

ALL FIELDS MUST BE COMPLETED

Name: _____	
BCH MRN: _____	
DOB: _____	Sex: _____

FOR CLINICAL USE ONLY

**MOLECULAR DIAGNOSTICS REQUISITION:
PHYSICIAN INFORMATION**

Ordering Clinician	Clinical ID/NPI# (non-BCH providers)	Clinician Department/Institution
Ordering Clinician Signature	Date	Ordering Clinician Phone (non-BCH providers)
Primary contact name and phone (if different)		

SPECIMEN INFORMATION

Sample Accession/Block ID	ICD-10 Code	Original institution (if not BCH)	Outside MRN (if applicable)
Specimen original collection date (mm/dd/yyyy)		Test request date (mm/dd/yyyy)	
Clinical History/Indication			

Sample Origin: Bone marrow Blood Tissue (Type _____) Fluid

Sample Prep: Fresh Frozen Air dried Paraffin embedded

Fixative: Formalin Other: (_____) Estimate of % tumor cellularity: _____

Note: Acid decalcification and Bouin's fixative are not acceptable

TEST MENU *

ddPCR:	Fusion Panel:
<input type="checkbox"/> PIK3CA ddPCR (select variants below) [CPT 81309] <input type="checkbox"/> C420R <input type="checkbox"/> E542K <input type="checkbox"/> E545K <input type="checkbox"/> H1047L <input type="checkbox"/> H1047R <input type="checkbox"/> all	<input type="checkbox"/> Solid and brain tumor fusion panel [CPT 81455]
<input type="checkbox"/> BRAF V600E ddPCR [CPT 81210]	<input type="checkbox"/> Heme malignancy fusion panel [CPT 81455]
<input type="checkbox"/> MYOD1 L122R ddPCR [CPT 81479]	
Other:	
<input type="checkbox"/> Nucleic acid extraction and quantitation (specify type): [CPT 81479] <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/> TNA	

***Procedures include Professional Interpretation unless otherwise requested.**

LAB USE ONLY	
Date received: _____	Molecular Case #: _____
Time received: _____	Associated test: _____