

**Division of Pathology / Laboratory Medicine  
Outreach Services Test Requisition**

**SHIP FLOW CYTOMETRY AND CYTOGENETICS TESTING TO:**

1515 Holcombe Blvd., R4.1446 (Unit 72) Houston, Texas 77030

PHONE: (713) 794-1093 OR 1094

FAX: (713) 745-1994

CONTINENTAL US : 1-800-315-8424

**SHIP MOLECULAR TESTING ONLY TO**

6565 MD Anderson Blvd., Room Z3.4023  
Houston TX 77030

Phone: (713) 794-4780 / Fax: (713) 563-0031

**SPECIMEN INFORMATION: Collection Date:**

**\*Required Fields**

**PHYSICIAN / FACILITY / CLIENT INFORMATION**

\*REQUESTING PHYSICIAN

\*UPIN / NPI NUMBER

\*PHONE

EXT

\*FAX

HOSPITAL / OFFICE

ADDRESS

CITY

STATE

ZIP

**PATIENT INFORMATION**

LAST NAME

FIRST NAME

DOB

SEX

ID NUMBER

PT. PHONE

SSN

PT. ADDRESS

CITY

STATE

ZIP

INSURANCE PROVIDER

POLICY NUMBER

PHONE NUMBER

Specimen Information: Collection Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ am / pm

Specimen Type: Serum  Plasma  BM  Urine  PB  Other: \_\_\_\_\_

**Diagnosis:**

**MOLECULAR DIAGNOSTICS**

**NOTE: Next Generation Sequencing (NGS) based mutigene panels are NOT available for non-MD Anderson Patients**

**Leukemia/Lymphoma Testing with Interp and Report**

**Translocation/Gene Fusions**

- t(9;22)/BCR::ABL 1\_Major transcript((e13a2(b2a2), (e14a2(b3a2); p210)(quantitative PCR) with interp and report
- t(9;22)/BCR::ABL 1\_Minor transcript (e1a2; p190) (quantitative PCR) with interp and report
- FIP1L1::PDGFRA Fusion Detection (qualitative PCR) with interp and report

**Mutation Testing with Interp and Report**

- ABL 1 Kinase Domain Mutation by NGS (qualitative) with interp and report
- FLT3-ITD Mutation MRD with Interp and report
- NPM1 MRD Mutation with Interp and report

**Stem Cell Transplant Studies with Interp and Report**

- Post-Transplant Quantitative Chimerism Analysis:
- Myeloid cells (available for peripheral blood only)
- T-cells (available for peripheral blood only)

**FLOW CYTOMETRY**

- Acute Leukemia Screen Panel
- AML MRD
- B ALL MRD
- BCMA
- B-CLL/B-Cell Lymphoma Panel
- BPDCN
- CD4/CD8 ratio (PB only)
- CD34 Assay
- LL MRD
- Hairy Cell Leukemia Panel
- Immunodeficiency Panel
- IR panel
- Limited B-CLL Panel (CD5/CD19/CD38, kappa, lambda)
- Lymphocyte Subset
- Mastocytosis
- MDS
- MM MRD
- Myeloma Panel
- PNH
- T ALL MRD
- T-Cell Lymphoma/Mycosis Fungoides (MF) panel
- Transplant Panel
- Waldenstrom's Panel
- Other Markers Please specify:

**CYTOGENOMICS**

- Conventional chromosome analysis
- Fluorescence in situ hybridization (FISH)
- Specific Probe

**COMMENTS**

Additional information for molecular test, refer to website

<https://www.mdanderson.org/research/research-resources/core-facilities/molecular-diagnostics-lab/how-to-submit-a-sample.html>

**DISCLOSURE**

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas M.D. Anderson Cancer Center to process your request for diagnostic services. No statute or other authority requires that you disclose your SSN for this purpose and we may not deny services if you choose not to disclose it. Failure to provide your SSN, however, may result in the creation of a duplicate patient number being issued, which may lead to multiple medical records. Further disclosure of your SSN is governed by the Texas Public Information Act and other applicable law.

For questions related to the above information - Fax (713) 745-1994.

Outreach - REV.04.21.2026

**U.T. M.D. ANDERSON CANCER CENTER  
DIVISION OF PATHOLOGY AND LABORATORY MEDICINE  
ADMISSIONS AND NEW PATIENT REGISTRATION**

Blood \_\_\_\_\_  
Tissue \_\_\_\_\_  
Slides \_\_\_\_\_

MR # \_\_\_\_\_

**REGISTRATION REQUEST**

**1. PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_

PATIENT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PATIENT'S PHONE: \_\_\_\_\_

PATIENT'S DATE OF BIRTH: \_\_\_\_\_

PATIENT'S SOCIAL SECURITY #: \_\_\_\_\_

PATIENT'S SEX: \_\_\_\_\_ PATIENT'S MARITAL STATUS: \_\_\_\_\_

**2. PRIMARY INSURANCE \*will fax face sheet if secondary insurance is listed \_\_\_\_\_**

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

GROUP PLAN NAME: \_\_\_\_\_ GROUP PLAN #: \_\_\_\_\_

INSURED'S NAME (if different from patient): \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

INSURED'S SS#: \_\_\_\_\_

INSURED'S DOB: \_\_\_\_\_

**3. GUARANTOR INFORMATION**

SELF: \_\_\_\_\_

OTHER: (NAME) \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

(PHONE) \_\_\_\_\_

**4. MDACC SERVICE CODE: \_\_\_\_\_**

**MDACC PHYSICIAN CODE: \_\_\_\_\_**

**5. CONSULT REQUESTED BY: \_\_\_\_\_**

**PH# : \_\_\_\_\_**

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas M.D. Anderson Cancer Center to process your request for diagnostic services. No statute or other authority requires that you disclose your SSN for this purpose and we may not deny services if you choose not to disclose it. Failure to provide your SSN, however, may result in the creation of a duplicate patient number being issued, which may lead to multiple medical records. Further disclosure of your SSN is governed by the Texas Public Information Act and other applicable law.

For questions related to the above information call at (800) 315-8424 or Fax (713) 745-1994.

***(Instructions for Flow Cytometry Testing)***

**UTMDACC  
Clinical Flow Cytometry**

**INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT  
SPECIMEN FOR FLOW CYTOMETRY TESTING**

For **Bone Marrow Collection**: Draw 1-3cc of bone marrow in 10 ml EDTA Tube.

For **Peripheral Blood Collection**: Draw 10 ml of venous peripheral blood, using 10 ml EDTA Tube.

**Label tubes with the following:**

- **Patient's full name**
- **Date of Birth**
- **Patient's UTMDACC Number (if registered through Outreach Department 1-800-315-8424)**
- **Date and Time of Collection**
- **Initials of Phlebotomist**  
**CBC Differential**
- **Diagnosis if known**

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both to UTMDACC, Laboratory (at address below). Customer/Sender must pay for shipping. Ship via Overnight Delivery Service.

Please note that the laboratory is **open 24hours Monday through Friday**. We will not accept delivery on weekends, or holidays or after 6PM on Friday. Therefore, coordinate specimen collection and shipping within these days and times.

Please contact us if you have any question regarding these instructions.

**Telephone 713-794-4639**

**Email: FLOWLOG@mdanderson.org**

Request for **Flow Cytometry Testing** only should be sent to:

**6565 MD Anderson Blvd. Room Z5. 4027**

**Houston, Texas 77030**

**Phone # 713 794 4639**

**Please overnight delivery by UPS, DHL and FedEx**

**email tracking number to FLOWLOG@mdanderson.org**

***(Instructions for Cytogenetics Testing)***

**UTMDACC  
Cytogenetics Laboratory  
6565 MD Anderson Blvd., Room Z5.4000  
Houston, Texas 77030**

**INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT  
SPECIMEN FOR CYTOGENETICS TESTING**

For **Bone Marrow Collection**: Draw 1-2cc of bone marrow in sodium heparin.

For **Peripheral Blood Collection**: Draw 10-20 ml of venous peripheral blood, using sterile sodium heparin tube (green top).

**Label tubes with the following:**

- **Patient's full name**
- **Date of Birth**
- **Patient's UTMDACC Number (if registered through Outreach Department 1-800-315-8424)**
- **Date and Time of Collection**
- **Initials of Phlebotomist**  
**CBC Differential**
- **Diagnosis if known**

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both back to UTMDACC, Cytogenetics Laboratory (at address above), using FedEx Shipping (Customer/Sender must pay for shipping). Ship via FedEx Overnight Delivery Service.

Please note that the laboratory is **open Monday through Friday 7:00am-11pm only**. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times. Please contact us if you have any question regarding these instructions.

**Telephone: 713-792-6330  
FAX: 713-745-3215**

Request for **Cytogenetics Testing only** should be sent to:

**6565 MD Anderson Blvd. Room Z5. 4027  
Houston, Texas 77030  
Phone # 713 794 4639**

*(Instructions for HLA Testing)*

**UTMDACC  
Histocompatibility Laboratory  
6565 MD Anderson Blvd., Room Z3.4028,  
Houston, Texas 77030**

**INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT  
SPECIMEN FOR HLA TESTING**

For **Peripheral Blood Collection**: Draw venous peripheral blood, using sterile (2) 10 ml EDTA tubes for HLA Testing.

For **Patient's Only**: Draw above tubes and include an additional (1) 7 ml red top for Antibody Testing (if needed)

**Label tubes with the following:**

- **Patient's full name**
- **Date of Birth**
- **Patient's UTMDACC Number (if registered through Outreach Department 1-800-315- 8424)**
- **Date and Time of Collection**
- **Initials of Phlebotomist**

Package tubes and requisition form in a suitable mailer, at room temperature, and ship both back to UTMDACC, HLA Laboratory (at address above), using UPS Shipping (Customer/Sender must pay for shipping). Ship via UPS' Overnight Delivery Service. Please note that the laboratory is **open Monday through Friday 7:30 am - 7:30 pm only**. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times.

Please contact us if you have any question regarding these instructions.

**Telephone: 713-792-2658  
FAX: 832-751-9867**

Request for **HLA Testing Only** should be sent to:

**UT M. D. ANDERSON CANCER CENTER  
Histocompatibility Laboratory  
6565 MD Anderson Blvd., Room Z3.4028,  
Houston, Texas 77030**

**(Instructions for Molecular Testing)**

**UTMDACC  
Molecular Diagnostics Laboratory  
6565 MD Anderson Blvd, Room Z3.4023  
Houston, Texas 77030**

**Collection and Transport of Specimens for Molecular Testing**

To ensure optimum testing conditions for a specimen that is sent to the Molecular Diagnostics Laboratory (MDL) at MD Anderson Cancer Center (MDACC), the client should follow the below guidelines:

1. For **Peripheral Blood**, collect one 10 ml venous blood in EDTA (purple-top) vacutainer tubes.

For **Bone Marrow**, collect 1-3 ml in EDTA. *It is important that a non-heparinized syringe is used for the initial bone marrow collection; then transferring the specimen to the sterile EDTA vacutainer tube without using a needle to dispense the sample. All bone marrow specimens must be accompanied with a BM Differential or pathology report.*

**Chimerism Analysis Requirement:**

1. Donor specimen: Whole blood minimum 2 ML EDTA or extracted DNA 50 ng/uL. Please include donor identifier, date and time of collection. This is required to establish donor microsatellite pattern at the time of first request only. Not needed for subsequent requests.
2. Pre-transplant recipient specimen: Whole blood or bone marrow aspirate, minimum 2 mL in EDTA tube or extracted DNA minimum 50 ng/uL. This is required to establish recipient pre-transplant microsatellite pattern at the time of first request only. Not needed for subsequent requests. Please include date and time of collection.
3. Post-transplant recipient specimen:
  - a. Total chimerism: Whole blood or bone marrow aspirate, minimum 2 mL in EDTA tube
  - b. T-cells and myeloid-cells chimerism: Whole blood, 10 ml in EDTA tube for T-cell and myeloid cell enrichment
2. Identify the specimen(s) to be sent to MDL:
  - Patient's full name
  - Date of Birth(DOB)
  - Patient's MDACC# (if available)
  - Date and Time of Collection
  - Initials of Phlebotomist.
3. All EDTA tubes should be refrigerated immediately after collection and shipped with cold pack by overnight courier. Specimen types such as cDNA, genomic DNA and/or RNA can be used directly for testing only if extraction or isolation is performed in a CLIA-certified lab. These should be shipped on dry ice for optimal preservation.
4. Samples should be shipped by overnight carrier to arrive Tuesday- Friday by 4:00PM. Call **713-794-4780** for additional information.

**Sender is responsible for shipping charges.**

**Shipping Address: UTMDACC  
Molecular Diagnostics Laboratory  
6565 MD Anderson Blvd., Room Z3.4023  
Houston, Texas 77030**