**SPECIMEN TYPE SUBMITTED:**
- Blood (ACD or EDTA tube)
- Bone Marrow
- Cerebrospinal Fluid (CSF)
- Other*: __________

**Date and Time of Collection:** _______________

*Extracted nucleic acid only accepted from CLIA-approved laboratories.

**PARAFFIN EMBEDDED TISSUE SUBMITTED:**
- Tissue Type: __________ Case Number: __________
- Date of Collection: _______________
- Archived Specimen Located at: _______________
- UNC Hospitals Surgical Pathology Department
- Other Institution (Provide Facility Information Above)

**DNA fingerprinting (marrow engraftment/chimerism):**
- With CD3 Fraction
- With CD33 Fraction

**Extract and Hold:**
- DNA
- RNA

**FLT3 ITD Only**
- FLT3 TKD and ITD Mutation Panel
- Fragile X syndrome (FMRI)
- Kidney Genetic Mutation Panel (Alport and FSGS)
- Hemochromatosis (HFE C282Y and H63D)
- JAK2 V617F, Quantitative Mutation

**MCAD (Med.-Chain Acyl-CoA Dehydrogenase, K329E / Y42H)**
- Myeloid Mutation Panel - Select Indication:
  - AML (Includes FLT3 ITD and FLT3 TKD)
  - MDS & MPN
  - Myeloproliferative Neoplasm (Hot Spot CALR, JAK2, MPL)

**BRAF Somatic Mutation, Hematologic malignancies**
- TP53 Somatic Mutation, Hematologic malignancies
- NPM1 Quantitative RNA PCR
- Plavix response genotyping (CYP2C19)
- Prader Willi/Angelman syndromes
- Primary ciliary dyskinesia (PCD) (37 gene panel)
- UGT1A1 genotyping
- Factor V Leiden (FV1691G>A)
- Prothrombin (Factor II, 20210G>A)
- Other: __________

**For the following test(s):**
- 10 unstained sections of tumor tissue 4 – 5 micron thickness with greater than 20% tumor on the slide: __________

**MSI DNA Assay (Microsatellite Instability):**
- 10 unstained sections of tumor tissue 5-10 micron thickness (preferably greater than 70% tumor on the slide) plus 1 “H&E recut” of the same section AND 10 unstained sections of any non-tumor tissue plus 1 “H&E recut” of the same non-tumor tissue (22 slides total)

**MSI DNA Assay with Immunohistochemistry (IHC) staining (MLH1, MSH2, MSH6, PMS2):**
- 15 unstained sections of tumor tissue 5-10 micron thickness (greater than 50% tumor on the slide) plus 1 “H&E recut” of the same non-tumor tissue (22 slides total)

**GastroGenus Panel for Gastric Cancer (Includes Solid Tumor Mutation Panel, MLH1 methylation, EBV Viral Load):**
- 15 unstained sections of tumor tissue 4 – 5 micron thickness with greater than 20% tumor on the slide plus 1 “H&E recut”

*IHC performed by UNCH Histology Laboratory.

**ALK and ROS1 FISH:**
- 4 unstained slides 4-5 micron thickness plus 1 “H&E recut” (5 total slides). These slides must be reviewed for suitability & marked by a pathologist. Signature required from pathologist who marked the relevant regions for testing. See below.

Percentage tumor: __________

Signature / Date: _______________

**ALK and ROS1 FISH performed by UNCH Cytogenetics Laboratory**

**Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.**

Form revised 4-2019