

**Ship specimens to:**

Henry Ford Center for Precision Diagnostics
Henry Ford Hospital
Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd. | Detroit, MI 48202

MOLECULAR GENETIC DNA/RNA TESTING OPTIONS

Required Patient Information

Name: _____ Gender: M F

MRN: _____ DOB: MM / DD / YY Address: _____

Insurance Authorization #: _____ City: _____ State: _____ Zip: _____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

ICD10 Code(s): _____ / _____ / _____ Phone: _____ Fax: _____

REQUIRED INFORMATION FOR CYSTIC FIBROSIS AND FAMILIAL MEDITERRANEAN FEVER TESTING: Carrier Screen Diagnostic
ETHNICITY: African American Arab American Ashkenazi Jewish Caucasian Hispanic Asian Other: _____

This request to order tests from HFPCD certifies to HFPCD that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting HFPCD to report results for each test ordered to the ordering physician.

The tests below may include microdissection and/or reflex testing at a separate charge (88381 or 88363). Most tests include pathologist interpretation at a separate charge (G0452).

Specimen Submission Requirements:

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|---|---|
| <input type="checkbox"/> Peripheral blood in lavender top tube (EDTA) –
Specimen stability: Ambient – 72 hours; Refrigerated – 1 week | <input type="checkbox"/> FFPE Tissue – Outside institutions, copy of Pathology report, plus 1 H&E stained slide and 5-10 unstained slides |
| *For RNA tests, transport refrigerated blood (EDTA) within 72 hours of collection.
If transport >72 hours – use PAXGene tube (call us: 313.916.4DNA) - DO NOT FREEZE | <input type="checkbox"/> DNA (>20 ug): Tissue source: _____
Transport FROZEN |
| Minimum Volume Requirements: 3 mL | <input type="checkbox"/> Bone Marrow Aspirate (EDTA preferred, heparin tube acceptable)
Transport refrigerated - DO NOT FREEZE |

Hereditary Disorders Testing (Germline Blood Tests)

- | | |
|---|--|
| <input type="checkbox"/> Factor V (Leiden) (CPT 81241) | <input type="checkbox"/> Cystic Fibrosis Screening Panel (CPT 81220, 81224 [Poly T]) |
| <input type="checkbox"/> Prothrombin 20210 G →A (CPT 81240) | <input type="checkbox"/> Fragile X Syndrome (CPT 81243) |
| <input type="checkbox"/> Methylene tetrahydrofolate reductase (MTHFR) (CPT 81291) | <input type="checkbox"/> Hereditary Hemochromatosis (HFE) (CPT 81256) |
| <input type="checkbox"/> Spinal Muscular Atrophy (SMA) Carrier Screen (CPT 31401x2) | <input type="checkbox"/> Familial Mediterranean Fever (81402) |

Hematologic Disorders Testing (Molecular Specimen Exam)

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|---|---|
| RNA Tests [RT-PCR] | DNA Single Gene Tests |
| <input type="checkbox"/> CML - BCR/ ABL1 t(9:22), p210 (CPT 81206)* | <input type="checkbox"/> T Cell Rearrangement (CPT 81340 Beta, 81342 Gamma) |
| <input type="checkbox"/> ALL - BCR/ ABL1 t(9:22), p190 (CPT 81207)* | <input type="checkbox"/> B Cell Gene Rearrangement (CPT 81261) |
| <input type="checkbox"/> APL - PML/ RARA t(15:17) (CPT 81315)* | <input type="checkbox"/> CALR Mutation (CPT 81219) |
| <input type="checkbox"/> AML - CBFβ/ MYH11 inv(16) (CPT 81401)* | <input type="checkbox"/> FLT3 Mutation (CPT 81245 [81246]) |
| | <input type="checkbox"/> JAK-2 Mutation (CPT 81270) |
| | <input type="checkbox"/> NPM1 Mutation (CPT 81310) |

Hematolymphoid Next Generation Multi-Gene Sequencing Panel (Molecular Specimen Exam)

- Hematolymphoid Neoplasm or Disorder Sequencing Panel (51 genes): *ABL, ASXL1, ATRX, BCOR, BCORL1, BRAF, CALR, CBL, CBLB, CBLCL, CEBA, CSF3R, CUX1, DNMT3A, ETV6/TEL, EZH2, FBXW7, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, IKZF1, JAK2, KDM6A, KIT, KRAS, MLL, MPL, MYD88, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, USAF1, WT1, ZRSR2* (CPT 81455)
- DeNovo AML: *NPM1, FLT3, CEBA, KIT, RUNX1, TP53* (CPT 81450) Myeloproliferative Panel: *JAK2 (12+14) CALR, MPL* (CPT 81270, 81219, 81403)

Solid Tumor / Single Gene Testing (Molecular Specimen Exam)

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|---|---|--|
| <input type="checkbox"/> Microsatellite Instability +IHC (CPT 81301+) | <input type="checkbox"/> BRAF (CPT 81210) | <input type="checkbox"/> KIT (CPT 81272) |
| <input type="checkbox"/> reflex: MLH1 Methylation (CPT 81401) | <input type="checkbox"/> IDH1 (CPT 81403) | <input type="checkbox"/> Gestational Disease Profile (CPT 81265) |
| <input type="checkbox"/> EGFRvIII – brain (CPT 81403) | <input type="checkbox"/> IDH2 (CPT 81403) | <input type="checkbox"/> Tissue Identity (non-paternity) (CPT 81265) |
| <input type="checkbox"/> MGMT Methylation (CPT 81287) | <input type="checkbox"/> KRAS (CPT 81276) | |
| <input type="checkbox"/> EGFR-TKI – reflex to ALK (CPT 81235) | <input type="checkbox"/> NRAS (CPT 81311) | |
| <input type="checkbox"/> 1p19q LOH (CPT 81405) | <input type="checkbox"/> PDGFRA (CPT 81314) | |

Solid Tumor Next Generation Multi-Gene Sequencing Panels (Molecular Specimen Exam)

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|---|--|
| <input type="checkbox"/> Colorectal Cancer Panel: <i>BRAF, KRAS, NRAS</i> (CPT 81210, 81276, 81311) | <input type="checkbox"/> Melanoma Panel: <i>BRAF, NRAS, KIT, PDGFRA, GNA11, GNAQ</i> (CPT 81445) |
| <input type="checkbox"/> Lung Cancer Panel: <i>EGFR, KRAS, NRAS, BRAF, MET, ERBB2</i> reflex to ALK (FISH) (CPT 81445, 88377) | <input type="checkbox"/> Gastrointestinal Stromal Tumor Panel: <i>KIT, PDGFRA</i> (CPT 81272, 81314) |
| <input type="checkbox"/> Solid Tumor Sequencing Panel (48 genes): <i>ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNA1, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL</i> (CPT 81445) | |

Send Additional Report To (Name):Address: _____
Phone Number: _____ Fax Number: _____**Other Molecular DNA/RNA Tests:**