THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

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 HLA TESTING ONLY TO :
6565 MD Anderson Blvd., Room Z3.4028
Houston TX 77030
Phone: (713) 792-2658 / Fax: (832) 751-9867

SHIP MOLECULAR TESTING ONLY TO :
6565 MD Anderson Blvd., Room Z3.4023
Houston TX 77030
Phone: (713) 794-4780 / Fax: (713) 563-0031

***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: _____ A / P
Specimen Type: Serum ☐ Plasma ☐ BM ☐ Urine ☐ PB ☐ Other_____
Diagnosis:_____

MICROBIOLOGY

☐ CMV Antigenemia
☐ Glactomanan (Aspergillus Ag)

FLOW CYTOMETRY

☐ Acute Leukemia Screen Panel
☐ B-CLL/B-Cell Lymphoma Panel
☐ Limited B-CLL Panel (CD5/CD19/CD38, kappa, lambda)
☐ Hairy Cell Leukemia Panel
☐ Myeloma Panel
☐ Waldenstrom's Panel
☐ T-Cell Lymphoma/Mycosis Fungoides (MF) Panel
☐ Immunodeficiency Panel
☐ CD4/CD8 ratio (PB only)
☐ Transplant Panel
☐ CD34 Assay
☐ Other Markers Please specify: _____

HISTOCOMPATIBILITY – HLA

PATIENT TYPING
☐ HLA – Class I, Molecular [2L]
☐ HLA – Class II, Molecular [2L]
☐ Platelet Antibody
☐ Other _____

DONOR TYPING
☐ HLA Class I Molecular
☐ HLA Class II Molecular

DONOR INFORMATION
Last Name: _____ First Name: _____
DOB: _____ Sex: _____ Race: _____
SSN or passport #: _____
Relationship to Patient : _____

ADDITIONAL TESTS OR COMMENTS

_____
_____
_____
_____
Http://www.mdanderson.org/depts/pathology/hematopathology/index.htm

MOLECULAR DIAGNOSTICS

Leukemia/Lymphoma Testing with Interp and Report

Clonality Assays

☐ *IGH*/B-cell clonality (PCR)
☐ *TCR-beta*/T-cell clonality (PCR)
☐ *TCR-gamma*/T-cell clonality (PCR)

Translocation/Gene Fusions

☐ *ABL1* mutation (full kinase domain sequencing)
☐ Acute myeloid/lymphoid leukemia translocation screen: *BCR-ABL ; PML-RARA ; RUNX1-RUNX1T1 ; ETV6-RUNX1 ; E2A-PBX1 ; MLL-AF4 ; CBFB-MYH1 A,D,E ; DEK-CAN*
☐ t(9;22) *BCR-ABL* 1_Major (quant PCR) (e13a2(b2a2), (e14a2(b3a2)
☐ t(9;22) *BCR-ABL* _Minor (quant PCR) (e1a2)
☐ *BCR-ABL* - t(9;22)_Alternative Transcript (qualitative PCR) (e13a2(b2a2), e14a2(b3a2), e1a2, e13 a3(b2a3), e14a3(b3a3) ,e1a3)
☐ *FIP1L1/PDGFRA*
☐ Inv 16 (quant PCR)
☐ *t(8;21)* (quant PCR)
☐ *t(11;14)* MTC(quant PCR)
☐ *t(14;18)* MBR (quant PCR)
☐ *t(15;17)* (quant PCR)

Mutations (Point Mutations, Insertions, Deletions)

☐ *CALR* mutation (exon 9)
☐ *CEBPA* mutation
☐ *CSF3R* mutation (exon 14, 17)
☐ *IDH1* mutation (codon 132)
☐ *IDH2* mutation (codon 140, 172)
☐ *JAK2* Exon 12 mutation
☐ *JAK2* mutation (codon 617)
☐ *KIT* mutation (exon 17)
☐ *NPM1* mutation
☐ *TP53* mutation (exons 2-11)

Transplant Studies with Interp and Report

☐ Post-Transplant Quantitative Chimerism Analysis:
☐ Myeloid cells (lineage-specific cell sorting)
☐ T-cells (lineage-specific cell sorting)

Molecular for Solid Tumors (See Sample Requirements) with Interp and Report

☐ 18q LOH (Colon Ca)
☐ *CTNNB1*
☐ *EGFR* mutation
☐ *KIT* (exon 9, 11, 13, 17)
☐ Microsatellite Instability
☐ *MLH1* Promoter Methylation
☐ *PDGFRA* mutation
☐ *TP53* mutation (exons 2-11)

CYTOGENETICS

☐ Conventional chromosome analysis
☐ Fluorescence in situ hybridization (FISH)
Specify Probe: _____

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 call at (800) 315-8424 or Fax (713) 745-1994.

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 AIRBONE Shipping (Customer/Sender must pay for shipping). Ship via AIRBORNE'S 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 10-20 ml venous blood in EDTA (purple-top) vacutainer tubes. **All peripheral blood specimens must be accompanied with a CBC.**

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.**

For ***Solid Tumor testing,** submit one H&E stained slide and 5-10 unstained slides depending on the amount of tumor tissue present. For a 0.4 uM thick tissue section of at least 0.5 cm2 area, submit at least 5 slides. For smaller tissue sections, submit up to 10 slides. Microsatellite instability and some LOH testing require tissues from both normal (uninvolved) and tumor samples from the same patient. A paraffin block can also be sent. Send at room temperature. Consult with lab for additional questions. **All solid tumor specimens must be accompanied with a surgical pathology report.**

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. **cDNA, genomic DNA and/or RNA directly for testing only if extraction or isolation was performed in a CLIA-certified laboratory. 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 DiagnosticsLaboratory
6565 MD Anderson Blvd., Room Z3.4023
Houston, Texas 77030