

**This requisition is to be used by
SCH/SCCA providers only.**

For all non-SCH/SCCA providers, please use the “Bone Marrow” requisition located in the “Requisitions” section of the Online Test Catalog.

Ordering Physician:	Pager:	
COLLECTION DATE: <small>REQUIRED</small>	COLLECTION TIME: <small>REQUIRED</small>	
<input type="checkbox"/> Special Priority, need results by: Date and time:		<small>ADDRESSOGRAPH / PATIENT LABEL</small>



Multiple Lab Requisition



Physicians should only order tests that are medically necessary for diagnosis or treatment of the patient. Appropriate diagnosis or ICD-9 coding MUST be provided. You should be aware that Medicare generally does not cover routine screening tests.

**PLEASE FILL OUT A SEPARATE ORDER FORM FOR EACH SPECIMEN TYPE:
PLEASE SUBMIT A SEPARATE SAMPLE FOR EACH LAB**

- Peripheral Blood:** Infants: 1-2 mL; Children: 3-5 mL; Adults: 10-20 mL
- Bone Marrow:** 1-2 mL each lab
- Other:** _____

Bilateral bone marrow aspirates will be pooled in testing lab for all testing except morphology unless otherwise indicated

To SCCA Pathology: 825 Eastlake Ave 288-1355

MORPHOLOGY

- Bone Marrow Aspirate**
 - Unilateral**
(Site): _____
 - Bilateral**
- Bone Marrow Biopsy**
 - Unilateral**
(Site): _____
 - Bilateral**

	Other Tissue Specimen Type	Site
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____

PROVIDER: for all patients with myelodysplasia, myelofibrosis, CML, aplastic anemia, neuroblastoma and other solid tumors, order a bone marrow biopsy in addition to aspirate in CIS. Patients with neuroblastoma and lymphoma should have bilateral biopsies; unilateral sampling is sufficient for all other patients.

To SCCA Labs: **Green Top/Heparin** 825 Eastlake Ave Cyto: 288-1395; Chimerisms: 288-1139

- Chromosome analysis**
- FISH - Specify probe(s):** _____
- Chimerism without cell sorting**

To UW Hematopathology: **Green Top/Heparin** 825 Eastlake Ave 288-7060

- FLOW CYTOMETRY/CELL SORTING**
- Immunophenotyping**
 - Immunophenotyping for suspected PTLD (STAT)**
 - Cell sorting for chimerism – Cells to be sorted:** Cell Sorting not typically done on Bone Marrow
 - CD3 CD33 CD56(NK) blasts
 - Other:** _____

To UW Molecular Hematopathology: **Purple Top/EDTA** 825 Eastlake Ave 288-7070

- MOLECULAR PCR STUDIES**
- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> BCR/ABL p210 Quantitative PCR
(for CML, Ph+ ALL and known p210) <input type="checkbox"/> BCR/ABL p190 Quantitative PCR
(for Ph+ ALL and known p190) | <ul style="list-style-type: none"> <input type="checkbox"/> FLT3 ITD by PCR <input type="checkbox"/> NPM1 Mutation by PCR <input type="checkbox"/> CEBPa Mutation by PCR <input type="checkbox"/> Other: _____ |
|---|--|

Labs to be done at Seattle Children's

- See Orders in CIS** A separate CIS requisition MUST accompany any requests made for labs that will be run by SCH/UW Virology

- DIAGNOSIS:**
- Acute Myeloid Leukemia
 - Acute Lymphocytic Leukemia
 - B-cell T-cell
 - Chronic Myelogenous Leukemia
 - Chronic Lymphocytic Leukemia
 - MDS primary secondary
 - Myeloma
 - Non-Hodgkin's Lymphoma
 - B-cell T-cell
 - Hodgkin's Lymphoma
 - Aplastic Anemia
 - PNH
 - Cytogenetics or molecular abnormality:

 - Other: _____

- INDICATIONS:**
(CHECK ALL THAT APPLY)
- Pre transplant work-up
 - Monitoring post transplant; DAY# _____
 - Suspected relapse of original disease
 - Suspected graft failure/rejection
 - Suspected PTLD
 - Suspected GVHD
 - Suspected Secondary Malignancy
 - Pre 2nd Transplant (Allo or Auto)
 - Post 2nd Transplant; DAY# _____
 - Consult
 - Donor
 - Confirm Identical Twin
 - Other: _____

- TRANSPLANT TYPE:**
- Myeloablative Allo
 - Reduced Intensity Allo
 - Non-myeloablative Allo
 - Auto
 - Syngeneic
 - Non Transplant
- Protocol # _____
- Transplant Date: ____/____/____
- Donor Name/URD#: _____
- Donor Gender: Male Female