

Informed Consent Obtained ID Checked

BONE MARROW REQUEST FORM



SIOUX FALLS, SD SPENCER, IA
MITCHELL, SD YANKTON, SD

Client Services: (605) 322-7212 • (800) 658-5474
Website: www.plpath.com

SEX	DATE OF BIRTH	DATE COLLECTED
SOCIAL SECURITY NO.		
PRINT PATIENT NAME – FIRST, MIDDLE, LAST		
STREET		APT. NO.
CITY	STATE	ZIP

TELEPHONE NO. ()	RESPONSIBLE PARTY & ADDRESS (if other than patient.)
BILL TO: <input type="checkbox"/> SUBMITTING CLINIC <input type="checkbox"/> PATIENT / INS <input type="checkbox"/> MEDICARE / MEDICAID <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
MEDICARE I.D. NO.	MEDICAID (WELFARE) NO.
INSURANCE COMPANY NAME, ADDRESS	
INSURED'S I.D. NO.	INSURED'S GROUP NO.
CHART NUMBER	DIAGNOSIS / ICD-9 CODE

CLINIC CODE

SUBMITTING PHYSICIAN

PHYSICIAN / PROVIDER SIGNATURE

NOTE → **CBC WITH DIFFERENTIAL REQUIRED WITHIN 24 HOURS OF BIOPSY**

1. REQUIRED Clinical Information

Known Malignancy _____

Diagnosis(es) under Consideration:

- | | |
|---|---|
| <input type="checkbox"/> Leukocytosis | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Erythrocytosis | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Lymphocytosis | Type: _____ |
| <input type="checkbox"/> Thrombocytosis | <input type="checkbox"/> Plasma Cell Myeloma/MGUS |
| <input type="checkbox"/> Pancytopenia | <input type="checkbox"/> Amyloidosis |
| <input type="checkbox"/> Neutropenia | <input type="checkbox"/> MDS (Myelodysplastic Syndrome) |
| <input type="checkbox"/> Thrombocytopenia | <input type="checkbox"/> MPN (Myeloproliferative Neoplasm) |
| <input type="checkbox"/> Leukopenia | Type: <input type="checkbox"/> CML <input type="checkbox"/> ET <input type="checkbox"/> PV <input type="checkbox"/> PMF |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Unknown/Undiagnosed |
| | <input type="checkbox"/> Other: _____ |

Status:

- | | |
|--|--|
| <input type="checkbox"/> Suspected/Unknown | <input type="checkbox"/> Established Diagnosis (date): _____ |
| <input type="checkbox"/> Post-transplant (date): _____ | <input type="checkbox"/> autologous |
| | <input type="checkbox"/> allogeneic: <input type="checkbox"/> same sex <input type="checkbox"/> opposite sex |
| | <input type="checkbox"/> matched unrelated donor |

Additional Information

Speciman Information:

Multiple specimens submitted: Yes No Test All Test Best

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| _____cc BM aspirate | _____cc BM aspirate |
| _____ BM core Biopsy _____ cm length | _____ BM core Biopsy _____ cm length |

FOR LAB USE ONLY – DO NOT WRITE OR PLACE A LABEL BELOW THIS LINE

PLEASE CHECK REQUESTED:

2. Flow Cytometry

Acceptable specimen types:

≥3mL PB or 2mL BM aspirate, Green Top Tube (Na Heparin) (EDTA/ACD accepted, not preferred)
Fresh Tissue in Tissue Culture Medium (TCM), Effusions in TCM with 10U heparin/mL
CSE (≥1mL) in = volume TCM BAL 100-150mL irrigation fluid in = volume TCM

Please check requested:

- Leukemia/Lymphoma Immunophenotyping (with reflex testing if needed to confirm diagnosis)
- Lymphocyte Subset analysis
- PNH

3. Cytogenetics (Chromosome Analysis)

- Conventional Cytogenetic Studies
- Digital Karyotype by CGH Microarray (e.g. myeloma, CLL, MDS)

Acceptable specimen types:

Bone marrow or peripheral blood, Green Top Tube (Na Heparin), fresh tissue in tissue culture media

4. FISH analysis(es):

Reflex Testing per Pathologist

Acceptable specimen types:

Bone marrow or peripheral blood, Green Top Tube (Na Heparin) or fresh tissue in tissue culture media

- ALL** Panel.....MLL 11q23, TEL/AML1(ETV6/RUNX1) t(12;21), BCR/ABL, p16/CEP9, IgH/MYC/CEP8
- AML** PanelAML1/ETO t(8;21), PML/RARA t(15;17), CBFB15q22 inv(16), MLL 11q23, D7S522, D8Z2
- B-cell** Panel.....BCL6, MALT, BLC1 (CCND1), BLC2
- Burkitt** Lymphoma Probe.....MYC/IGH t(8;14)
- CML** Panel.....BCR/ABL, ASS, t(9;22)
- CLL** Panel.....D13S319/LAMP1, CEP12, ATM, TP53
- Follicular** Lymphoma ProbeBCL2/IGH t(14;18) (or DLBCL)
- MALT** Lymphoma Probe.....MALT1, t(11;18)
- Mantle Cell** Lymphoma ProbeCCND1/IGH t(11;14)
- MDS** Panel.....EGR1/D5S23 monosomy 5, D7S522/CEP7 monosomy 7, D20S108/CEP8 del 20q, TP53/CEP17
- Myeloma/MGUS** PanelTP53/CEP17, FGFR3/IGH t(4;14), D13S319/13q34, MLL 11q23
- XX/XY** Probes.....opposite sex BMT
- Single FISH** Probes ALK t(2;5) PDGFRA/PDGFRB BCR/ABL PML/RARA
 Other: _____

5. Molecular Analysis(es):

Reflex Testing per Pathologist

Acceptable specimen types:

13mL peripheral blood or 2mL Bone Marrow Aspirate in Green Top Tube (Na Heparin)

«For RQ-PCR assays: 5mL PB or 3mL BMAsp in Purple Top tube (EDTA).

- B-Cell Gene rearrangement +
- T-Cell Gene rearrangement +
- CLL IgHV mutation status «
- BCR/ABL, t(9;22) (with reflex quantitation) «
 - BCR/ABL breakpoints «
 - ABL sequence analysis (Gleevec resistance mutation) «
- JAK2 point mutation +, with reflex to exon12 +
- JAK2 exon12 (alternative mutation) +
- MPL mutation +
- FIP1L1-PDGFR, del (4q12) «
- cKIT D816V mutation +
- AML Panel (includes * 'd tests below)
 - PML/RARA, t(15;17) *«
 - AML1/ETO, t(8;21) *«
 - CBFB-MYH11, inv(16) *«
- FLT3 mutation+(send to lab PMM)
- NPM1 mutation +
- CEBP alpha mutation +
- cKIT D816V mutation +
- ALL Panel (includes all below)
 - E2A-PBX1, t(1;19) «
 - MLL-AF4, t(4;11) «
 - TEL-AML1, t(12;21) «
 - BCR/ABL, t(9;22) «
- Chimerism «(send to ARUP/main lab)

6: Special / Additional
