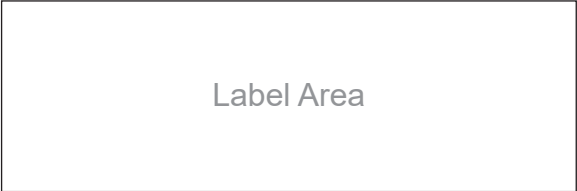




**DIVISION OF PRECISION & COMPUTATIONAL DIAGNOSTICS**

**Molecular Pathology Laboratory**  
**7 Maloney Bldg**  
**(215) 615-3094**

Client Services: 215-662-4808



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/UPHS>

**SPECIMEN TYPES (see back of form for details)**

- |   |   |
|---|---|
| <input type="checkbox"/> Peripheral blood (EDTA)                  | <input type="checkbox"/> Tissue: Site/Location: _____   |
| <input type="checkbox"/> Bone marrow aspirate                     | TYPE: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed: Specify fixative _____ |
| <input type="checkbox"/> Cord blood                               | Case # _____  |
| <input type="checkbox"/> Gynecologic specimen (ThinPrep)          | <input type="checkbox"/> Tissue: Site/Location: _____   |
| <input type="checkbox"/> Nasopharyngeal swab                      | TYPE: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed: Specify fixative _____ |
| <input type="checkbox"/> Buccal swab/Saliva (for Genetic Testing) | Case # _____  |
| <input type="checkbox"/> Fine needle aspirate: Site _____         | <input type="checkbox"/> Tissue: Site/Location: _____   |
| <input type="checkbox"/> Bronchoalveolar lavage (BAL)             | TYPE: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed: Specify fixative _____ |
| <input type="checkbox"/> Other (specify): _____                   | Case # _____  |

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**ONCOLOGY TESTING**

**GENETIC TESTING**

**IDENTITY TESTING**

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| <input type="checkbox"/> <i>BCR::ABL1</i> RT-PCR (Qual to Qnt)<br><input type="checkbox"/> <i>BCR::ABL1</i> RT-PCR(p210 Quantitative)<br><input type="checkbox"/> <i>BCR::ABL1</i> RT-PCR (p190 Quantitative)<br><input type="checkbox"/> Leukemia translocation panel<br><input type="checkbox"/> <i>PML::RARA</i> RT-PCR (Qualitative)<br><input type="checkbox"/> <i>CBFB::MYH11</i> (Qualitative)<br><input type="checkbox"/> <i>RUNX1::RUNX1T1</i> (Qualitative)<br><input type="checkbox"/> <i>FLT3</i> mutation analysis (ITD and D835)<br><input type="checkbox"/> <i>JAK2</i> p.V617F mutation analysis<br><input type="checkbox"/> <i>IDH 1</i> Variant Analysis<br><input type="checkbox"/> <i>IDH 2</i> Variant Analysis<br><input type="checkbox"/> <i>BRAF</i> mutation analysis (codon 600)<br><input type="checkbox"/> IGH gene rearrangement<br><input type="checkbox"/> TRG gamma gene rearrangement<br><input type="checkbox"/> <i>MGMT</i> methylation | <input type="checkbox"/> 139 <i>CFTR</i> mutation panel:<br><input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis (incl. CBAVD)<br><input type="checkbox"/> Factor V Leiden ( <i>F5</i> ) mutation analysis<br><input type="checkbox"/> Prothrombin ( <i>F2</i> ) mutation analysis<br><input type="checkbox"/> <i>C9orf72</i> hexanucleotide repeat expansion analysis<br><input type="checkbox"/> <i>HTT</i> repeat expansion analysis<br><input type="checkbox"/> <i>SMN1</i> copy number analysis (spinal muscular atrophy carrier testing)<br><input type="checkbox"/> <i>APOE</i> Genotyping | <input type="checkbox"/> Pre-transplant evaluation (provide recipient buccal swab and blood, and donor blood)<br>Recipient name: _____<br>Donor 1 name/ID: _____<br>Genetic sex at birth: _____<br>Donor 2 name/ID: _____<br>Genetic sex at birth: _____<br><input type="checkbox"/> Post-transplant evaluation<br><input type="checkbox"/> Whole blood <input type="checkbox"/> Myeloid, CD33/CD66b<br><input type="checkbox"/> T cell, CD3<br><input type="checkbox"/> Graft versus host disease (contact lab)<br><input type="checkbox"/> Molar pregnancy evaluation<br><input type="checkbox"/> Other identity testing (contact lab)<br>Specify: _____ |
|--|--|--|

**INFECTIOUS DISEASE TESTING**

**OTHER TESTING**

- |  |  |
|--|--|
| <input type="checkbox"/> Respiratory virus panel (RVP)<br><input type="checkbox"/> Viral load, specify: <input type="checkbox"/> BKV <input type="checkbox"/> EBV <input type="checkbox"/> CMV <input type="checkbox"/> HBV <input type="checkbox"/> HIV <input type="checkbox"/> HCV<br><input type="checkbox"/> HPV high-risk DNA, gynecologic (includes 16/18 genotyping) | <input type="checkbox"/> Other, specify: _____ |
|--|--|

**FOR LABORATORY USE ONLY**

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

FOR LAB USE  
ONLY

AFFIX CERNER  
LABEL

## GENERAL GUIDE TO SPECIMEN TYPES FOR MOLECULAR PATHOLOGY TESTING

Refer to <https://www.testmenu.com/UPHS> 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 (pearl white PPT top preferred but pink top is acceptable). For post-transplant chimerism analysis unfractionated blood (pink 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 mutation analysis and MGMT methylation analysis. Tissue fixed in formalin inhibits PCR and is not adequate for molecular testing.

**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.

**Saliva** collected with ORAGene DNA collection kits is appropriate for C9orf72 Hexanucleotide Repeat Expansion, HTT Repeat Expansion testing, and APOE Genotyping (ORAGene Saliva 1ml unassisted – DNA Genotek OG-510; ORAGene Saliva 0.75 ml assisted – DNA Genotek OG-575)

**Buccal swabs** ORAcollect Dx swabs from DNA GENOTECH INC OCD-100 are appropriate for genetic testing and Recipient/Donor pre-transplant chimerism analysis. Classic buccal swabs can also be used for pre-transplant 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.

**Nasopharyngeal swabs** (using NP flocked swab Lawson# 195443) are appropriate for respiratory virus panel (RVP) testing which includes influenza A/B, RSV A/B, SARS-CoV-2, parainfluenza virus 1/2/3 and 4, adenovirus, human metapneumovirus, human rhinovirus/enterovirus, coronavirus (seasonal strains), chlamydia pneumoniae and mycoplasma pneumoniae.

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

Please call the laboratory if in doubt about the acceptability of any specimen or specimen type.

Molecular Pathology Laboratory Main Number: (215) 615-3094