



Jennifer Morrisette, PhD, FACMG, Clinical Director

**Fax form to:** 215.898.9817  
**Phone:** 215.615.3966 (8:30AM-5:00PM EST)  
**Send specimen to:**  
 Hospital of the University of Pennsylvania  
 3020 Market Street, Suite 220  
 Philadelphia, PA 19104

**\* Required Information**

First Submission      Repeat Study

PATIENT INFORMATION			
First Name*	Last Name*	Patient Gender*	Reported Ethnicity
DOB*	Medical Record #	M      F Inpatient    Outpatient	
SAMPLE INFORMATION		PHYSICIAN INFORMATION	PHYSICIAN TO BE COPIED
Diagnosis*      Stage		NAME*	NAME
Date of Collection*		UPHS    Other	UPHS    Other
Specimen Site*		Phone*	Phone
Tumor Percentage		Email	Email
Specimen I.D.		Fax*	Fax
ICD10 Code(s)*			
Known prior or tandem outside studies    Y    N			
Prior bone marrow transplant    Y    N			
<b>SAMPLE TYPE*</b>		PATHOLOGY INFORMATION (TO RETURN TISSUE BLOCK)	
*Contact your Pathology Dept. to release		Name	Phone
Bone Marrow		Hospital/Institution	Email
Blood in EDTA (purple top)		Address	Fax
FFPE Block/Slides			
FNA/Malignant Effusions			
DNA (concentration and volume)			
BILLING INFORMATION			
<b>Check One:</b> Insurance    Medicare-Part B    Hospital/Institution		<b>Self-Pay:</b> credit card info required	
Primary Insurance	Group #	Name on credit card	
Institution Name	Discharge Date	Card Holder Address	
Policy #	Insured DOB	Credit Card #	
Insured Name		Exp. Date	
Patient relationship to the insured	<b>Note:</b> Include front/back of insurance	Security Code	
Self    Spouse    Child    Other	card and/or face sheet		
TEST ORDERED (CHECK BOX) *			
<b>NOTE: See PennMedicine.org/CPD for full mutation lists</b>			
PennSeq™ Hematological Malignancies (116 genes)		PennSeq™ Solid Tumor Panel (183 genes)	
Fusion Transcript Panel (56 genes)			
<b>Please attach the following:</b>			
Copy of recent pathology/cytology reports		Test results from all other Molecular Diagnostics Assays by FISH, IHC or other genetic assays	
<b>Comments</b>			
<b>Physician Signature*</b>			<b>Date*</b>

	Bone Marrow	Leukemic Blood	Isolated Genomic DNA	FFPE Tissue	Tissue or fluid in PreservCyt
PennSeq™ Hematological Malignancies Panel	X	X	X	X	X
PennSeq™ Solid Tumor Panel			X	X	X
Fusion Transcript Panel				X	X

**NOTE:**

- Given the analytical sensitivity of the assay, specimens must contain a minimum of 10% tumor nuclei across the entire tissue
- Submitted specimens must contain a copy of the corresponding pathology report.
- ICD10 Codes referenced on website

**Specimen Type: Bone Marrow**

**Requirements:** 2-4 cc drawn in an EDTA (purple-top) tube.

**Transport Conditions:** Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container. Specimens should arrive in the laboratory within 48 hours of collection. Do not freeze.

**Specimen Type: Leukemic Blood**

**Requirements:** 3-5 cc drawn in an EDTA (purple-top) tube. (White blood cell count > 10,000 cells/mL with at least 10% circulating blasts or malignant cells.)

**Transport Conditions:** Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container. Specimens should arrive in the laboratory within 48 hours of collection. Do not freeze.

**Specimen Type: Formalin Fixed, Paraffin Embedded Tissue (FFPE Tissue)**

**Requirements:** When less than 50% tumor nuclei in sample: 10-15 unstained 5 µM FFPE slides containing adequate amounts of tumor to be analyzed. Areas containing tumor must be marked on an adjacent H & E slide. Greater than 50% tumor nuclei in sample: 6 to 9 rolls cut at 10 µM and placed in a 1.5 ml tube. Alternatively, the tissue block can be sent for process and evaluation. All samples must come with a corresponding H&E slide from the top and bottom of the sample. All samples must include a copy of the surgical pathology report. Specimens fixed or processed with alternative fixatives may result in DNA that fails QC and therefore will be rejected. Specimens containing less than 10% total tumor nuclei will also be rejected.

**Transport Conditions:** Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container by overnight courier. Do not heat or freeze. Avoid direct exposure to light.

**Specimen Type: Isolated Genomic DNA**

**Requirements:** Must be isolated in a certified CLIA laboratory. 20 µL at a minimum of 35 ng/µL determined by a fluorescent based assay (i.e. Qubit, picogreen). All DNA received by the laboratory not meeting our quality control standards will not be tested and an inadequate specimen report will be generated.

**Transport Conditions:** Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container by overnight courier. Specimen should arrive in the laboratory within 48 hrs of collection.

**Specimen Type: Fine Needle Aspirate Rinse Material containing Malignancy (confirmed with on-site evaluation by Penn Medicine cytopathology or final interpretation)**

**Requirements:** PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, FNA cell blocks if adequate can be utilized longer than 3 weeks).

**Transport Conditions:** Transport at ambient temperature (18-25°C/64-77°F). Do not freeze. Specimens can only be used within three weeks of original collection date.

**Specimen Type: Malignant Effusions, Liquid**

**Requirements:** Minimum of 20 cc PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, a malignant effusion cell block if adequate can be utilized longer than 3 weeks; follow formalin fixed, paraffin embedded tissue specimen type).

**Transport Conditions:** Transport at ambient temperature (18-25°C/64-77°F). Do not freeze. Specimens can only be used within three weeks of original collection date.