

3400 Spruce Street, Philadelphia, PA 19104

DIVISION OF LABORATORY MEDICINE

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Label Area

Location	Contact Phone Number	Indication, clinical information, and relevant prior testing:
Date and Time of Collection	Contact FAX Number or email	
Name of Ordering Physician	ICD10 code (required)	

FOR FURTHER INFORMATION ON TESTS AND SPECIMEN REQUIREMENTS, PLEASE REFER TO <https://www.testmenu.com/HUP>

SPECIMEN TYPE (see back of form for details)

- | | |
|--|---|
| <input type="checkbox"/> Peripheral blood (EDTA) | <input type="checkbox"/> Tissue: Site(s) _____ Case # _____ |
| <input type="checkbox"/> Bone marrow aspirate | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed: Specify fixative _____ |
| <input type="checkbox"/> Cord blood | <input type="checkbox"/> Buccal swab |
| <input type="checkbox"/> Gynecologic specimen (ThinPrep) | <input type="checkbox"/> Fine needle aspirate: Site _____ |
| <input type="checkbox"/> Nasopharyngeal swab | <input type="checkbox"/> Bronchoalveolar lavage (BAL) |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Prenatal (Include maternal blood sample): Specify type _____ |

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ONCOLOGY TESTING

- RNA-based testing:
- BCR-ABL1* RT-PCR (Qualitative)
 - BCR-ABL1* RT-PCR (p210 Quantitative)
 - PML-RARA* RT-PCR (Qualitative)
 - Leukemia translocation panel
 - NPM1* mutation analysis
- DNA-based testing:
- FLT3* mutation analysis (ITD and D835)
 - JAK2* p.V617F mutation analysis
 - BRAF* mutation analysis (codon 600)
 - EGFR* mutation analysis (Ex19 del, L858R)
 - IGH* rearrangement
 - TCR gamma (*TRG*) rearrangement
 - MGMT* methylation assay
 - HPV (specify in ID testing below)

GENETIC TESTING

- Cystic fibrosis (23 *CFTR* mutation panel):
 - Screening Diagnosis (incl. CBAVD)
 - Factor V Leiden (*F5*) mutation analysis
 - Prothrombin (*F2*) mutation analysis
 - C9orf72* hexanucleotide repeat expansion
 - MAPT* sequencing for FTD
 - Exons 1, 9-13 Single exon
 - GRN* sequencing for FTD
 - Exons 1-13 Single exon
- For *MAPT* or *GRN* single exon sequencing, specify exon and mutation:

IDENTITY TESTING

- Chimerism analysis (specify type and IDs)
 - Pre-transplant evaluation (provide recipient buccal swab and blood)
- Recipient name: _____
- Donor 1 name or ID: _____
- Donor 2 name or ID: _____
- Post-transplant evaluation
 - Unfractionated Myeloid, CD33/66b
 - T cell, CD3 NK cell, CD56
 - Graft versus host disease (contact lab for specimen types)
 - Other identity testing (contact lab)
- Specify: _____

INFECTIOUS DISEASE TESTING

- Respiratory virus panel (RVP)
- Viral load, specify: BKV EBV CMV HBV HIV HCV
- HCV genotyping (includes HCV viral load)
- HPV high-risk DNA, gynecologic (includes 16/18 genotyping)
- HPV high-risk DNA, non-gynecologic
- HPV high and low-risk DNA genotyping

OTHER TESTING

- Send out for *BCR-ABL1* p190 quantitative RT-PCR
- Other, specify: _____

FOR LABORATORY USE ONLY

Requesting pathologist:
Resident/Fellow performing triage:
Non-MP accession number (if applicable):
Approved tests and comments:

FOR LAB USE
ONLY

AFFIX CORNER
LABEL

GENERAL GUIDE TO SPECIMEN TYPES FOR MOLECULAR PATHOLOGY TESTING

Refer to <https://www.testmenu.com/HUP> for more detailed specimen requirements by test.

Peripheral blood: EDTA containing blood tubes (pink or lavender) are appropriate for all genetic testing and for DNA and RNA-based oncology testing and identity testing where peripheral blood is the specimen of interest. RNA-based testing requires more volume, thus the pink top tube is the preferred tube as one lavender top tube does not provide sufficient volume. Peripheral blood is also appropriate for all viral load testing (pink top preferred). For post-transplant chimerism analysis unfractionated blood (lavender preferred) will be tested along with specified cellular subsets (requires additional blood tubes for each subset). Lavender and pink top may be used interchangeably provided that sufficient volume is collected.

Tissue that is fresh (in Michel's medium) or frozen may be submitted for genetic testing as well as *IGH* and *TRG* rearrangement studies. Tissue fixed in formalin is acceptable for selected oncology testing including *IGH* and *TRG*, *BRAF* and *EGFR* mutation analysis, *MGMT* methylation analysis, and HPV DNA testing and genotyping.

Bone marrow aspirate in lavender tubes can be used for DNA and RNA-based oncology molecular testing and identity testing.

Cord blood is appropriate for pre-transplant chimerism analysis.

Buccal swabs are used for recipient pre-transplant chimerism analysis.

Gynecologic specimens in ThinPrep medium are appropriate for HPV DNA testing.

Fine needle aspirates are appropriate for oncologic molecular tests including *BRAF* mutation analysis and HPV DNA testing.

Nasopharyngeal swabs (using NP flocked swab Lawson# 195443) are appropriate for respiratory virus panel (RVP) testing which includes influenza A/B, RSV A/B, parainfluenza virus 1/2/3, adenovirus, and human metapneumovirus.

Bronchoalveolar lavage (BAL) specimens can be used for RVP testing and CMV viral load.

Prenatal specimens (amnio or CVS) may be submitted for maternal contamination studies or other identity testing. A concurrent maternal peripheral blood specimen (lavender tube) is required.

Please call the laboratory if in doubt about the acceptability of any specimen or specimen type.
Molecular Pathology Laboratory Main Number: (215) 662-6121.