BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

TUMOR ANALYSIS REQUISITION

PATIENT INFORMATION

NAME: _____ LAST NAME _____ FIRST NAME ____ MI

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: ____ / ____ / ____ (MM DD YY)

GENDER (Please select one): ☐ FEMALE ☐ MALE

ETHNIC BACKGROUND (Select all that apply):

- ☐ AFRICAN AMERICAN
- ☐ ASIAN
- ☐ ASHKENAZIC JEWISH
- ☐ EUROPEAN CAUCASIAN
- ☐ HISPANIC
- ☐ NATIVE AMERICAN INDIAN
- ☐ OTHER JEWISH
- ☐ OTHER (Please specify): _____

MEDICAL RECORD #: _____

ACCESSION #: _____

HOSPITAL #: _____

TUMOR INDICATION

TO AVOID DELAY IN SAMPLE PROCESSING, PROVIDE AN ACCURATE LIST OF INDICATIONS.

- ◯ BREAST CANCER
- ◯ COLORECTAL CANCER
- ◯ LUNG CANCER
- ◯ OVARIAN CANCER
- ◯ OTHER Specify: _____
- ◯ PROSTATE CANCER
- ◯ RENAL CANCER
- ◯ ALL
- ◯ AML
- ◯ CLL
- ◯ CML
- ◯ MDS
- ◯ NHL
- ◯ Plasma Cell Neoplasm

ICD9 DIAGNOSIS CODE(S): _____

SAMPLE INFORMATION

DATE OF COLLECTION: ____ / ____ / ____ (MM DD YY)

TIME OF COLLECTION: _____

REQUIRED FOR BREAST CANCER: TIME TO TISSUE FIXATION: _____

TISSUE FIXATION TIME: _____

- ◯ Blood in EDTA (purple-top)
- ◯ Bone Core
- ◯ Bone Marrow in Sodium Heparin (green-top)
- ◯ Bone Marrow in EDTA (purple-top)
- ◯ Leukemic Blood in Sodium Heparin (green-top)
- ◯ Leukemic Blood in EDTA (purple-top)
- ◯ FFPE - Slides* #: _____
- ◯ FFPE - Tumor Block*
- ◯ Tissue (Fresh/Fresh Frozen)
- ◯ Other**: _____

WBC COUNT: _____ PERCENT BLASTS: _____

GENDER OF BMT DONOR (Please select one): ☐ FEMALE ☐ MALE

*** SURGICAL PATHOLOGY REPORT MUST BE ATTACHED FOR ALL TUMOR SAMPLES**
**** PLEASE CALL FOR CONSULTATION BEFORE ORDERING TEST**

RETURN OF FFPE SPECIMENS

☐ CHECK IF BLOCK AND/OR H&E STAINED SLIDE SHOULD BE RETURNED, PLEASE FILL OUT THE RETURN ADDRESS INFOMATION BELOW, OR AFFIX PREPRINTED LABEL

THIS SECTION WILL BE USED AS THE RETURN ADDRESS LABEL

INSTITUTION: _____

ATTN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REPORTING INFORMATION

PHYSICIAN: _____

INSTITUTION: _____

PHONE: _____ FAX: _____

EMAIL (INTERNATIONAL CLIENT REQUIREMENT): _____

ADDTNL. RECIPIENT: _____

PHONE: _____ FAX: _____

ADDTNL. RECIPIENT: _____

PHONE: _____ FAX: _____

BILLING INFORMATION

Complete Billing Information is REQUIRED prior to sample processing and analysis

☐ **SELF PAY (PAYMENT MUST ACCOMPANY SAMPLE):**

☐ CHECK/MONEY ORDER AMOUNT: _____

☐ CREDIT CARD: ◯ AMEX ◯ DISCOVER ◯ MC ◯ VISA AMOUNT: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

CARD #: _____

EXP. DATE: _____ CVC CODE: _____ ZIP CODE: _____

☐ **INSTITUTION -** PROVIDE INSTITUTION NAME: _____

ADDRESS: _____ INSTITUTION CODE: _____

CONTACT NAME: _____ CONTACT PHONE: _____

☐ **INSURANCE (Provide a copy of the FRONT/BACK of insurance card)**

PERFORM BENEFITS VERIFICATION PRIOR TO TESTING: ◯ YES ◯ NO

ORDERING PROVIDER: _____

INSURED MEMBER'S INFORMATION:

NAME (Last, First, MI): _____

GENDER: ☐ FEMALE ☐ MALE D.O.B. (MM/DD/YY): _____

GROUP#: _____ POLICY #: _____

INSURANCE CO. NAME: _____

INSURANCE CO. PHONE: _____

INSURANCE CO. ADDRESS: _____

I authorize Baylor Miraca Genetics Laboratories to furnish any medical information requested on myself, or my covered dependents. In consideration of services rendered, I transfer and assign any benefits of insurance to Baylor Miraca Genetics Laboratories. I understand I am responsible for any co-pay, deductibles, or non-authorized services and remaining balances after insurance reimbursement. I understand I am fully responsible for any payment of my account if Baylor Miraca Genetics Laboratories is not a participant with my health plan, and my health plan does not fully reimburse my medical services.

Print Name: _____

Signature: _____ Date: _____

Contact medgenbilling@bcm.edu with questions.

REQUIRED: NEW YORK STATE PHYSICIAN SIGNATURE OF CONSENT

I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

Physician's Printed Name: _____

Signature: _____ Date (MM/DD/YY): _____

LAST UPDATED: 9/2015

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TUMOR ANALYSIS REQUISITION

NAME: _____ (LAST NAME) _____ (FIRST NAME) ___ (MI) DATE OF BIRTH: ___ / ___ / ___ (MM DD YY) GENDER (Please select one): ☐ FEMALE ☐ MALE

CANCER MOLECULAR ANALYSIS

NOTE: For Molecular Tests, Bone Marrow and Leukemic Blood are REQUIRED to be collected in EDTA (PURPLE-TOP) TUBES

B = Blood in EDTA (purple-top) tube(s); BM = Bone Marrow in EDTA (purple-top) tube(s); FFPE = Slides/Block; LB = Leukemic Blood in EDTA (purple-top) tube(s), FT = Fresh/Frozen Tissue

HEMATOLOGIC MALIGNANCIES

☐	9715	Leukemia Mutation Panel (48 genes)	BM, FFPE, LB, FT
☐	9510	400K CGH/SNP Array	BM, FFPE, LB, FT
☐	9505	180K CGH/SNP Array	BM, FFPE, LB, FT
☐	9515	CytoScan HD SNP Array	BM, LB, FT
☐	9202	*IGH* and *IGK* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9217	*TCR Beta* and *Gamma* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9205	*IGH* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9210	*IGK* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9200	*TCR Beta* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9215	*TCR Gamma* Gene Rearrangement	B, BM, LB, FFPE, FT
☐	9070	*BCR/ABL1* - Qualitative Analysis*	BM, LB
☐	9065	*BCR/ABL1* - Quantitative Analysis*	BM, LB
☐	9305	*BCR/ABL1* - TKD Mutation Analysis*	BM, LB
☐	9003	*BRAF* Mutation Analysis	BM, LB
☐	9016	*CALR* Exon 9 Mutation Analysis	BM, FFPE, LB, FT
☐	9086	*CEBPA* Mutation Analysis	BM, LB, FFPE, FT
☐	9045	*FLT3* Mutation Analysis	BM, LB
☐	9060	*IGVH* Mutation Analysis	BM, LB
☐	9010	*JAK2* V617F Mutation Analysis	BM, LB
☐	9015	*JAK2* Exon 12 Mutation Analysis	BM, LB
☐	9105	*KIT* Exon 8 & 17 Mutation Analysis	BM, LB
☐	9121	*KIT* Exon 8, 9, 11, 13, 17 Mutation Analysis	BM, LB, FT
☐	9126	*KRAS* Codon 12, 13, 61 Mutation Analysis	BM, LB, FT
☐	9020	*MPL* Exon 10 Mutation Analysis	BM, LB
☐	9050	MPD Panel (*JAK2* V617F, *JAK2* Exon 12 and *MPL* Exon 10 Mutations)	BM, LB
☐	9005	*NPM1* Exon 11 Mutation Analysis	BM, LB
☐	9080	*PML/RARA* Qualitative Analysis	BM, LB
☐	9055	*TP53* Mutation Analysis	BM, LB

SOLID TUMORS

☐	9705	Cancer Gene Mutation Panel V. 2 (50 genes)	BM, FFPE, LB, FT
☐	9510	400K CGH/SNP Array	BM, FFPE, LB, FT
☐	9505	180K CGH/SNP Array	BM, FFPE, LB, FT
☐	9003	*BRAF* Mutation Analysis	FFPE, FT
☐	9030	*EGFR* Exons 18-21 Mutation Analysis*	FFPE, FT
☐	9121	*KIT* Exon 8, 9, 11, 13, 17 Mutation Analysis	FFPE, FT
☐	9126	*KRAS* Codon 12, 13, 61 Mutation Analysis	FFPE, FT
☐	9150	Microsatellite Instability Analysis[1]	B & FFPE
☐	6098	Microsatellite Instability Analysis & IHC[1]	B & FFPE
☐	9808	Mismatch Repair Proteins IHC	FFPE
☐	9035	*PIK3CA* Mutation Analysis	FFPE, FT
☐	9055	*TP53* Mutation Analysis	FFPE, FT

PHARMACOGENETIC TESTS

☐	6685	*TPMT* Sequence Analysis	B

*REFLEX TESTS

☐	If *EGFR* Mutation Analysis (9030) negative then *ALK* Gene Rearrangement (8030)
☐	If *BCR/ABL1* - Qualitative Analysis (9070) positive for p210 then *BCR/ABL1* - Quantitative Analysis (9065)
☐	If *BCR/ABL1* - Quantitative Analysis (9065) positive then *BCR/ABL1* - TKD Mutation Analysis (9305)
☐	If MPD Panel (9050) negative then *CALR* Exon 9 Mutation Analysis (9016)

[1] NOTE: For 9150 and 6098, please submit BOTH a source of tumor DNA (FFPE block/slides) AND a source of normal DNA (blood/FFPE block/slides).

CYTOGENETICS TESTS

NOTE: Bone Marrow and Leukemic Blood are REQUIRED to be collected in SODIUM HEPARIN (GREEN-TOP) TUBES

CLASSICAL CHROMOSOME ANALYSIS

☐	8300	Hematologic Cancer
☐	8045	CLL
☐	8050	Solid Tumor

FISH PANELS

☐	8010	ALL (MYB del, CDKN2A del, BCR/ABL, TEL/AML1, MLL rearrangement, IGH rearrangement)
☐	8000	AML (Trisomy 8, AML1/ETO, MLL rearrangement, PML/RARA, CBFB inversion)
☐	8040	CLL (MYB del, ATM del, Trisomy 12, 13 del, p53 del, IGH rearrangement)
☐	8005	MDS (5 del, 7 del, Trisomy 8, MLL rearrangement, 20q del)
☐	8015	Multiple Myeloma (Trisomy 9, RB1 del, IGH rearrangement, Trisomy 15, p53 del)
☐	8020	NHL (ALK rearrangement, BCL-6 rearrangement, ATM & p53 del, IGH rearrangement)

SINGLE FISH PROBES

☐	8055	1p/19q Co-deletion
☐	8030	ALK Rearrangement*
☐	8775	BCL6 Rearrangement
☐	8750	BCR/ABL: t(9;22) [CML/ALL/AML]
☐	8740	CBFB: inv(16) [AML]
☐	8730	CHIC2: Deleted 4q [hypereosinophilic syndrome]
☐	8710	Deletion 5: [MDS]
☐	8715	Deletion 7: [MDS]
☐	8720	Deletion 20q12: [MDS]
☐	8065	DXZ1/DYZ3
☐	8035	EGFR
☐	8025	ERBB2 (HER2/neu)
☐	8725	ETO/AML1: t(8;21) [AML]
☐	8385	Gain 8 Chromosome
☐	8780	IGH Rearrangement
☐	8765	IGH/BCL2: t(14;18) [follicular lymphoma]
☐	8770	IGH/CCND1: t(14;11) [mantle cell lymphoma]
☐	8095	MET Amplification
☐	8745	MLL: 11q23
☐	8760	MYC translocation
☐	8735	PML/RARA: t(15;17) [AML]
☐	8031	RET Rearrangement
☐	8781	ROS1 Rearrangement
☐	8075	SS18 [Synovial Sarcoma]
☐	8080	TCF3/PBX1 [ALL]
☐	8755	TEL/AML1: t(12;21) [ALL]
☐	8400	OTHER, Probe Name: _____

LAST UPDATED: 9/2015