



Instructions: Send this paperwork and any available pathology/test reports with the specimen.

Patient Information

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Referring Provider Name (Last, First), Pathologist Name (Last, First), Phone, and Fax*.

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing Include a brief clinical history and reason for biopsy.

Large empty box for clinical history and reason for biopsy.

Form with fields for Disease Stage (New diagnosis, Relapse, MRD), Bone Marrow Transplant (Autologous, Allogenic, Sex mismatch), Therapeutic Antibodies (CD38 therapy), and CBC Results (HB, HCT, RBC, MCV, WBC, PLT).

Specimen Provided Check all that apply.

Form with checkboxes for specimen types: Blood (liquid), Bone marrow aspirate (liquid), BM clot/particles paraffin embedded, BM biopsy paraffin embedded, Tissue (Tissue type/site, Block, Slides), Body fluid (CSF, Pleural, Abdominal or peritoneal, Other), Buccal cells, and Extracted DNA.