also blood 1 EDTA) | <input type="checkbox"/> EGFRvIII Mutation           |
| <input type="checkbox"/> KRAS Mutation             | <input type="checkbox"/> MSI in Colorectal Cancer       | <input type="checkbox"/> MLH1 Methylation            |
| <input type="checkbox"/> EGFR Exon 19/21 Mutations | <input type="checkbox"/> Tissue Identity                | <input type="checkbox"/> Gestational Disease Profile |
| <input type="checkbox"/> EBV ISH                   | <input type="checkbox"/> Ig Kappa/Lambda ISH            | <input type="checkbox"/> HPV ISH                     |

**Specimen Type:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Paraffin-Embedded Tissue (Formalin-fixed only) | <input type="checkbox"/> Tissue Sections | <input type="checkbox"/> Fresh Tissue (type): |
|---|--|---|

**DNA Tests (PCR): Blood and Bone Marrow Specimens (BLOOD IN LAVENDER TUBE, EDTA)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> T Cell Gene Rearrangement | <input type="checkbox"/> B Cell Gene Rearrangement | <input type="checkbox"/> FLT3 Mutations |
| <input type="checkbox"/> JAK-2 Mutations           |  |   |

**Specimen Type: Transport ALL specimens on ice.**

|   |
|---|
| <input type="checkbox"/> Peripheral Blood (3-4 ml, EDTA, LAVENDER Tube)   |
| <input type="checkbox"/> Bone Marrow Aspirate (anti-coagulated with either heparin or EDTA and, if possible, placed into tissue culture medium) |

**RNA Tests (RT-PCR): Blood and Bone Marrow Specimens (Medical Centers: Blood in Special PAXgene Tube)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> CML, BCR/ABL t(9:22),p210 | <input type="checkbox"/> ALL t(9:22),p190        | <input type="checkbox"/> APL, PML/RARA t(15:17) |
| <input type="checkbox"/> AML, AML1/ETO t(8:21)     | <input type="checkbox"/> AML, CBFB/MYH11 inv(16) |   |

**Specimen Type: Transport ALL specimens on ice.**

|   |
|---|
| <input type="checkbox"/> Peripheral Blood: Henry Ford Hospital downtown (3-4 ml, EDTA, LAVENDER Tube). Regional Medical Centers (Use special PAXgene tube w/ RNA preservative – call 916.9041 for collection tube). |
| <input type="checkbox"/> Bone Marrow Aspirate (anti-coagulated with either heparin or EDTA and, if possible, placed into tissue culture medium)   |