



Physicians Molecular Pathology Laboratory

CLIA# 37D0903375 CAP #64971-01-01
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SPECIMEN COLLECTED BY	
Date: / /	Time: AM/ PM
<input type="checkbox"/> Whole Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Fixed (Type) _____ <input type="checkbox"/> Other _____	
MOLECULAR PATH #	

PATIENT NAME (Last) _____ (First) _____ (Initial) _____				
BIRTHDATE	SEX	RACE	PATIENT I.D. NUMBER	SSN
REFERRING PHYSICIAN		HOSPITAL / ADDRESS		PHONE

CLINICAL HISTORY / DIAGNOSIS

SPECIMEN DESCRIPTION

Responsible Party/Guarantor (please fill out completely for patient billing)		<input type="checkbox"/> PATIENT	<input type="checkbox"/> OTHER
RESPONSIBLE PARTY	RELATIONSHIP	SSN	
ADDRESS _____ (City) _____ (State) _____ (Zip)			
EMPLOYER		EMPLOYER PHONE	
INSUR. CO.	INSUR. CO. ADDRESS		
INSUR. PHONE #	POL. HOLDER NAME	GROUP #	
CERT. #	MEDICARE #	MEDICAID # / CODE	

Hematology/Oncology Fluid
2-5 cc blood (EDTA) or BM (ACD or EDTA)
(*BCR-ABL1, PML-RARA and HemaVision require WBC and <72 hour specimen, refrigerated)

- *BCR-ABL1, Qualitative w/Reflex to Quantitative, Major (presence/absence major, minor, mu)
- *BCR-ABL1, Quantitative, Major
- *HemaVision leukemia panel
- *PML-RARA, Qualitative w/Reflex to HemaVision
- FMS-like tyrosine kinase 3 (FLT3) mutation
- FMS-like tyrosine kinase 3 (FLT3) mutation STAT
- JAK2 V617F mutation
- DNA methyltransferase 3A (DNMT3A)
- KIT mutations - list exons:
 8 9 11 13 17 18

Hematology/Oncology Solid Tumors
An H&E stained slide marking location of most abundant tumor and approximate % of tumor cells in that area and copy of Surgical Pathology report are required.

- BRAF mutations (V600 and K601)
FFPE tissue block or cytologic slides
- KRAS mutations (codons 12, 13, and 61)
FFPE tissue block
- KIT mutations - list exons:
 8 9 11 13 17 18
FFPE tissue block

Genetic Tests

- 2-5 cc blood (EDTA)
- Factor V Leiden mutation
 - Prothrombin 20210GA mutation
 - Hereditary hemochromatosis (C282Y and H63D)

FISH

3 paraffin sections on positively-charged slides, 1 H&E-stained slide and IHC slide with 2+ area marked

- HER2 amplification

Allogeneic Bone Marrow Engraftment Monitoring
2-5 cc blood (ACD, CPD or EDTA) or BM (ACD, EDTA)

**10-20µL extracted DNA, minimum concentration of 10ng/µL, will be accepted from a CLIA-certified laboratory in lieu of blood or bone marrow.

- DNA isolation
 - Pre-transplant
 - Donor (complete recipient's information)
Last Name, First Name _____
DOB _____ Sex _____
MR# _____

- Chimerism by PCR