THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

# OSU Wexner Medical Center JML Molecular Laboratory @ Polaris

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**Date Requested:** _____ **OSU Account #:**_____

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

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

Biopsy: Bone Colon Lung Lymph node Skin Soft Tissue Other _____

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

Clinical Indication: ☐ 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 ☐ Other: _____

**Clinic or Practice Name:** _____ **CAP Certified Lab:** Y N

**Physician:** _____ **Physician Signature*:** _____

*Prior to ordering any germline genetic testing on the patient, 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.

**Contact Person:** _____ **Phone:** _____ **Results 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 slide per stain. FFPE Molecular: Block or 1 HE/10 unstained @ 10 micron **non-coated** slide. Fresh Tissue: call (614) 293-0665. *All samples must have 2 identifiers and accompanying Pathology report (Preliminary OK).*

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: JML Molecular Lab, 2001 Polaris Parkway, Room 1310, Columbus Ohio 43240. Phone 614 293-0665, Fax 614 366-9139.

Multi-test panels are in italics. CPT coding and test information at: https://pathology.osu.edu/divisions/Clinical/molpath/tests.html

## 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)
☐ EGFR T790M mutation analysis (FFPE)
☐ *Extended RAS panel: KRAS ex2-4, BRAF 600/601, NRAS ex2/3*
☐ FLT3 ITD/TKD Mutation Analysis (Blood, BM)
☐ 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)
☐*Lung Cancer FISH/EGFR/Mutation Panel/PULMOL (FFPE)*
  *[PULNGS & ALK/MET/ROS/RET FISH; submit block only]*
  ☐ Lung Cancer NGS Mutation Panel only (PULNGS)
☐ Lymphoid Neoplasm Mutation Panel (LMPNGS)
☐ Microsatellite Instability (MSI) test only (*tumor & normal*)
☐ MGMT Promoter methylation, Tumor (FFPE)
☐ MLH1 Promoter Methylation, Tumor (FFPE)
☐ Myeloid Neoplasm Sequencing Panel (Blood/BM, NGS)
☐ PML-RARA, quantitative PCR (APLQ, Blood/BM)
☐ PTEN Gene Characterization, Cowden Syndrome/BRR
☐ TCRB and TCRG PCR (T-cell clonality)
  ☐ TCRB only ☐ TCRG only

## Genetic Testing (Germline)

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

## 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
☐ FGFR1, FISH (Lung, SQCA)
☐ HER2, FISH
☐ *High-grade lymphoma [BCL2, BCL6, MYC, need 6 US]*
☐ *Lung cancer FISH panel (ALK, MET, ROS, RET, need 8 US)*
☐ MALT1, FISH (lymphoma)
☐ MDM2, FISH
☐ MET, FISH
☐ MYC, FISH
☐ RET, FISH ☐ ROS1, FISH
☐ SS18 (SYT1), FISH
☐ XY, FISH

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## *New Client Setup Form*

**Administrative Contact**: _____ **Phone**: _____ **Email**: _____

**How did your learn about the lab offerings (circle)**: GeneTests MOLDX Other practitioner Lab Website

**Tests that will be regularly ordered (use names from requisition)**: _____

_____

**Estimated monthly volume (all tests to OSU Molecular @ Polaris)**: _____

**Billing Address:**

**Note**: This should be the address **to which invoices can be sent and processed.** This cannot be the patient's address or their insurance information. If this section is left blank the lab will contact the sending institution to obtain appropriate billing information. **If we are unable to obtain this information, the sending facility will be billed**. Phone for questions: 614-366-7015

Name _____

Attention _____

Street _____

_____

City _____ State_____ Zip Code_____

Phone _____ Fax_____

**Preferred report delivery option (circle one and info below)** Fax Email By mail

**Report delivery information:**

Attention _____

Street _____

_____

City _____ State_____ Zip Code_____

Phone _____ Email: _____

Fax _____

**For OSU Administrative Use Only**

☐ **Add New Account** ☐ **Modify Existing Account** **Account Number:**_____

**Submitted by:**_____ **Date:**_____

**Approved by:**_____ **Date Approved:**

Fee Schedule: ACC ☐ DIR ☐ Other _____

Client will be billed: (U) URL account ☐ *OR* (P) Pathology account ☐

July 26, 2018