

Molecular Pathology Test Request*

Client Information (required) Patient Information (required) Client Name Patient ID (Medical Record No.) Client Account No. Patient Name (Last, First Middle) Client Phone Client Order No. Sex Birth Date (mm-dd-yyyy) ☐ Male ☐ Female Street Address Collection Date (mm-dd-yyyy) Time \square am \square pm ZIP Code State Specimens Provided (required) □ Blood ☐ Slides **Submitting Healthcare Professional Information** No. sent: _____ H&E: _____ ☐ Bone marrow (required) ☐ Paraffin block (formalin-fixed Thickness (um): Submitting/Referring Healthcare Professional Name (Last, First) Unstained: only) No. sent: _____ Indicate source: Indicate source: Fill in only if Call Back is required. Phone (with area code) Fax* (with area code) Case/Block ID: ___ Case/Block ID: _____ **CBC** Results National Provider Identification (NPI) WBC: RBC: MCV: _____ PLT: _____ **Fax number given must be from a fax machine that complies with applicable HIPAA regulation. Pathologist Information (required)

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Submitting/Referring Pathologist Name (Last, First)			
Phone (with area code)	Fax* (with area code)		
National Provider Identification (NPI)			
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New York State Patients: Not Accepted.

Pathology/Clinical Diagnosis (required)

Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for testing.			

Note: It is the client's responsibility to maintain documentation of the order.

Ship specimens to:

Mayo Clinic Laboratories - Jacksonville 4461 Mellish Drive, Stabile Bldg N Jacksonville, FL 32224

Customer Service: 800-533-1710

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions: 800-447-6424 (US and Canada) 507-266-5490 (outside the US)

ax number given must be from a fax machine that complies with applicable HIPAA regulation.

Patient Information (required)

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Patient Name (Last, First Middle)	Client Order No.
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Birth Date (mm-dd-yyyy)	

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MPN (MYELOPROLIFERATIVE NEOPLASM)	ACUTE MYELOID LEUKEMIA (AML)/	LYMPHOID DISORDERS
JAK2 V617F-CALR-MPL Testing	MYELODYSPLASTIC NEOPLASM (MDN)	TCell
Diagnostic	☐ NGSMC Comprehensive NGS Myeloid Panel	T Cell Gene Rearrangement
Myeloproliferative Neoplasm, JAK2 V617F with Reflex	(Blood or Bone Marrow)	☐ TCGET Tissue
to CALR and MPL	Acute Myeloid Leukemia (AML), FISH – Full Panel	☐ TCGR Blood
☐ MPNJP Blood	☐ JAMLB Blood	☐ TCGBM Bone Marrow
☐ MPNJM Bone Marrow	☐ JAMLM Bone Marrow	B Cell
Monitoring JAK2 V617F Mutation Detection, Quantitative	(For specific probes, select from the selection below) PML::RARA t(15:17)(a24.1:a21.2)	Immunoglobulin Gene Rearrangement
☐ JAKFB Blood	☐ PML::RARA t(15;17)(q24.1;q21.2) ☐ RUNX1T1::RUNX1 t(8;21)(q21;q22)	☐ BCGET Tissue
☐ JAKFM Bone Marrow	☐ CBFB::MYH11	☐ BCGR Blood
Monitoring	☐ KMT2A BAP 11q23 rearrangement	☐ BCGBM Bone Marrow
CALR Mutation Analysis, Myeloproliferative Neoplasm (MPN)	☐ DEK::NUP214 t(6;9)(p22.3;q34)	B-Cell Lymphoma, FISH, Tissue – Full Panel
CALFB Blood	☐ BCR::ABL1 t(9;22)(q34;q11.2)	☐ JLYMF (Tissue only)
☐ CALFM Bone Marrow	☐ MECOM BAP 3q26 rearrangement	(For specific probes, select from the selection below)
Monitoring	Nucleophosmin (NPM1) Mutation Analysis, RT PCR,	☐ MYC BAP 8q24.1 rearrangement
MPL Exon 10 Mutation Detection	Quantitative	☐ MYC/IGH/CEP8 t(8;14)(q24.1;q32)
☐ MPLFB Blood	☐ NPMFB Blood	☐ BCL2 BAP 18q21 rearrangement
☐ MPLFM Bone Marrow	☐ NPMFM Bone Marrow	☐ BCL6 BAP 3q27 rearrangement
BCR::ABL1 Testing	Myelodysplastic Neoplasms (MDN), FISH – Full Panel	Chronic Lymphocytic Leukemia (CLL)
Diagnostic/Monitoring	☐ JMDNB Blood	Chronic Lymphocytic Leukemia (CLL), FISH – Full Panel
p210, RT PCR, Quantitative	☐ JMDNM Bone Marrow	☐ JCLLB Blood
☐ P210B Blood	(For specific probes, select from the selection below)	☐ JCLLF Bone Marrow
☐ P210M Bone Marrow	☐ 5q31/5q33/5p15 Monosomy 5, 5q deletion	(For specific probes, select from the selection below)
p190, RT PCR, Quantitative	☐ 7q31 (D7S486)/CEP7 Monosomy 7, 7q deletion	☐ ATM, TP53 11q deletion, 17p deletion
☐ P190B Blood ☐ P190M Bone Marrow	☐ MYC/CEP8 Trisomy 8	☐ D12Z3, D13S319/ +12, 13q deletion LAMP1
P190M Bone Marrow	☐ ATM/11cen 11q deletion	☐ D6Z1/MYB Monosomy 6, 6g deletion
HEMATOLOGIC DISORDERS HOLD SERVICE	☐ ETV6/RUNX1/XCE12 12p deletion	☐ CCND1::IGH t(11;14)(q13;q32)
☐ DNAEX Hematologic Disorders, DNA Extract	RB1/DLEU/LAMP 13q deletion	ONCOLOCY
and Hold, Varies	☐ TP53/NF1 17p deletion, isochromosome 17q	ONCOLOGY
RNAEX Hematologic Disorders, RNA Extract and Hold, Varies	☐ 20q12/20qter 20q deletion	Breast
NEVT OFNED ATION CEOUTNOING (NOC)	PML::RARA, FISH ***STAT TEST***	☐ JHERF HER2 Amplification Associated with Breast Cancer, FISH, Breast Primary,
NEXT-GENERATION SEQUENCING (NGS)	(Reflexes to RARA BAP FISH if negative)	Tissue
☐ NGSMC Comprehensive NGS Myeloid Panel (Blood and Bone Marrow)	☐ JPMLB Blood	Liposarcoma
	☐ JPMLM Bone Marrow	☐ JMDMF MDM2 (12q15) Amplification,
HEMATOLOGIC MISC	PML::RARA, Quantitative, PCR (MRD for follow up testing)	Well-Differentiated Liposarcoma/ Atypical Lipomatous Tumor, FISH, Tissue
BRAF BRAF V600 Somatic Mutation Analysis, PCR	□ OPMRB Blood	Brain
□ WBRAF Blood	☐ QPMRM Bone Marrow	☐ JGLIF 1p/19q Glioma Deletions, FISH, Tissue
☐ MBRAF Bone Marrow	— Qi Pilari	☐ MGMTF MGMT Promoter Methylation, Tissue
☐ TBRAF Tissue		