



# HEMATOPATHOLOGY REQUISITION

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## Pathologist Directed Ancillary Test Orders for Blood or Bone Marrow

**ALL COLLECTION FACILITIES ORDER: HEMATOPATHOLOGY ORDER**  
(4 Lav 4ml + 1 Gr NaHep 10ml, M-F, Outpatients received at hospital by 1400, Inpatients collect between 0300-1400)

Lab use only: Encounter # \_\_\_\_\_ MR# \_\_\_\_\_ Accession# \_\_\_\_\_

<b>Patient's Full Name:</b>			
Address:	City:	State:	Zip Code:
MR# or SS#:	DOB: / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female

<b>Submitting Practitioner's PRINTED Full Name:</b>		
Address:	Phone:	Copy To:

<b>INSURANCE: For outpatients, copy front and back of insurance card(s) and attach to requisition</b>			
*****ICD Diagnosis Code(s) <u>REQUIRED</u> *****			
ICD DX Code(s):	1.	2.	3.
			4.

<b>Collection Date:</b>	/	/	<b>Collection Time:</b>	
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<b>SPECIMEN INFORMATION (Check All that Apply)</b>				
<input type="checkbox"/> Peripheral Blood				
<input type="checkbox"/> Bone Marrow:	<input type="checkbox"/> Posterior Iliac Crest:	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Sternum	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Aspirate Smear/Touch Preps	<input type="checkbox"/> Clot	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Cultures	<input type="checkbox"/> Iron Stain: <input type="checkbox"/> Aspirate <input type="checkbox"/> Biopsy
<b>Iron Stain Result:</b>				

<b>CLINICAL INFORMATION (Required by Federal Regulations)</b>	
<b>Diagnosis Under Consideration:</b>	
<b>Relevant Medications/Treatment:</b>	
<b>Special Diagnostic Considerations:</b>	

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## Genetic Testing Menu

Additional testing not listed may be available upon request

### Cytogenetics:

- Oncology Chromosome Analysis (karyotype)

### PCR based studies:

- BCR-ABL (Quantitative)
- BCR-ABL (Mutation Analysis)
- PML-RARa (Quantitative)
- FLT3/NPM1
- CEBP alpha
- JAK2 V617F
- JAK2 Exon 12
- MPL515

### FISH Probes:

- BCR-ABL/ASS – t(9;22)
- PML-RARa – t(15;17)

### Panels:

- High Risk Myeloma prognostic panel
  - RB1 - 13q14.3
  - LAMP1 - 13q34
  - 13
  - p53 (17p13.1)
  - FGFR3-IgH – t(4;14)
  - IgH-cMAF – t(14;16)
  - IgH-MAFB – t(14;20)
- CLL prognostic panel

Other Non-Listed Test \_\_\_\_\_