ADVOCATEHEALTH

Title: Molecular Pathology Order Form (NCBH)		Published Date: 07/29/2025
Division(s):	Area:	Last Review / Revised Date: 07/29/2025
Entity: NC Baptist Hospital		Dept.: Molecular Pathology

Name (Last) (First) (MI)			**Date of Birth**	**Sex**	**EPIC MRN**	**Social Security Number**
Patient Address			**City**		**State**	**Zip**
Name of Insurance Carrier (please attach copy of card(s))		**Subscriber Name** (Last, First)		**Subscriber ID**		**Group Number**
Relationship to Patient	**List ICD-10 Code(s):**		**Collection Date**	**Collection Time**	**Collected by**	

*Medicare will only pay for services that it determines to be reasonable and necessary under section (a)(1)of the Medicare Law. Tests are only covered under certain ICD10 diagnosis codes specified by Medicare. If ordered with a code not specified by Medicare, an Advance Beneficiary Notice indicating patient responsibility for payment must be obtained.

Authorizing Provider (Last, First)	**Authorizing Provider Signature**

Point of Contact	**Phone**	**Fax**	Email

Specimen Type: ☐ Amniotic Fluid ☐ Bone Marrow ☐ Extracted DNA From a CLIA-certified laboratory ☐ Peripheral Blood ☐ FFPE ☐ Fresh Tissue	**Specimen ID**	**FFPE Number**

FISH (Individual Tests)

☐ CDKN2C-CKS1B, BM, UPB
☐ ABL2, BM, UPB
☐ ALK, FFPE
☐ LSI EVI1 (3q26.2), BM, UPB
☐ BCL6(3Q27), BM,FFPE
☐ +4, +10, +17, BM, UPB
☐ del5q, BM, UPB
☐ 5, 9, 15, BM
☐ ROS1, FFPE
☐ DEK-CAN, BM,UPB
☐ del7q, BM, UPB
☐ CEP 8, BM, UPB
☐ T(8;21) Translocation (RUNX1T1/RUNX1), BM, UPB
☐ MYC(8Q24), BM, FFPE
☐ MYC CEP8 IGH, BM, FFPE
☐ BCR/ABL1/ASS1, BM, UPB
☐ ATM TP53, BM, UPB
☐ ABL1, BM, UPB
☐ MLL (KMT2A), BM, UPB
☐ FLI1 EWSR1, FFPE
☐ NUP98, BM
☐ MDM2 (12q14)/CEP12, FFPE
☐ ETV6, BM, UPB
☐ T(12;21) Translocation (ETV6/RUNX1),BM, UPB
☐ DDIT3, FFPE
☐ Rhabdomyosarcoma, FFPE
☐ TCL1, BM, UPB
☐ Mantle Cell Lymphoma, BM, UPB
☐ IGH(14Q), BM, UPB
☐ IGH MAF, BM, UPB
☐ IGH MAFB, BM, UPB
☐ Follicular Lymphoma, BM,UPB
☐ PML/RARA,BM, UPB
☐ CBFB/MYH11, BM, UPB
☐ BCL2, BM,UPB,FFPE
☐ MALT1 (18Q), BM,UPB,FF

FISH (Individual Tests) cont'd

☐ D20S108, BM, UPB
☐ ERG EWSRI, FFPE
☐ Trisomy 21 Analysis, PB
☐ EWSR1, FFPE
☐ TUPLE1, PB
☐ SRY, PB

FISH Panels

☐ Acute Myeloid Leukemia (AML) Panel, BM, UPB
☐ AneuVysion Screen, PB, AF, CVS, POC
☐ Acute Lymphocytic Leukemia (ALL) Panel, BM, UPB
☐ Chronic Lymphocytic Leukemia (CLL) Panel, BM, UPB
☐ Eosinophilia Panel, BM, UPB
☐ Lymphoma Panel, BM, FFPE
☐ Multiple Myeloma Panel, BM, UPB
☐ Myelodysplastic Syndrome (MDS) Panel, BM, UPB

Cytogenetics Chromosome Analysis

☐ Chromosome Analysis, Amniotic Fluid
☐ Chromosome Analysis, Blood
☐ Chromosome Analysis, Bone Marrow
☐ Chromosome Analysis, Chorionic Villi
☐ Chromosome Analysis, Fresh tissue
☐ Chromosome Analysis, UPB

Molecular Genetics

☐ CTFR Full Gene Sequencing, PB
☐ Cystic Fibrosis Carrier Screen, PB
☐ Fragile X Syndrome, PB
☐ Spinal Muscular Atrophy SMN1/2, PB
☐ Pre-Transplant Chimerism Donor, BM, PB
☐ Pre-Transplant Chimerism Recipient, BM, PB
☐ Post-Chimerism/Marker analysis, BM, PB
☐ Post-Chimerism Panel (CD3, CD33), BM, PB
☐ Maternal Cell Contamination Geno , PB, AF, CVS, POC

Molecular Oncology

☐ B-Cell Clonality, IGH, PB, FFPE
☐ BCR-ABL1 p190, PB, BM
☐ BCR-ABL1 p210, PB only
☐ BRAF Mutation Testing, FFPE
☐ EGFR Mutation Testing, FFPE
☐ Extended RAS/BRAF Mutation Testing (KRAS, NRAS, BRAF), FFPE
☐ T-Cell Clonality, TCRG, PB, FFPE
☐ NGS Myeloid Panel, BM, PB
☐ NGS Solid Tumor Panel, FFPE
☐ MYD88 p.L265P variant detection, PB, BM, FFPE

Specimen Types Definitions

BM (Bone Marrow)
UPB (Unprocessed Peripheral Blood (Whole Blood))
FFPE (Formalin Fixed Paraffin Embedded)
PB (Peripheral Blood)
AF (Amniotic Fluid)
CVS (Chorionic Villis Sampling)
POC (Products of Conception)

Additional Comments

For molecular tumor testing on FFPE, the tumor cells or area of interest must be marked on the H&E slide. AND percent tumor in the circled must be added to this form before testing can be performed.

% tumor:_____

☐ **Tumor Cells are circled on H&E**
☐ **Percent tumor is included**

Bill to: ☐ **Client** ☐ **Medicare** ☐ **Patient**