

4980 Carroll Canyon Road  
San Diego, California 92121  
Toll Free 888-VANTAGE (888.826.8243)  
Fax: 858.638.8298

## HEMATOLOGY/ONCOLOGY REQUISITION

PATIENT'S LAST NAME	FIRST	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM
BILLING ADDRESS			APT. #	PATIENT PHONE #	PATIENT ID:	SURGERY DATE:
CITY		STATE	ZIP CODE	<input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NON-HOSPITAL PATIENT	<input type="checkbox"/> HOSPITAL OUTPATIENT DATE OF DISCHARGE: _____	
<b>BILL TO:</b>		<b>BILLING INFORMATION</b>				
<input type="checkbox"/> CLIENT	INSURANCE COMPANY			MEDI-CAL #	MEDICARE #	
<input type="checkbox"/> PATIENT	ADDRESS			ORDERING PHYSICIAN	REFERRING PHYSICIAN	
<input type="checkbox"/> INSURANCE	CITY/STATE/ZIP			Cc: PHYSICIAN	FAX #	
<input type="checkbox"/> MEDI-CAL	SUBSCRIBER #			<b>X</b>	PHYSICIAN/AUTHORIZED SIGNATURE _____	
<input type="checkbox"/> MEDICARE	GROUP #					
<input type="checkbox"/> CASH/CHECK	RELATION	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				

CLINICAL HISTORY/DIAGNOSIS	ICD-9 CODE (REQUIRED)
----------------------------	-----------------------

**SPECIMEN INFORMATION** Specimen ID# \_\_\_\_\_

Bone Marrow Green Top(s): \_\_\_\_\_ Purple Top(s): \_\_\_\_\_ Core Biopsy: \_\_\_\_\_ Clot \_\_\_\_\_ Smear: \_\_\_\_\_ Other: \_\_\_\_\_

Peripheral Blood Green Top(s): \_\_\_\_\_ Purple Top(s): \_\_\_\_\_ Smear: \_\_\_\_\_ Other: \_\_\_\_\_

Tissue Type and Source: \_\_\_\_\_ Hospital / Facility and Phone #: \_\_\_\_\_

Paraffin Block(s) Other (include source): \_\_\_\_\_

**HORIZON COMPREHENSIVE EVALUATION:**

This includes all medically necessary tests required for diagnosis and may include blood and/or bone marrow morphology, 10-color flow cytometry, cytogenetics, FISH, and/or molecular testing.\*

<b>HEMATOLOGY</b>	<b>SOLID TUMOR</b>
-------------------	--------------------

<p><b>MORPHOLOGIC ANALYSIS</b></p> <p><input type="checkbox"/> Bone Marrow Morphology <input type="checkbox"/> Peripheral Blood Morphology</p> <p><input type="checkbox"/> Second Opinion Consultation</p> <p><b>FLOW CYTOMETRY</b></p> <p><input type="checkbox"/> Flow Cytometry Analysis with reflex to ZAP-70 for CLL if indicated</p> <p><input type="checkbox"/> Flow Cytometry with Morphology <input type="checkbox"/> Flow Cytometry Analysis</p> <p><input type="checkbox"/> Plasma Cell Panel <input type="checkbox"/> PNH - Blood Only</p> <p><b>CYTOGENETICS</b></p> <p><input type="checkbox"/> Cytogenetic Chromosome Analysis</p> <p><input type="checkbox"/> Cytogenetic Chromosome Analysis with reflex to FISH as needed</p> <p><b>FISH (see back for list of probes)</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ALL Panel</td> <td><input type="checkbox"/> NHL Panel</td> </tr> <tr> <td><input type="checkbox"/> AML Panel</td> <td><input type="checkbox"/> BCR/ABL1</td> </tr> <tr> <td><input type="checkbox"/> CLL Panel</td> <td><input type="checkbox"/> IgH/BCL-1</td> </tr> <tr> <td><input type="checkbox"/> MDS Panel</td> <td><input type="checkbox"/> PML/RARA</td> </tr> <tr> <td><input type="checkbox"/> MM Panel</td> <td><input type="checkbox"/> RARA Dual Color Break Apart</td> </tr> </table> <p><b>MOLECULAR</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> B Cell Clonality</td> <td><input type="checkbox"/> BCR/ABL Quantitative</td> </tr> <tr> <td><input type="checkbox"/> T Cell Clonality</td> <td><input type="checkbox"/> If negative, reflex to JAK2 V617F</td> </tr> <tr> <td><input type="checkbox"/> IgVH Mutation</td> <td><input type="checkbox"/> JAK2 V617F</td> </tr> <tr> <td><input type="checkbox"/> KIT D816V</td> <td><input type="checkbox"/> If negative, reflex to JAK2 Exon 12</td> </tr> <tr> <td><input type="checkbox"/> FLT3</td> <td><input type="checkbox"/> If Exon 12 negative, reflex to MPL W515L/K</td> </tr> <tr> <td><input type="checkbox"/> NPM-1</td> <td><input type="checkbox"/> JAK2 Exon 12</td> </tr> <tr> <td><input type="checkbox"/> ROS1</td> <td><input type="checkbox"/> MPL W515L/K</td> </tr> </table>	<input type="checkbox"/> ALL Panel	<input type="checkbox"/> NHL Panel	<input type="checkbox"/> AML Panel	<input type="checkbox"/> BCR/ABL1	<input type="checkbox"/> CLL Panel	<input type="checkbox"/> IgH/BCL-1	<input type="checkbox"/> MDS Panel	<input type="checkbox"/> PML/RARA	<input type="checkbox"/> MM Panel	<input type="checkbox"/> RARA Dual Color Break Apart	<input type="checkbox"/> B Cell Clonality	<input type="checkbox"/> BCR/ABL Quantitative	<input type="checkbox"/> T Cell Clonality	<input type="checkbox"/> If negative, reflex to JAK2 V617F	<input type="checkbox"/> IgVH Mutation	<input type="checkbox"/> JAK2 V617F	<input type="checkbox"/> KIT D816V	<input type="checkbox"/> If negative, reflex to JAK2 Exon 12	<input type="checkbox"/> FLT3	<input type="checkbox"/> If Exon 12 negative, reflex to MPL W515L/K	<input type="checkbox"/> NPM-1	<input type="checkbox"/> JAK2 Exon 12	<input type="checkbox"/> ROS1	<input type="checkbox"/> MPL W515L/K	<p><input type="checkbox"/> Second Opinion Consultation</p> <p><b>COLORECTAL</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> KRAS with reflex to BRAF V600E/D/K</td> <td><input type="checkbox"/> MSI</td> </tr> <tr> <td><input type="checkbox"/> KRAS Mutation by PCR</td> <td><input type="checkbox"/> UGT1A1</td> </tr> <tr> <td><input type="checkbox"/> BRAF V600E/D/K</td> <td><input type="checkbox"/> PTEN</td> </tr> <tr> <td><input type="checkbox"/> EGFR Mutation by PCR</td> <td><input type="checkbox"/> PIK3CA</td> </tr> <tr> <td><input type="checkbox"/> ERCC1</td> <td></td> </tr> </table> <p><b>LUNG</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> KRAS Mutation by PCR</td> <td><input type="checkbox"/> EML4 - ALK by FISH</td> </tr> <tr> <td><input type="checkbox"/> EGFR Mutation by PCR</td> <td><input type="checkbox"/> ERCC1</td> </tr> <tr> <td><input type="checkbox"/> EGFR with reflex to ALK</td> <td><input type="checkbox"/> UGT1A1</td> </tr> </table> <p><b>BREAST</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Prognostic Panel (ER, PR, HER2, Ki67, P53)</td> <td><input type="checkbox"/> HER2 by IHC</td> </tr> <tr> <td><input type="checkbox"/> ER/PR</td> <td><input type="checkbox"/> HER2 IHC with reflex to ISH</td> </tr> <tr> <td><input type="checkbox"/> HER2 by ISH</td> <td></td> </tr> </table> <p><b>MELANOMA</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> BRAF V600E/D/K with reflex to KRAS</td> <td><input type="checkbox"/> BRAF V600E/D/K</td> </tr> <tr> <td><input type="checkbox"/> KRAS Mutation by PCR</td> <td></td> </tr> </table> <p><input type="checkbox"/> CBC</p> <p>*If a CBC is not being ordered, please submit most recent results.</p>	<input type="checkbox"/> KRAS with reflex to BRAF V600E/D/K	<input type="checkbox"/> MSI	<input type="checkbox"/> KRAS Mutation by PCR	<input type="checkbox"/> UGT1A1	<input type="checkbox"/> BRAF V600E/D/K	<input type="checkbox"/> PTEN	<input type="checkbox"/> EGFR Mutation by PCR	<input type="checkbox"/> PIK3CA	<input type="checkbox"/> ERCC1		<input type="checkbox"/> KRAS Mutation by PCR	<input type="checkbox"/> EML4 - ALK by FISH	<input type="checkbox"/> EGFR Mutation by PCR	<input type="checkbox"/> ERCC1	<input type="checkbox"/> EGFR with reflex to ALK	<input type="checkbox"/> UGT1A1	<input type="checkbox"/> Prognostic Panel (ER, PR, HER2, Ki67, P53)	<input type="checkbox"/> HER2 by IHC	<input type="checkbox"/> ER/PR	<input type="checkbox"/> HER2 IHC with reflex to ISH	<input type="checkbox"/> HER2 by ISH		<input type="checkbox"/> BRAF V600E/D/K with reflex to KRAS	<input type="checkbox"/> BRAF V600E/D/K	<input type="checkbox"/> KRAS Mutation by PCR	
<input type="checkbox"/> ALL Panel	<input type="checkbox"/> NHL Panel																																																		
<input type="checkbox"/> AML Panel	<input type="checkbox"/> BCR/ABL1																																																		
<input type="checkbox"/> CLL Panel	<input type="checkbox"/> IgH/BCL-1																																																		
<input type="checkbox"/> MDS Panel	<input type="checkbox"/> PML/RARA																																																		
<input type="checkbox"/> MM Panel	<input type="checkbox"/> RARA Dual Color Break Apart																																																		
<input type="checkbox"/> B Cell Clonality	<input type="checkbox"/> BCR/ABL Quantitative																																																		
<input type="checkbox"/> T Cell Clonality	<input type="checkbox"/> If negative, reflex to JAK2 V617F																																																		
<input type="checkbox"/> IgVH Mutation	<input type="checkbox"/> JAK2 V617F																																																		
<input type="checkbox"/> KIT D816V	<input type="checkbox"/> If negative, reflex to JAK2 Exon 12																																																		
<input type="checkbox"/> FLT3	<input type="checkbox"/> If Exon 12 negative, reflex to MPL W515L/K																																																		
<input type="checkbox"/> NPM-1	<input type="checkbox"/> JAK2 Exon 12																																																		
<input type="checkbox"/> ROS1	<input type="checkbox"/> MPL W515L/K																																																		
<input type="checkbox"/> KRAS with reflex to BRAF V600E/D/K	<input type="checkbox"/> MSI																																																		
<input type="checkbox"/> KRAS Mutation by PCR	<input type="checkbox"/> UGT1A1																																																		
<input type="checkbox"/> BRAF V600E/D/K	<input type="checkbox"/> PTEN																																																		
<input type="checkbox"/> EGFR Mutation by PCR	<input type="checkbox"/> PIK3CA																																																		
<input type="checkbox"/> ERCC1																																																			
<input type="checkbox"/> KRAS Mutation by PCR	<input type="checkbox"/> EML4 - ALK by FISH																																																		
<input type="checkbox"/> EGFR Mutation by PCR	<input type="checkbox"/> ERCC1																																																		
<input type="checkbox"/> EGFR with reflex to ALK	<input type="checkbox"/> UGT1A1																																																		
<input type="checkbox"/> Prognostic Panel (ER, PR, HER2, Ki67, P53)	<input type="checkbox"/> HER2 by IHC																																																		
<input type="checkbox"/> ER/PR	<input type="checkbox"/> HER2 IHC with reflex to ISH																																																		
<input type="checkbox"/> HER2 by ISH																																																			
<input type="checkbox"/> BRAF V600E/D/K with reflex to KRAS	<input type="checkbox"/> BRAF V600E/D/K																																																		
<input type="checkbox"/> KRAS Mutation by PCR																																																			

Additional Diagnosis / Test Information:

**LABEL SPECIMENS**

XXXXX	XXXXX
XXXXX	XXXXX

# Specimen Requirements and Preparation Transport

## MORPHOLOGIC ANALYSIS

**Specimen/Container:** A bone marrow core biopsy and BM aspirate clot, each in a separate fixative container. Air-dried and/or stained slides to include 3 fresh bedside aspirate smears and biopsy touch imprints/preps in plastic slide case. Peripheral blood in green-top (sodium heparin) tube preferred. **NOTE:** For a bone marrow evaluation also include peripheral blood.

**Storage/Transport:** Ambient temperature; however, OK to use cold pack for transport.

## FLOW CYTOMETRY

**Specimen/Container:** Bone marrow and/or peripheral blood in green-top (sodium heparin) tube; or lavender-top (EDTA) tube. 5-10 ml. Fresh tissue; one to two pieces in RPMI or other transport medium.

**Storage/Transport:** Ambient temperature; however, OK to use cold pack for transport.

## CYTOGENETICS

**Specimen/Container:** 5-10 ml of peripheral blood in a green-top (sodium heparin) tube.  
1-3 ml of bone marrow in a green-top (sodium heparin) tube or RPMI transport media.

**Storage/Transport:** Ambient temperature: Use cold pack for transport, however ambient temperature OK.

## FISH

**Specimen/Container:** Bone marrow and/or peripheral blood in green-top (sodium heparin) tube (preferred); or lavender-top (EDTA) tube. 1-5 ml.

Fresh tissue in RPMI or other transport medium.

**Storage/Transport:** Ambient temperature; however, OK to use cold pack for transport

## MOLECULAR

**Specimen/Container:** Bone marrow and/or peripheral blood in lavender-top (EDTA) tube (preferred), 1.5-5ml.

Fresh tissue in RPMI or other transport medium.

**Storage/Transport:** Use cold pack for transport, however ambient temperature OK. Specimens must be received within 72 hours.

## SOLID TUMOR

**Specimen/Container:** Fresh Tissue - specimen should be well-fixed in formalin.

FFPE block - specimen should be fixed in 10% buffered formalin.

Cut Slides - 7 unstained slides cut at 4 µm or 6 unstained slides cut at 4 µm and 1 H & E (preferable).

For ALK, 3 unstained slides cut at 4 µm or 2 unstained slides cut at 4 µm and 1 H & E (preferable).

**Storage/Transport:** Ambient temperature: Use cold pack for transport, however ambient temperature OK.

**Important Information:** Do not freeze or refrigerate specimens. Send peripheral blood specimens within 24 hours of the draw time.

## FISH Panels and Probes

MDS Panel	CLL Panel	AML Panel	
-5/5q-	ATM	MLL	
-7/7q-	+12	PML/RARA	
+8	13q-	Inv 16 (CBFB)	
20q-	p53-	AML1/ETO	
ALL Adult Panel	ALL Pediatric Panel	NHL Panel	Multiple Myeloma (MM) Panel
BCR/ABL1	BCR/ABL1	IGH/CCND1, t(11; 14)	IgH/BCL-1
MLL	MLL	MYC Rearrangement (8q24)	IgH/FGFR-3
TEL/AML1	TEL/AML1	BCL2 Rearrangement (18q21)	13q-
MYC	ETV6	BCL6 Rearrangement (3q27)	p53-
	CEP4	IGH Rearrangement (14q32)	IgH/MAF1
	CEP10		1p1q

**For further information call 888.VANTAGE (888.823.8243)**