



CENTER for PRECISION DIAGNOSTICS

"Powering Precision Medicine"

Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd.
Detroit, MI 48202
855.916.4DNA (4362)

MOLECULAR HEMATOLOGIC TESTING REQUISITION

Required Patient Information

Ordering Physician Information

Name: _____ Gender: M F

Name: _____

MRN: _____ DOB: MM / DD / YYYY

Address: _____

ICD10 Code(s): _____ / _____ / _____

City: _____ State: _____ Zip: _____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

Phone: _____ Fax: _____

Billing Information

Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization. Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362)

- Bill Client or Institution Client Name: _____ Client Code/Number: _____
- Bill Insurance Prior authorization or reference number: _____
- Patient Self-Pay Call for pricing and payment options Toll Free: 855.916.4362

Patient status at time of collection: Inpatient Outpatient

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent for Genetic Testing form is available on our website.

Specimen Submission Requirements

Peripheral blood in lavender (EDTA) top tube (minimum volume: 3 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week. **DO NOT FREEZE**
--EXTRACTED DNA ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES
For RNA tests, transport refrigerated blood (EDTA) within 72 hours of collection. If transport >72 hours – use PAXGene tube (call us: 313.916.4DNA)

Hematologic Disorders

All tests include pathologist interpretation at a separate, additional charge.

RNA Tests [RT-PCR]

- CML - BCR/ ABL1 t(9:22), p210 (81206)
- ALL - BCR/ ABL1 t(9:22), p190 (81207)
- APL - PML/ RARA t(15:17) (81315)
- AML - CBFβ/ MYH11 inv(16) (81401)

DNA Single Gene Tests

- T Cell Rearrangement (81340 Beta, 81342 Gamma)
- B Cell Gene Rearrangement (81261)
- CALR Mutation (81219)
- FLT3 Mutation (81245, 81246)
- JAK-2 Mutation (81270)
- NPM1 Mutation (81310)

Hematolymphoid NGS Panel

All tests include pathologist interpretation at a separate additional charge.

Hematolymphoid Neoplasm or Disorder Sequencing Panel (51 genes)

ABL, ASXL1, ATRX, BCOR, BCORL1, BRAF, CALR, CBL, CBLB, CBLC, CEBPA, CSF3R, CUX1, DNMT3A, ETV6/TEL, EZH2, FBXW7, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, IKZF1, JAK2, KDM6A, KIT, KRAS, MLL, MPL, MYD88, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, USAF1, WT1, ZRSR2 (81455)

DeNovo AML: CEBPA, FLT3, KIT, IDH1, IDH2, NPM1, RUNX1, TP53 (81450)

Myeloproliferative Panel: JAK2 (12+14) CALR, MPL (81270, 81219, 81403)

Other Molecular DNA/RNA Tests

Send Additional Report To

Name:	
Address:	
Phone #:	Fax #: