



**CLIENT INFORMATION**

**CLIENT:** \_\_\_\_\_ **ORDERING PHYSICIAN:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**\*SERVICE LEVEL:**  Global  Technical Only

**REFERRING PHYSICIAN:**  SEND COPY OF GLOBAL REPORTS

Name: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**PATIENT INFORMATION**

**\* Last Name** \_\_\_\_\_ **\* First Name** \_\_\_\_\_

**\* Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\* Street Address** \_\_\_\_\_ **\* Gender:**  Male  Female

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Home Phone Number**

**\* City** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**\* State** \_\_\_\_\_ **\* Zip Code** \_\_\_\_\_ **Case Number / Accession Number** \_\_\_\_\_

**SPECIMEN INFORMATION**

**\* Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **\* Collection Time:** \_\_\_\_:\_\_\_\_ AM/PM

**\* Body Site/Source:** \_\_\_\_\_ **Sub Site:** \_\_\_\_\_

*\*Please select the Sample Type(s) by indicating the quantity submitted:*

<b>Blood:</b>	<b>General:</b>	<b>Slides:</b>
____ Green-Top(s)	____ Paraffin Block(s)	____ Unstained Tissue
____ Purple-Top(s)	____ Body Fluid (Vials)	____ Touch Prep(s)
<b>Bone Marrow:</b>	____ Fixed Tissue (Vials)	____ Stained Tissue
____ Green-Top(s)	____ Fresh Tissue (Vials)	____ Blood Smear(s)
____ Purple-Top(s)	____ FNA (Vials)	____ Aspirate Smear(s)

*If reviewing an archived sample for molecular studies, please indicate the date pulled from archives:*

**Date Reviewed:** \_\_\_\_/\_\_\_\_/\_\_\_\_  **Permission to Exhaust Block**

**BILLING INFORMATION**

**BILL:**

Insurance  Medicare – Part B  Patient  Hospital/Institution

**PATIENT STATUS:**

Inpatient  Outpatient  Non-Hospital Patient

**\*SEE ATTACHED** (Please attach [front & back copy](#) of insurance card)

**CYTOGENETICS**  Global  Technical Only

Molecular Cytogenetics  Cytogenetics (Karyotyping/G-Banding)

**FLOW CYTOMETRY PANELS**  Global  Technical Only

**Primary Panels:**

Flow Cytometry Leukemia/Lymphoma Panel (See reverse for panel contents)

**Add-On Panels:**

ALL Add-On Panel  B-Cell Cytoplasmic Add-On Panel

Lineage Determination Add-On Panel  Plasma Cell Panel, for Bone Marrow

**Individual Antibodies** (please specify): \_\_\_\_\_

**HISTOLOGY**  Global  Technical Only

H&E  Iron  Reticulum  Trichrome  Wright Giemsa  **Others:** \_\_\_\_\_

**IMMUNOHISTOCHEMISTRY (IHC)**  Global  Technical Only

ALL vs. AML Panel  Mast Cell Disease Panel

Bone Marrow Panel  Plasma Cell Panel

Langerhans Cell Histiocytosis Panel  **Individual Antibodies** (please specify): \_\_\_\_\_

Large Cell Lymphoma Panel

Reactive Lymphoid Hyperplasia vs. Lymphoma Panel

**POLYMERASE CHAIN REACTION (PCR)**  Global  Technical Only

B-Cell Gene Rearrangement  Quantitative t(9;22) BCR/ABL1 by RT/PCR

B- & T-Cell Gene Rearrangement  T-Cell Gene Rearrangement

JAK2 V617F Mutation Analysis  TP53 Mutation Analysis

**Other:** \_\_\_\_\_

**FLUORESCENT IN SITU HYBRIDIZATION (FISH)**  Global  Technical Only

**Panels:**

AML Panel  APL Panel  B-ALL Panel  B-Cell Lymphoma Panel  CLL/SLL Panel

DLBCL Panel  MDS Panel  MYC Panel  Myeloma Panel

**Individual Tests:**

ALK (2p23) Rearrangement  BCL2 (18q21) Rearrangement  BCL6 (3q27) Rearrangement

CBFβ (16q22) Rearrangement  CCND1 (11q13 BCL1) Rearrangement

IGH (14q32) Rearrangement  MALT1 (18q21) Rearrangement  MLL (11q23) Rearrangement

MYC (8q24) Rearrangement  RARα (17q21) Rearrangement  t(4;14) IGH/FGFR3

t(8;14) IGH/MYC  t(8;21) RUNX1/ RUNX1T1 (AML/ETO)

t(9;22) BCR/ ABL1  t(11;14) IGH/CCND1

t(12;21) ETV6/RUNX1 (TEL/AML1)  t(14;16) IGH/ MAF

t(14;18) IGH/ BCL2  t(15;17) PML/RARα

**Other** (See Reverse for Offerings): \_\_\_\_\_

**Reflexes:**

Reflex to JAK2 Mutational Analysis by PCR, if t(9;22) BCR/ABL1 is Negative

**CLINICAL INFORMATION**

**\* Clinical History/ICD-9 Code(s):** \_\_\_\_\_

**\* Diagnosis Under Consideration / Rule Out:** \_\_\_\_\_

**\* Treatment History:** \_\_\_\_\_

*(Please include copies of any pertinent lab results and/or previous patient reports.)*

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* PHYSICIAN SIGNATURE:** \_\_\_\_\_

Please **SEE REVERSE** side for Specimen Minimum Requirements and Contents of Panels

**\* Required field**

# UNIVERSITY PATHOLOGISTS DIAGNOSTICS PANEL DESCRIPTIONS & ADDITIONAL OFFERINGS

## Immunohistochemistry Panel Contents

### Adenocarcinoma of Unknown Origin Panel - Female

CDX2, CK7, CK20, ER, GCDPF-15, Mammaglobin, TTF-1, WT-1, Villin

### Adenocarcinoma of Unknown Origin Panel - Male

CDX2, CK7, CK20, PSA, TTF-1, Villin

### ALL vs. AML Panel

CD33, CD34, CD117, Lysozyme, PAX5, TdT

### Amyloid Panel

Amyloid A, Amyloid P, Congo Red, Kappa, Lambda

### Bone Marrow Panel

CD3, CD20, CD34, CD42b, CD117 (C-Kit), CD138

### Breast Prognostic Marker Panel

ER, HER2 (Herceptest®), Ki-67, PR

### Breast Subclassification IHC Panel

CK5/6, EGFR, ER, HER2 (Herceptest®), Ki-67, PR

### Cervical Dysplasia Panel

CK17, ISH-HPV High Risk, ISH-HPV Low Risk, Ki-67, p16

### Classical Hodgkin's Lymphoma Panel

BOB1, CD3, CD15, CD20, CD30, CD45, ISH-EBV (EBER), OCT2, PAX5

### Germ Cell Panel

AFP, CD30, CD117 (C-Kit), CK (OSCAR), hCG, OCT3/4, PLAP, SALL4

### GIST Panel

CD34, CD117 (C-Kit), Desmin, DOG1, S100, SMA

### Hydatidiform Mole Panel

p57, Ki-67, HER2 Amplification – PathVysion®

### Langerhans Cell Histiocytosis Panel

CD1a, S100

### Large Cell Lymphoma Panel

BCL-2, BCL-6, CD3, CD5, CD10, CD20, CD21, CD23, CD43, CD45, CD79a, Cyclin D1, IgD, Kappa, Ki-67, Lambda

### Mast Cell Disease Panel

CD2, CD25, CD117 (C-Kit), Tryptase

### Mesothelioma vs. Adenocarcinoma Panel

BG8, Calretinin, CK (OSCAR), Podoplanin (D2-40), MOC-31, TTF-1, WT-1

### Mismatch Repair Protein Panel (for MSI)

MLH1, MSH2, MSH6, PMS2

### Pituitary Hormones Panel

ACTH, FSH, GH, LH, Prolactin, TSH

### Plasma Cell Panel

CD56, CD138, Cyclin D1, ISH-Kappa, ISH-Lambda

### Reactive Lymphoid Hyperplasia vs. Lymphoma Panel

BCL-2, BCL-6, CD3, CD5, CD10, CD20, Cyclin D1, IgD, Kappa, Ki-67, Lambda

### Spindle Cell Tumor/Sarcoma Panel

CD31, CD34, CD117 (C-Kit), CK (OSCAR), Desmin, Melan-A (MART1), Ki-67, p63, S100, SMA

### Squamous Cell Carcinoma Panel

CK5/6, p63

## Immunohistochemistry Antibodies

A1AT	Calponin	CD20	CD68	CK HMW (34βE12)	ER	HHV8	Ki-67/Caspase-3	MSH6	PD1	SALL4	Uroplakin
ACT	Calretinin	CD21	CD79a	CK5/6	EGFR	HMB-45	Lambda	MUC1	PHH3	SMA	Villin
ACTH	CAM5.2	CD22	CD99	CK7	Factor XIIIa	HPV	LH	MUM1	PLAP	SMMHC	Vimentin
Adenovirus	CD1a	CD23	CD117 (C-Kit)	CK8	FSH	IgD	Lysozyme	Napsin A	PMS2	Smoothelin	WT-1
AFP	CD2	CD25	CD138	CK8/18	GCDPF-15	IgG	MAM-6	OCT2	Pneumocystis (D2-40)	Surfactant	ZAP70
ALK (CD246)	CD3	CD30	CD163	CK17	GCET	IgG4	Mammaglobin	OCT 3/4	Podoplanin	Synaptophysin	
ARG1	CD3/CD20	CD31	CDX2	CK20	GFAP	Inhibin	Melan-A (MART1)	p16	POXP1	TIA-1	
B72.3	CD4	CD33	CDX2/CD7	COX2	GH	ISH-EBV (EBER)	Melan-A/Ki-67	p53	PR	TdT	
BCL-2	CD5	CD34	CEA (CD66e Family)	Cyclin D1	GLUT-1	ISH-HPV, High-Risk	MITF	p57	Prolactin	Thyroglobulin	
BCL-6	CD7	CD42b	CEA (Monoclonal)	Cyclin D1/CD20	Glypican-3	ISH-HPV, Low-Risk	MLH1	p63	Prostate Multiplex	TRAP	
Ber-EP4	CD8	CD43	CG-A	Desmin	H Pylori	ISH-Kappa	MOC-31	p504S	Prostate Triple Stain	Tryptase	
BG8	CD10	CD45RB	CK (AE1)	DOG-1	hCG	ISH-Lambda	MPO	PAP	PSA	TSH	
BOB1	CD15	CD45RO	CK (AE3)	E-Cadherin	HepPar1	Kappa	MSA	PAX2	RCC	TTF-1	
Calcitonin	CD19	CD56	CK (Pan CK AE1/AE3)	EMA	HER2 (Herceptest®)	Ki-67	MSH2	PAX5	S100	Tyrosinase	

## Flow Cytometry Panel Contents

### Panels:

#### Standard Leukemia/Lymphoma Panel, for Lymph Node/Tissue, FNA & Peripheral Blood

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD16, CD19, CD20, CD23, CD34, CD38, CD45, CD56, CD57, Kappa, Lambda

#### Comprehensive Leukemia/Lymphoma Panel, for Bone Marrow

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD11c, CD13, CD14, CD15, CD16, CD19, CD20, CD22, CD23, CD25, CD33, CD34, CD38, CD45, CD56, CD57, CD64, CD103, CD117, FMC-7, HLA-DR, Kappa, Lambda

#### Plasma Cell Panel, for Bone Marrow

CD19, CD20, CD38, CD45, CD56, CD117, CD138, CD200, cKappa, cLambda

When a Flow Cytometry Leukemia/Lymphoma Panel is ordered, the Standard Leukemia/Lymphoma Panel for Lymph Node/Tissue, FNA & Peripheral Blood will be performed on all Lymph Node, Tissue, FNA and Peripheral Blood specimens and the Comprehensive Leukemia/Lymphoma Panel for Bone Marrow will be performed on all Bone Marrow specimens.

\*In order to run the Plasma Cell Panel or any Add-On Panels without a Standard or Comprehensive Panel, previous patient flow reports with diagnosis must be included with paperwork for the case.

### Add-On Panels:

#### ALL Add-On Panel

CD1a, cCD3, CD19, CD34, CD45, cCD79a, nTdT

#### B-Cell Cytoplasmic Add-On Panel

CD5, CD10, CD19, CD20, CD45, cCD79a, cKappa, cLambda

#### Lineage Determination Add-On Panel

cCD3, CD34, CD45, cCD79a, CD117, cMPO, nTdT

## Fluorescent in situ Hybridization Panel Contents

### AML Panel

- t(8;21) RUNX1/RUNX1T1 (AML/ETO)
- MLL (11q23) Rearrangement
- CBFβ (16q22) Rearrangement
- t(15;17) PML/RARα
- RARα (17q21) Rearrangement
- 5q31 Deletion
- 7q31 Deletion
- Centromere 8
- 20q12 Deletion

### APL Panel

- t(15;17) PML/RARα
- RARα (17q21) Rearrangement

### B-ALL Panel

- t(9;22) BCR/ABL1
- MLL (11q23) Rearrangement
- t(12;21) ETV6/RUNX1 (TEL/AML)
- 9p21 (p16) Deletion
- Centromere 4
- Centromere 10

### B-Cell Lymphoma Panel

- IGH (14q32) Rearrangement
- BCL6 (3q27) Rearrangement
- BCL2 (18q21) Rearrangement
- MYC (8q24) Rearrangement
- t(11;14) IGH/CCND1

### CLL/SLL Panel

- 11q22.3 (ATM) Deletion
- 17p13.1 (P53) Deletion
- Centromere 12
- 13q14.3 (RB1) Deletion
- t(11;14) IGH/CCND1

### DLBCL Panel

- BCL6 (3q27) Rearrangement
- t(14;18) IGH/BCL2
- MYC (8q24) Rearrangement

### MDS Panel

- 5q31 Deletion
- 7q31 Deletion
- Centromere 8
- 20q12 Deletion

### MYC Panel

- MYC (8q24) Rearrangement
- IGH (14q32) Rearrangement

### Myeloma Panel

- 13q14.3 (RB1) Deletion
- 17p13.1 (P53) Deletion
- IGH (14q32) Rearrangement
- t(4;14) IGH/FGFR3
- t(14;16) IGH/MAF
- Centromere 3
- Centromere 7
- Centromere 9
- Centromere 11

## TRANSPORTATION NOTES:

- Specimens should be submitted within 24 hours of draw.
- All specimens should be labeled with 2 patient IDs and 1 body site/specimen type.
- Allow slides/smears to dry completely before packaging in slide container.
- Please include previous patient reports and a copy of insurance card.
- Do not allow cold pack to come into direct contact with specimens.
- Call 508-235-6363 to schedule a pickup, 24/7.