

Tucson Pathology Associates

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A Division of Pathology Specialists of Arizona, LLC

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TMC | Requisition Form

Ordering Physician: * _____

Date collected * _____

Patient's Name: * _____

DOB * _____ Gender *

Accession#: * _____

Specimen Sources: _____

For TPA
use only

FISH:

- FISH for ALL Profile (Adult)
Alias: HemeFISH Panel: ALL - Adult
- FISH for ALL Profile (Peds)
Alias: HemeFISH Panel: ALL - Pediatric
- FISH for AML Profile
Alias: HemeFISH Panel: AML Standard
- FISH for B-cell Lymphoma Profile
Alias: HemeFISH Panel: Low-Grade/Small B-Cell Lymphoma
- FISH for BCR/ABL Only
Alias: FISH Individual Probe: BCR/ABL1/ASS1 t(9;22)
- FISH for CLL
Alias: HemeFISH Panel: CLL
- FISH for MDS Profile
Alias: HemeFISH Panel: MDS Standard
- FISH for MPN/CML Profile
Alias: HemeFISH Panel: MPN
- FISH for MPN w Eosinophilia Profile
Alias: HemeFISH Panel: Eosinophilia
- FISH for Multiple Myeloma Profile
Alias: HemeFISH Panel: Plasma Cell Myeloma
- FISH for PML/RARA (Only)
Alias: FISH Individual Probe: PML/RARA (t15/17)
- FISH for Unspec/Other Disorder
Specify (if possible): _____

MOLECULAR:

- CEBPA Mutation
Alias: Molecular Genetics: CEBPA Mutation Analysis
- c-Kit Mutation
Alias: Molecular Genetics: KIT (c-KIT) Mutation Analysis
- FLT3 Mutation
Alias: Molecular Genetics: FLT3 Mutation Analysis
- NPM1 Mutation
Alias: Molecular Genetics: NPM1 Mutation Analysis
- Other

FLOW CYTOMETRY:

- Flow Cytometry
- PNH Flow Cytometry

CYTOGENETICS:

- Chromosome (Oncology Only)

NGS:

- Next-Generation Sequencing (NGS)
Specify (if possible): _____
- Other

Comment:

For TPA use only

Type of Specimen Received _____

Specimen Receiver _____ Accessioner _____ Date and Time Received _____