Org ID#: 00_____

*Organization Name: _____

Organization Address: _____

City: _____ St.: _____ Zip: _____

*Phone: _____ *Fax: _____

Ordering Provider Name (print): _____

Use full provider name. No nicknames or initals
***All information required for valid order**

Provider Signature _____

Additional report to Provider _____ **Fax** _____

Order Comment _____

SPECTRUM HEALTH LABORATORY REQUISITION ADVANCED TECHNOLOGY

*DATE ORDERED	DATE COLLECTED	TIME COLLECTED	INITIALS COLLECTED

*PATIENT INFORMATION

NAME LAST FIRST MIDDLE INT.

ADDRESS PHONE

CITY STATE ZIP

SEX	MARITAL STATUS	BIRTH DATE	CELL PHONE

*DIAGNOSIS/ICD CODES

1st _____

2nd _____

Other _____

INSURANCE INFORMATION

Providers submitting SPECIMEN orders please attach copy(s) of Insurance cards (front and back). Please indicate Primary and Secondary.

SAMPLE TYPE

☐ Blood ☐ Bone Marrow ☐ Lymph Node ☐ Skin Biopsy
☐ Solid Tumor, type _____ ☐ Fluid, type _____ ☐ Amniotic Fluid** ☐ Chorionic Villi**
☐ Tissue Surgical # _____ Type _____ **EDD _____/_____/_____ by ☐ LMP ☐ U/S **Gest Age _____ wks
☐ Products of Conception* ☐ Fetal Autopsy* **Biochemical Markers** (Amniotic Fluid Only)
Tissue Type(s) _____ *Gest Age _____ wks 1066 ☐ Alpha-Fetoprotein 8115 ☐ Acetylcholinesterase

CYTOGENETICS

Fluorescence In-Situ Hybridization (FISH)*
*Diagnostic bone marrow specimens include chromosome study

Hematologic/Neoplastic Disorders
9227 ☐ Monitor previously identified abnormalities
943 ☐ ALK rearrangement
990 ☐ AML panel
7145 ☐ B-ALL panel
946 ☐ BCR/ABL1
961 ☐ Burkitt lymphoma panel
949 ☐ CHOP (DDIT3) rearrangement
992 ☐ CLL panel
9223 ☐ Diffuse Large B-cell lymphoma panel
9224 ☐ Eosinophilia panel
951 ☐ EWSR1 rearrangement
952 ☐ FKHR (FOX01) rearrangement
953 ☐ Follicular lymphoma panel
954 ☐ FUS rearrangement
955 ☐ Glioma (1p36/19q13)
956 ☐ Her-2/neu (ERBB2) (Breast Cancer)
965 ☐ Mantle Cell lymphoma CCND1/IGH
994 ☐ MDS panel
9225 ☐ MDM2 amplification
7031 ☐ MET amplification
966 ☐ MLL (11q23) rearrangemen
967 ☐ MYC (8q24) rearrangement
993 ☐ Myeloma panel
968 ☐ N-MYC amplification
948 ☐ PDGFRA (CHIC2)
970 ☐ PML/RARA
7032 ☐ RET Gene Arrangement
7033 ☐ ROS1 Gene Arrangement
996 ☐ T-ALL panel
9222 ☐ XX/XY (BMT status)
☐ Other _____

Constitutional Deletions/Duplications
979 ☐ DiGeorge, VCFS (22q11.2)
974 ☐ Gender XX/XY (includes SRY)
995 ☐ POC aneuploid screen (XY, 13, 16, 18, 21)
983 ☐ Prader Willi/Angelman
991 ☐ Prenatal aneuploid screen (XY, 13, 18, 21)
984 ☐ Smith Magenis
980 ☐ Trisomy 21
705 ☐ Turner Syndrome
981 ☐ Williams/Beuren (7q11.23)
☐ Other _____

Chromosomal Microarray (aCGH)
221 ☐ Microarray, chromosomal (aCGH)
222 ☐ Microarray, confirmatory FISH

CYTOGENETICS (continued)

Chromosome Analysis (Sodium Heparin)
926 ☐ Hematologic/Neoplastic Study*
*For bone marrow, provide WBC and Diff
Lymphoma or other B-cell process suspected?
☐ Yes ☐ No

Constitutional Study
923 ☐ Routine
922 ☐ Prenatal
925 ☐ Mosaic
924 ☐ High Resolution (Blood only)
927 ☐ Products of Conception (POC)*
*Tissue Pathology required

Other
928 ☐ Breakage Study for Fanconi's Anemia
929 ☐ Fibroblast Culture for Cryopreservation*
930 ☐ Fibroblast Culture for Send Out*
(includes cryopreservation)
*Chromosome study not included unless specified above

FLOW CYTOMETRY

Immunophenotyping
910 ☐ Leukemia/Lymphoma/Myeloma
4061 ☐ Complete Immune Competency Panel (CD3, CD4, CD8, CD16/CD56, CD19)
4058 ☐ CD4 & CD8 (CD3, CD4, CD8, CD19)
4059 ☐ CD4 Absolute Count (% & cells per mm3)
4060 ☐ CD20 (CD19, CD20)
4190 ☐ Fetal Cells by Flow Cytometry
4198 ☐ HLA B27 Screen
913 ☐ Neuroblastoma
915 ☐ Paroxysmal Nocturnal Hemoglobinuria (PNH)
707 ☐ Severe Combined Immunodeficiency Disorder (SCID) Screen
708 ☐ Autoimmune Lymphoproliferative Syndrome (ALPS) Screen)

Functional Tests
917 ☐ Oxidative Burst
911 ☐ Leukocyte Adhesion Deficiency (LAD)

Other - Call 486.6273
921 ☐ Cell Sort for CD3 _____
921 ☐ Cell Sort for CD15 _____
☐ Other _____

MOLECULAR DIAGNOSTICS

Bone Marrow Engraftment Testing
901 ☐ Pre Bone Marrow Engraftment - Donor
902 ☐ Pre Bone Marrow Engraftment - Recipient
903 ☐ Post Bone Marrow Engraftment
702 ☐ Killer Cell Immunoglobulin-Like Receptors (KIR)

MOLECULAR DIAGNOSTICS (continued)

Provider responsible for documenting informed consent prior to ordering genetic testing.

Infectious Disease
7044 ☐ APTIMA Chlamydia NAAT
7045 ☐ APTIMA Gonococcus NAAT
7046 ☐ APTIMA Chlamydia Gonococcus NAAT
7043 ☐ Trichomonas NAAT (APTIMA)
241 ☐ Human Papilloma Virus (HPV) High Risk Screen
251 ☐ Human Papilloma Virus (HPV) 16/18/45 Genotyping

7019 ☐ Adenovirus Quant PCR
9028 ☐ Cytomegalovirus (CMV) Quantitative PCR
704 ☐ Epstein-Barr Virus (EBV) DNA Quantitative PCR

230 ☐ Hepatitis B Virus (HBV) DNA Quantitation by PCR
4185 ☐ Hepatitis C Virus (HCV) RNA Quantitation by RT-PCR
4434 ☐ Hepatitis C Virus (HCV) Genotype
7142 ☐ Hepatitis C Virus (HCV) 1a NS5A

7125 ☐ HIV-1 Quantitative RNA, PCR
4189 ☐ Herpes Simplex Virus (HSV) PCR (CSF and Plasma)

Inherited Disease
900 ☐ Cystic Fibrosis Carrier Screen
79 ☐ Hemochromatosis (HFE C282Y & H63D)
80 ☐ PraderWilli/Angelman mPCR
77 ☐ Factor V Leiden
76 ☐ MTHFR C677T
78 ☐ Prothrombin (Factor II) G20210A

Oncology Testing
7146 ☐ Epi proColon

7094 ☐ Colon Mutation Analysis
7030 ☐ Lung Cancer Mutation Analysis
709 ☐ BRAF Mutation Analysis
554 ☐ EGFR Mutation Analysis
710 ☐ KRAS Mutation Analysis
711 ☐ NRAS Mutation Analysis
904 ☐ Microsatellite Instability (MSI) PCR
7091 ☐ MLH1 Promoter Hypermethylation
706 ☐ MGMT Methylation Analysis
703 ☐ Cancer Hotspot Analysis
7060 ☐ ODC1 Genotype Analysis

9011 ☐ BCR-ABL1 t[9;22] RT-PCR
7135 ☐ JAK2 V617F mutation analysis, do MPN if negative
7090 ☐ MPN Expanded Panel
7014 ☐ IDH 1 & 2 Mutation Analysis
7130 ☐ CEBPA Mutation Analysis
7128 ☐ KIT Mutation Analysis
7129 ☐ NPM1 Mutation Analysis
7134 ☐ MYD88 Mutation Analysis
7120 ☐ Heme Molecular Sequence Analysis
107 ☐ IgH PCR for B-Cell Clonality
108 ☐ TCR PCR for T-Cell Clonality

NOTE: FOR MEDICARE PATIENTS, PLEASE ATTACH COMPLETED ABN FORM CMS-R 131 AS NEEDED
MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS, CERTAIN EXCEPTIONS MAY APPLY
***INDICATES INFORMATION REQUIRED FROM OFFICE FOR VALID WRITTEN ORDER SPECTRUM HEALTH LABORATORY SERVICES 616.774.7721**

White - Laboratory Yellow - Laboratory Pink - Ordering Provider