



**ALL FIELDS MUST BE COMPLETED**

Name: \_\_\_\_\_

BCH MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Sex: \_\_\_\_\_

**\*FOR CLINICAL USE ONLY\***

**MOLECULAR DIAGNOSTICS REQUISITION:  
PHYSICIAN INFORMATION**

Ordering Clinician	Clinical ID/NPI# (non-BCH providers)	Clinician Department/Institution
Ordering Clinician Signature	Date	Ordering Clinician Phone (non-BCH providers)
Primary contact name and phone (if different)		

**SPECIMEN INFORMATION**

Sample Accession/Block ID	ICD-10 Code	Original institution (if not BCH)	Outside MRN (if applicable)
Specimen original collection date (mm/dd/yyyy)		Test request date (mm/dd/yyyy)	
Clinical History/Indication			

Sample Origin:  Bone marrow  Blood  Tissue (Type \_\_\_\_\_)  Fluid

Sample Prep:  Fresh  Frozen  Air dried  Paraffin embedded

Fixative:  Formalin  Other: (\_\_\_\_\_)

Estimate of % tumor cellularity: \_\_\_\_\_

*Note: Acid decalcification and Bouin's fixative are not acceptable*

**TEST MENU\***

<b>ddPCR:</b>	<b>Fusion Panel:</b>
<input type="checkbox"/> <b>PIK3CA ddPCR (select variants below) [CPT 81309]</b> <input type="checkbox"/> C420R <input type="checkbox"/> E542K <input type="checkbox"/> E545K <input type="checkbox"/> H1047L <input type="checkbox"/> H1047R <input type="checkbox"/> all	<input type="checkbox"/> <b>Solid and brain tumor fusion panel [CPT 81479]</b>
<input type="checkbox"/> <b>BRAF V600E ddPCR [CPT 81210]</b>	<input type="checkbox"/> <b>Heme malignancy fusion panel [CPT 81479]</b>
<input type="checkbox"/> <b>MYOD1 L122R ddPCR [CPT 81479]</b>	
<b>Other:</b>	
<input type="checkbox"/> <b>Nucleic acid extraction and quantitation (specify type): [CPT 81479]</b> <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/> TNA	

**\*Procedures include Professional Interpretation unless otherwise requested.**

**LAB USE ONLY**

Date received: \_\_\_\_\_

Molecular Case #: \_\_\_\_\_

Time received: \_\_\_\_\_

Associated test: \_\_\_\_\_