



The Children's Hospital, Aurora CO 80045

FLOW CYTOMETRY AND MOLECULAR DIAGNOSTICS LABS

<input type="checkbox"/> STAT	Room#/Clinic:	Ordering Physician:	Patient ID (Name, DOB, MR#, Acct#, Sex)
CALL Results To:		Collected By (1 st initial, last name)	
FAX Results To:		Authorization #	
Date/Time Collected:	SPEC #		
REQ#			
Dx / ICD-9 Code (must support tests ordered):			
<input type="checkbox"/> CAPI <input type="checkbox"/> CAPO <input type="checkbox"/> Peripheral Draw <input type="checkbox"/> Line Draw			

MOLECULAR DIAGNOSTICS

† Patient in clinical remission. Assess for minimal residual disease.		Specimen Source (REQUIRED): <input type="checkbox"/> Bone Marrow (EDTA) <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Tissue – Source _____ <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/>	TESTS/PANELS (see reverse for CPTs and descriptions)	MN	<input checked="" type="checkbox"/>
	B-Cell / IgH Clonality by PCR	MOGB	
	T-Cell Receptor Gamma Gene Clonality by PCR	MOGT	
	T-Cell Receptor Gamma Gene & B-Cell/IgH Clonality by PCR	MOGTB	
LEUKEMIA			
	ALL Panel [t(9;22), t(1;19), t(4;11), t(12;21)]	MOGALL	
	t(9;22) <i>Bcr/Abl</i> Gene Rearrangement Qualitative <input type="checkbox"/> CML <input type="checkbox"/> Acute Leukemia	MOGBCR	
	t(9;22) <i>Bcr/Abl</i> Gene Rearrangement Quantitative <input type="checkbox"/> CML <input type="checkbox"/> Acute Leukemia	MOGBCRQ	
	t(1;19) <i>E2A/PBX1</i>	MOGE2A	
	t(4;11) <i>AF4/MLL</i>	MOGAF4	
	t(12;21) <i>TEL/AML1</i>	MOGTEL	
	AML Panel [t(15;17), t(8;21), Inv(16), <i>FLT3</i>]	MOGAML	
	t(15;17) <i>PML/RARa</i>	MOGAPL	
	t(8;21) <i>AML1/ETO</i>	MOGETO	
	Inv (16) <i>CBFβ/SMMHC</i>	MOGCBF	
	<i>FLT3</i> Gene Mutations Analysis	MOGFLT	
	<i>NPM1</i> Gene Mutations Analysis	MOGNPM1	
		BONE MARROW TRANSPLANT	
	Chimerism Study by STR, BMT Engraftment pre-BMT: <input type="checkbox"/> Recipient <input type="checkbox"/> Donor	MOGCHIR MOGCHID	
	Chimerism Study by STR, BMT Engraftment post-BMT: <input type="checkbox"/> Recipient	MOGCHI	
PEDIATRIC SARCOMA (tissue required)			
	Alveolar rhabdomyosarcoma by RT-PCR [t(2;13)] <i>PAX3/FOX01A</i>	MOGPAX	
	Ewing's sarcoma by RT-PCR [t(11;22), t(21;22)] <i>EWIS1/FLI1 & EWSR1/ERG</i>	MOGEWING	
THROMBOPHILIA			
	Factor V Leiden, F5 1691G-A Mutation by PCR	F5L	
	Prothrombin, F2 20210G-A Mutation by PCR	PT20210	
	Methylenetetrahydrofolate Reductase by PCR (MTHFR 667 C>T, 1298 A>C)	MTHFR	
COMMENTS / SPECIFIC REQUESTS			

FLOW CYTOMETRY

Leukemia/Lymphoma Evaluation: <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> Relapse		Specimen Source: <input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Lymph Node <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Apheresis Product <input type="checkbox"/> Other _____	
Working Diagnosis:			
<input checked="" type="checkbox"/>	TESTS/PANELS (see reverse for CPTs and descriptions)	MN	
	ALL Study	*	
	AML Study	*	
	Lymphoma Study	*	
	DNA Ploidy Study	*	
	Stem Cell (CD34)	SM34S	

* Do not log in – hand carry to Hematology