

Tucson Pathology Associates

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A Division of Pathology Specialists of Arizona, LLC

Bone Marrow / Peripheral Blood Requisition

Please Print Clearly

Date

Clinical DX

Please provide all patient information including insurance or a copy of the card.

Patient's Name

Or Label

ICD10

DOB

Sex

Phone

Patient's Address

City

State

Zip

Patient's Insurance Info

For TPA
use only

Copy of Card: Y N

SPECIMEN DESCRIPTION

- Peripheral blood
- Bone marrow aspirate
- Core biopsy
- Clot

FLOW CYTOMETRY

- Flow Cytometry

CYTOGENETICS

- Cytogenetics

FISH

- ALL
- AML
- CLL
- Eosinophilia
- High-grade B-cell
- Low-grade B-cell
- MDS
- Myeloproliferative (MPN)
- Plasma cell
- BCR-ABL1

MOLECULAR

Individual Assays

- BCR-ABL
- BRAF
- BTK Inhibitor Acquired Resistance Panel
- Calreticulin
- FLT3
- IgVH
- JAK2 V617F Quantitative
- JAK2 V617F Qualitative with exon 12-13 if negative

- IDH1/2

- c-KIT
- MPL
- MYD88
- TP53 Mutation Analysis
- PML-RARA qualitative / quantitative
- BCR-ABL Quantitative Kinase Mutation

Other

Next-Generation Sequencing Panels

- MDS
- Myeloproliferative (MPN)
- AML
- CLL/SLL

Other

Physician _____

Ordering Physician Signature _____

COMMENT

For TPA use only

Specimen Receiver

Accessioner

Date and Time Received