siParadigm diagnostic informatics

PR 888-782-5430 / 866-369-4114

USA 888-599-5227 / 201-599-9044 / 201-599-9066 / 888-890-4774 (Toll-free fax)

Requisition Number:

Your Specimen Number _____

Pick-up Confirmation # _____

☐ RUSH ☐ Call Results ☐ Need Results by: ____/____/____

HEMATOPATHOLOGY TEST REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name _____ (LAST) _____ (FIRST)

Date of Birth ____/____/____ (mm/dd/yyyy)

Street _____

City _____ State _____ ZIP _____

MRN / Patient ID# _____ Phone # _____

Fill in Mandatory Data at the Back of the Page

PHYSICIAN INFORMATION (REQUIRED)

Referring MD

Attending/Ordering MD

Account Information

SPECIMEN INFORMATION (REQUIRED)

Collection date ____/____/____ (mm/dd/yyyy) Time : ☐ AM ☐ PM

Sent date ____/____/____ (mm/dd/yyyy)

☐ CBC results attached (required for Blood and Bone Marrow)

☐ Bone Marrow, [tube(s)] # _____ ☐ Peripheral Blood, [tube(s)] # _____

☐ Fresh Tissue/Fluid, [tube(s)] # _____ ☐ Slide(s): _____

☐ Formalin Container(s) # _____ ☐ Paraffin Block (s) # _____

☐ Other Container(s) # _____ ☐ Other # _____ Specify: _____

For packaging conditions and the required specimen quantity per test, please check our website: *https://www.siparadigm.com/physician-support/specimen-requirements*

siParadigm is not responsible for any difference in quantity of specimen if it is not indicated

DONOR GENDER (REQUIRED)

in case of bone marrow transplant

☐ Male ☐ Female

BILLING INFORMATION (BOTH SIDES REQUIRED)

☐ Insurance
☐ Client
☐ Patient

SPECIMEN COLLECTION LOCATION

☐ Non-hospital/office patient
☐ Out-patient hospital
☐ In-patient hospital Discharge Date ____/____/____ (mm/dd/yyyy)

ICD-10 CODE _____

MOBILE PHLEBOTOMY REQUEST (Oncology Office to Complete if Needed)

Patient Phone (mobile preferred): _____

Patient Email (optional): _____

Patient Home Address: _____

City, ST, ZIP: _____

siParadigm hematopathology collection and shipping kit was provided to the patient. Please fax this completed requisition, pathology report, and insurance information to 888-890-4774

By completing this section, Client represents it has obtained patient's consent to be contacted by third-party service.

THIRD-PARTY SPECIMEN LOCATION (REQUIRED)

Hospital/Facility _____ Phone # _____

Address _____

Fax # _____

Attach clinical notes, patient information, CBC, and insurance card (REQUIRED)

I am certified to order the test(s) listed below, such that these test(s) are medically necessary and I have obtained informed consent for the requested test(s) when pertinent.

Authorized Signature: _____ Date: _____

LEVEL OF SERVICE (REQUIRED)

☐ **Technical only** — Results without interpretation

☐ **Full Consultation/Siportfolio** — Results with interpretation

☐ **Professional Only** — Interpretation only

SERVICE PREFERENCE (REQUIRED)

☐ **Call us to discuss appropriate testing** ☐ **Marked Test Only**

☐ siPortfolio™

TAT 7-10 Days

Complete Consult: Hematopathologist selects clinically pertinent tests including Histology, Flow, FISH, Karyo, Immunohistopathology & Molecular based on patient's diagnosis and preceding test results

☐ LymphoSight™

TAT 7-10 Days

Complete Consult: Accurately curated by our expert board-certified hematopathologists, this comprehensive offering selects medically necessary tests—Flow, IHC, FISH, and Molecular assays—based on patient diagnosis, prior test findings, and clinical history, ensuring thorough evaluation and consultation for complex lymphoma cases.

STAGE OF DISEASE (REQUIRED)

☐ New Diagnosis ☐ Staging Evaluation ☐ Remission ☐ Relapse ☐ Measurable Residual Disease (MRD) ☐ Follow-up/Monitoring

LIST OF DISEASES & FINDINGS

DISEASES

☐ ALL	☐ LPD	☐ MGUS
☐ AML	☐ Lymphoma, Hodgkin	☐ MPN
☐ CLL	☐ Lymphoma, non-Hodgkin	☐ Myeloma (☐ MRD)
☐ CML, Follow-up	☐ Marrow infiltration	☐ PNH
☐ CML, New diagnosis	☐ MDS	☐ Other: _____

FINDINGS

☐ Anemia	☐ Leukopenia
☐ Eosinophilia	☐ Lymphadenopathy
☐ Erythrocytosis	☐ Lymphocytosis
☐ Leukocytes, Atypical	☐ Thrombocytopenia
☐ Leukocytosis	☐ Thrombocytosis

LIST OF INDIVIDUAL TESTS (See complete menu on back of requisition)

MORPHOLOGY ☐ siPortfolio-MORPHOLOGY

☐ Perform CBC
☐ Peripheral smear review
☐ Bone marrow histopathology
☐ Bone marrow aspirate morphology
☐ IHC/CISH
☐ Special stains
Specify: _____

CYTOGENETICS ☐ siPortfolio-CYTO

Karyotyping ☐ Myeloid ☐ Lymphoid
☐ Myeloid (1+2 days) ☐ T-Cell (1+3 days) ☐ B-Cell (1+5 days)

FISH ☐ ALL ☐ AML ☐ CLL ☐ CML ☐ Eosinophilia
☐ APL ☐ MDS ☐ MPN ☐ Myeloma
☐ Lymphoma ☐ Mantle ☐ Follicular ☐ MZL ☐ High Grade B-cell
☐ Burkitt ☐ DLBCL ☐ Waldenström ☐ Other: _____

FLOW CYTOMETRY ☐ siPortfolio-FLOW

☐ Acute Leukemia	☐ Lymphoma (☐ B ☐ T)
☐ ALL	☐ MDS
☐ AML	☐ MPN
☐ CLL	☐ Myeloma
☐ Hairy Cell Leukemia	☐ Pancytopenia
☐ LGL (T/NK)	☐ PNH
☐ LPD	☐ TC/PC
☐ LPL (Waldenström)	☐ Other: _____

MOLECULAR ☐ siPortfolio-MOLECULAR

Multi-Gene NGS Panel (>65 genes)		Multi-Gene NGS Panel (>15 genes)
☐ Pan-Myeloid Multigene Panel (DNA & RNA)		☐ Pan-Lymphoid Multigene Panel
• AML	• JMML	• CLL
• CML	• MDS	• Hairy cell
• CMML	• MPN	• Mantle
• CNL	• P. vera	• Waldenström
• ET	• PMF	• B-Lymphoma, other
• Other : _____		

Individual Genes (See complete list of individual genes on the back)

☐ ABL Kinase Mutation (CML)	☐ CSF3R	☐ JAK2 V617F	☐ SF3B1
☐ B-cell Gene rearrangement	☐ FLT3 ITD & TKD by PCR	☐ KIT D816X	☐ T-cell Gene rearrangement
☐ BCR-ABL, Major (CML)	☐ IDH1/IDH2	☐ MPL	☐ TCRB and TCRG
☐ BCR-ABL, Minor (ALL)	☐ IGHV hypermutation	☐ MYD88 (WM)	☐ TCRG reflex to TCRB
☐ BRAF (HCL)	☐ JAK2 Exon 12	☐ NPM1	☐ TP53
☐ CALR	☐ JAK2 Exons 13 & 15	☐ PML-RARA, Quant.	☐ Other: _____

CML/MPN Reflexes

☐ JAK2 V617F :
☐ Reflex to Exons 12, 13 & 15
☐ Reflex to CALR & MPL
☐ Reflex to CALR, MPL & >65 Gene NGS Panel

☐ BCR-ABL Major Quantitative :
☐ Reflex to Minor
☐ Reflex to ABL-Kinase Mutation

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ADDITIONAL INFORMATION (REQUIRED)

Gender Identity: ☐ Male ☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
☐ Genderqueer, neither exclusively male nor female ☐ Additional gender category or other, please specify _____ ☐ Choose not to disclose

Ethnicity
☐ African-American ☐ Jewish-Ashkenazi ☐ Adopted ☐ Asian ☐ Caucasian/NW European ☐ Jewish-Sephardic ☐ Native American ☐ Hispanic ☐ Middle Eastern ☐ Unknown
☐ Asked but Unknown ☐ Non-Hispanic or Non-Latino ☐ Other _____ ☐ Choose not to disclose

Sexual Orientation: ☐ Lesbian, gay, or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Don't know ☐ Something else, please describe _____ ☐ Choose not to disclose

Race: ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown ☐ Asked but Unknown
☐ Other _____ ☐ Choose not to disclose

DETAILED MENU (Please do not mark this page)

IMMUNOHISTOCHEMISTRY

Actin (muscle spec.)	Calretinin	CD68	DOG-1	HSV-2	NSE	PSAP
Actin (sm. muscle)	CAM 5.2 (CK8/18)	CD71	EBER (ISH)	IgA	OCT2	PSMA
ADH-5	CD1a	CD79a	E-Cadherin	IgG4	OCT4	RCC
ALK (D5F3)	CD2	CD99	Estrogen Receptor (ER)	IgG	PMS2	S100
ALK-1	CD3	CD103	FVIII (von Willebrand)	IGM	p16	STAT-6
Alpha-1 *fetoprotein (AFP)*	CD4	CD117	FXIIIa	INHIBIN	p40	SMMS-1
Amyloid-A	CD5	CD138	GATA3	Kappa (IHC)	p504S	SOX-10
Arginase	CD7	CD163	GCDFP-15	KAPPA (ISH)	p53	SOX-11
B72.3/TAG-72	CD8	CDX2	GFAP	KI-67	p57	Synaptophysin
bcl-1	CD10	CEA, Monoclonal	Glycophorin A (CD235)	Lambda (IHC)	p63	TdT
bcl-2	CD15	CEA, Polyclonal	Glypican-3	Lambda (ISH)	p120 Catenin	Thrombomodulin
bcl-6	CD20	Chromagranin A	Granzyme B	Lysozyme	PAX-5	Thyroglobulin
BerEP4	CD21	CK5/6	H. PYLORI	Mammaglobin	PAX-8	TIA-1
Betacatenin	CD23	CK7	HBME-1	Melan A	PCK (AE1/AE3)	TTF-1
Beta HCG	CD30	CK17	Hepatocyte (HepPar1)	MiTF-1	PD-1	Tyrosinase
Bg8	CD31	CK19	HER-2/neu	MOC-31	PD-L1 (22C3) TAT:72 hrs	Uroplakin-II
Bob.1	CD34	CK20	HHV-8	MUM-1	PD-L1 (28-8) TAT:72 hrs	Vimentin
BRAF	CD43	CK903	HMB45	Myeloperoxidase	PD-L1 (SP142)	WT-1
CA 125	CD45 (LCA)	CMV	HNF1ß	MLH 1	PIN4	ROS-1
CA 19.9	CD56	C-MYC	HPV-HR (TAT:7 Days)	MSH 2	PLAP	PRAME
Caldesmon	CD57	D2-40	HPV-LR (TAT:7 Days)	MSH 6	PgR *Progesterone receptor*	FOLR1
Calponin	CD61	DESMIN	HSV-1	Napsin A	PSA	

SPECIAL STAINS

AFB	Alcian Blue/PAS	Amyloid *AMYLOID/CONGO RED*	Wright Giemsa
PAS (FUNGUS)	H&E	Iron	
GMS	Reticulin	Trichrome	

IN SITU HYBRIDIZATION (ISH)

EBER (EBV)	Kappa
HPV (High Risk & Low Risk) (TAT:7 Days)	Lambda

FLOW CYTOMETRY MENU

CD1a	CD7	CD13	CD20	CD26	CD33	CD45	CD58	CD71	CD105	CD200	cIgG	cMPO	ZAP-70
CD2	CD8	CD14	cCD22	CD27	CD34	CD49d	CD59	cCD79a	CD117	CD235a *(Glyco)*	cIgM	nTdT	cVS38
CD3	CD10	CD15	CD23	CD28	CD36	CD52	CD61	CD79b	CD123	FLAER	Kappa	TCR α/ß	
CD4	CD11b	CD16	CD24	CD30	CD38	CD56	CD64	CD81	CD138	HLA-DR	cKappa	TCR γ/δ	
CD5	CD11c	cCD13	CD19	CD25	CD41	CD43	CD57	CD65	CD103	cIgA	Lambda	cLambda	

FLUORESCENCE IN SITU HYBRIDIZATION MENU

1p36/1q25	BCR/ABL1	CEN9	FGFR1 *(Break Apart/ Amp.)*	IGH/FGFR3	MYB/CEN6	PTPRT/20q11
ALK *(Break Apart)*	BIRC3/MALT1	CENX/CENY	FIP1L1/CHIC2/PDGFRA	IGH/MAF	MYC *(Break Apart)*	ROS1 Break Apart NSCLC
ALK Break Apart NSCLC	CBFB *(Break Apart)*	CSF1R/D5S23:D5S721	GATA2/MECOM	IGH/MAFB	NUP98	RUNX1T1/RUNX1
ATM/TP53	CEN12/D13S319/13q34	D13S319/13q34	HER-2/neu *(PathVysion™)*	IGH/MYC	PCM1/JAK2	TP53/CEN17
BCL2/IGH	CEN3	ETV6 *(Break Apart)*	IGH *(Break Apart)*	KMT2A *(Break Apart)*	PDGFRB *(Break Apart)*	UroVysion™ Bladder Cancer
BCL6 *(Break Apart)*	CEN8	ETV6/RUNX1	IGH/CCND1	MET/CEN7	PML/RARA	

PAN-MYELOID MULTIGENE PANEL (DNA & RNA)

HOTSPOT GENES

ABL1	CSF3R	GATA2	IDH2	KRAS	NPM1	SETBP1	U2AF1
BRAF	DNMT3A	HRAS	JAK2	MPL	NRAS	SF3B1	WT1
CBL	FLT3	IDH1	KIT	MYD88	PTPN11	SRSF2	

FULL GENES

ASXL1	CEBPA	IKZF1	PRPF8	SH2B3	TP53
BCOR	ETV6	NF1	RB1	STAG2	ZRSR2
CALR	EZH2	PHF6	RUNX1	TET2	

FUSION DRIVER GENES

ABL1	BRAF	EGFR	FGFR2	JAK2	MET	MYBL1	NUP214	RARA	TCF3
ALK	CCND1	ETV6	FUS	KMT2A (MLL)	MLLT10	MYH11	PDGFRA	RBM15	TFE3
BCL2	CREBBP	FGFR1	HMGA2	MECOM	MLLT3	NTRK3	PDGFRB	RUNX1	

EXPRESSION GENES

ASXL1	TP53
BCOR	ZRSR2
CALR	

PAN-LYMPHOID MULTIGENE PANEL

ATM	BTK	BIRC3	CARD11	CD79B	FBXW7	DDX3X	MAPK1	MYD88
NOTCH1	PIK3CA	PTEN	PIK3CD	PTPN6	SF3B1	TP53	XPO	IGHV

HEREDITARY CANCER NGS PANEL

Please use the dedicated hereditary cancer requisition

SOLID TUMOR NGS PANEL

Please use the dedicated solid tumor requisition