

The Ohio State University Wexner Medical Center James Molecular Laboratory

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Date Requested: _____ OSU Account #: _____ Internal

Name**: _____ Date of Birth: _____ Sex: ☐ M ☐ F
Last First MI

Specimen Collection Date: _____ Time: _____ Patient ID: _____ Outside block ID # _____

Biopsy Site (write in/check): _____ ☐ Blood ☐ Aspirate ☐ BM clot (non-decal) ☐ Bone ☐ Colon ☐ Lung ☐ Lymph node ☐ Skin

Fixative (check one); ☐ 10% Formalin ☐ N/A ☐ Other: _____ Ischemic Time: ☐ ≤ 1 hrs **Or** ☐ >1 hrs; Time in Fixative: ☐ ≤ 6-72 hrs **Or** ☐ > 72 hrs

Clinical Indication (required): _____ ☐ ALL ☐ AML/MDS ☐ CLL ☐ CML ☐ B-NHL ☐ Myeloma ☐ RO CTCL ☐ RO MPN

☐ RO MDS ☐ T-NHL ☐ Brain Tumor/Glioma ☐ Bone ☐ Breast ☐ CRC ☐ CUP ☐ Liver ☐ NSCLC/Lung ☐ Workup for _____

Clinic Name: _____ Physician: _____ Physician Signature*: _____

NOTE: All tests should be MEDICALLY NECESSARY, as supported by the medical record, for diagnosis or treatment, NOT FOR SCREENING.

OUTPATIENT requests require Clinical Indication: PLEASE INCLUDE ICD10 CODE(S) FOR SIGN, SYMPTOM, OR DEFINITIVE DIAGNOSIS.

*Prior to ordering any germline genetic testing, the medical practitioner listed above has obtained an oral or signed, written consent from the patient (or their authorized representative) as required by applicable state law and/or regulations. **All BOLD fields, completion is required. Please ensure that there is a physician signature.

Contact Person: _____ Phone: _____ Result to Fax or Email: _____

Sample Requirements: Peripheral blood: purple (EDTA), 3-5 ml preferred. Bone Marrow: purple/green, 0.5-1 ml aspirate, 0.25 minimum.

FFPE FISH: 1 H&E + 2 unstained @ 4 micron **positively charged/coated** slides per stain. FFPE Molecular: Block or 1 H&E/8 unstained @ 10 micron **non-coated** slides.

Fresh Tissue: call (614) 293-0665. *All samples must have 2 identifiers and accompanying Pathology Report (preliminary okay).*

Ship Blood/BM immediately on ice pack; if draw is on a Friday or a Holiday – store at 4C and ship Monday morning.

Ship to: James Molecular Lab, 2001 Polaris Parkway, Room 1310, Columbus Ohio 43240. Phone 614-293-3938. Fax 614-366-9139.

Multi-test panels are in italics. CPT coding and test information are listed on our [website](#).

Cancer PCR/Sequencing Tests

- ☐ BCR-ABL1 t(9;22), quantitative PCR
 - ☐ P190 (prior positive only) ☐ P210 (prior positive only)
- ☐ BRAF Mutation Analysis, Exon 15/V600 (Blood/BM/FFPE)
- ☐ BTK and PLCG2, Comprehensive Mutation Profiling (Blood)
- ☐ BTK Resistance Mutation (BTK C481S only)
- ☐ CALR Mutation Analysis
- ☐ CEBPA Mutation Analysis
- ☐ Colon Cancer Mutation Panel (COLMOL) (NGS, FFPE)
- ☐ EGFR Mutation Analysis (exons 19/21, FFPE)
- ☐ Extended RAS panel: *KRAS ex2-4, BRAF 600/601, NRAS ex2/3*
- ☐ FLT3 ITD/TKD Mutation Analysis (Blood, BM)
- ☐ Hematologic Neoplasm Mutation Panel (Tissue-FFPE, Blood/BM, NGS)
 - ☐ CLL/B-LPD ☐ AML/MDS/MPN
 - ☐ T-cell LPD ☐ High-grade B-LPD
- ☐ IDH1 and IDH2 Mutations (Blood, BM, FFPE)
- ☐ IGH/B-cell Gene Rearrangement, PCR
- ☐ IGVH Somatic Hypermutation (Blood/BM)
- ☐ JAK2 V617 Mutation Analysis (Blood/BM/tissue)
- ☐ KIT D816V Mutation Detection (Blood/BM/tissue)
- ☐ *Lung Cancer Biomarker Panel/PULMOL (FFPE)*
[PULNGS & ALK/MET/ROS FISH; submit block only]
 - ☐ *PD-L1 IHC (22C3, Keytruda)*
- ☐ Lung Cancer NGS Mutation Panel only (PULNGS) (NGS, FFPE)
- ☐ MGMT Promoter methylation, Tumor (FFPE)
- ☐ Microsatellite Instability (MSI) test only (FFPE)
- ☐ MLH1 Promoter Methylation, Tumor (FFPE)
- ☐ MMR IHC (*MLH1, PMS2, MSH2, MSH6*) (FFPE)
- ☐ MYD88 Mutation Analysis, L265P, V217F (Blood/BM/FFPE)
- ☐ MPL codons 505/515 mutation (Blood/BM)
- ☐ NPM1 mutation ddPCR (Types A, B and D only)
- ☐ NTRK Fusion Panel (Tissue-FFPE, NGS)
- ☐ PML-RARA, quantitative PCR (APLQ, Blood/BM)
- ☐ Solid Tumor Mutation Panel (STPNGS, FFPE)

- ☐ TCRB and TCRG PCR (T-cell clonality)
 - ☐ TCRB only ☐ TCRG only
- ☐ UBA1 M41T Mutation Detection (VEXAS syndrome)

Genetic Testing (Germline)*

- ☐ SMA Gene Dosage Analysis ☐ Diagnostic ☐ Carrier Test
- ☐ Factor V/Leiden ☐ Prothrombin *97G>A ☐ MTHFR A222V
- ☐ C9orf72 Hexanucleotide Repeat Analysis (ALS/FTD)
- ☐ Hereditary Hemochromatosis/HFE (Blood)
- ☐ Huntington's disease
- ☐ Myotonic Dystrophy (DM1/DMPK) Comprehensive Analysis
- ☐ SMN1/SMN2 DNA Sequencing

Fluorescence in situ hybridization (FISH) Tests

(FFPE only: Block or H&E/3 4um plus/coated US per probe)

- ☐ 1p and 19q, FISH for CNS [block or H&E/6 US 2 uM]
- ☐ 3p/3q, FISH (Renal cancer)
- ☐ ALK, FISH (NSCLC or Lymphoma)
- ☐ BCL2, FISH
- ☐ BCL6, FISH
- ☐ CCND1 (cyclin D1), FISH
- ☐ DDIT3 (CHOP), FISH
- ☐ EGFR, FISH (CNS)
- ☐ EWSR1 (EWS), FISH
- ☐ HER2, FISH
- ☐ *High-grade lymphoma [BCL2, BCL6, MYC, need 6 US]*
- ☐ *Lung cancer FISH panel [ALK, MET, ROS, need 6 US]*
- ☐ MALT1, FISH (lymphoma)
- ☐ MAML2, FISH
- ☐ MDM2, FISH
- ☐ MET, FISH
- ☐ MYC, FISH
- ☐ NUTM1, FISH
- ☐ RET, FISH ☐ ROS1, FISH
- ☐ SS18 (SYT1), FISH