


Patient Information:		NOTE: Highlighted Fields Required		 <b>HEALTH SYSTEM MARQUETTE</b> <small>A Duke LifePoint Hospital</small> 850 W. Baraga Avenue • Marquette, MI 49855 (906) 449-3220 • 1-888-818-3879		<b>PATHOLOGY and CYTOGENETIC</b> Laboratory Request Form	
Name:				<b>Billing Information:</b>  Account Information:  Medicare #: Retirement date:  Medicaid #:  Other / Secondary Insurance  ID #s:			
Last:							
First:		M.I. Phone					
Address:							
City: <input type="checkbox"/>		State: Zip:					
Soc. Sec. #:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Birthdate:		Medical Record #:					
Please Bill To: <input type="checkbox"/> Patient / Insurance <input type="checkbox"/> Account #:							
<b>Clinical Information:</b>							

Diagnosis/Clinical Symptoms:

Clinical History:

Specimen Information	
<b>Specimen Type:</b> <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Lymphnode <input type="checkbox"/> Tissue Biopsy: _____ <input type="checkbox"/> Formalin-fixed, paraffin embedded tissue <input type="checkbox"/> Urine <input type="checkbox"/> Other: _____	

<b>Collection Date and Time:</b> _____	Volume: _____
<b>Treatment Status:</b> <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Monitoring	

Ordering Options
<input type="checkbox"/> <b>Full Pathology Consultation</b> – Includes morphology with possible reflex to immunohistochemistry, flow cytometry, chromosome analysis, FISH studies and/or molecular studies as necessary.

Test Requested:

Test Selection Menu		
<input type="checkbox"/> <b>Flow Cytometry</b> <i>ACD (yellow) tube</i>  <input type="checkbox"/> <b>Morphologic Marrow Evaluation</b> <input type="checkbox"/> Core (10% NB Formalin) <input type="checkbox"/> Clot (10% NB Formalin) <input type="checkbox"/> Smears made on slide	<input type="checkbox"/> <b>Chromosome Analysis</b> <i>Sodium Heparin (green) tube</i> <input type="checkbox"/> Chromosome Karyotype – Oncology <input type="checkbox"/> Chromosome Karyotype – Congenital <input type="checkbox"/> with High Resolution  <b>FISH Testing</b> (for complete panel inclusions see <a href="http://mghlab.com/cytogenetic">mghlab.com/cytogenetic</a> ) <i>Sodium Heparin (green tube)</i> <input type="checkbox"/> BCR/ABL1, t(9;22) <input type="checkbox"/> PathVysion (HER-2/CEP17) <input type="checkbox"/> Eosinophilia Panel <input type="checkbox"/> UroVysion (Bladder Cancer FISH) <input type="checkbox"/> Lymphoma Panel (B-cell) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Myeloma Panel <input type="checkbox"/> Acute Meyloid Leukemia Panel (AML) <input type="checkbox"/> Myelodysplatic Syndrome Panel (MDS) <input type="checkbox"/> Myeloproliferative Neoplasm Panel (MPN) <input type="checkbox"/> Chronic Lymphocytic Lymphoma Panel (CLL)	<input type="checkbox"/> <b>Molecular Genetics</b> testing may be performed offsite <i>EDTA (purple top) tube</i> <input type="checkbox"/> KRAS mutation analysis <input type="checkbox"/> BRAF mutation analysis <input type="checkbox"/> JAK2 mutation analysis <input type="checkbox"/> JAK2, exon 12 mutation <input type="checkbox"/> FLT3 mutation analysis <input type="checkbox"/> NPML mutation analysis <input type="checkbox"/> KIT mutation analysis <input type="checkbox"/> T Cell Gene Rearrangement <input type="checkbox"/> CEBPA <input type="checkbox"/> Other: _____

Nurse Practitioner / PA	Physician / Supervising Physician	Date
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