



PATIENT INFORMATION *REQUIRED INFORMATION		FOR NEW YORK RESIDENTS:																									
First Name*:		<input type="checkbox"/> CHECK IF NEW YORK (NY) PATIENT																									
Last Name*:		PLEASE CHECK THE TEST(S) REQUESTED BELOW:																									
Date of Birth*:	Sex*: M / F	<table style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="text-align: left; padding: 5px;">Standard Tests</th> <th style="text-align: left; padding: 5px;">Target TAT</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> LeukoStrat[®] CDx <i>FLT3</i> Mutation Assay</td> <td style="padding: 5px;">2-3 business days</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <i>NPM1</i> Mutation Detection by PCR</td> <td style="padding: 5px;">1-3 business days</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> B-cell Clonality (<i>IGH</i>) NGS Assay⁴</td> <td style="padding: 5px;">12-14 business days</td> </tr> <tr style="background-color: #0056b3; color: white;"> <th style="text-align: left; padding: 5px;">Measurable Residual Disease (MRD) Tests</th> <th style="text-align: left; padding: 5px;">Target TAT</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <i>FLT3</i> ITD MRD NGS Assay^{4,5,6}</td> <td style="padding: 5px;">7-10 business days</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <i>NPM1</i> MRD NGS Assay^{4,5,6}</td> <td style="padding: 5px;">7-10 business days</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> B-cell MRD Assay^{4,5}</td> <td style="padding: 5px;">14-21 business days</td> </tr> <tr style="background-color: #0056b3; color: white;"> <th style="text-align: left; padding: 5px;">Multiparametric Flow Cytometry Tests</th> <th style="text-align: left; padding: 5px;">Target TAT</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> AML MRD Assay (LLOQ = 0.01%)</td> <td style="padding: 5px;">1 business day</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> CLL MRD Assay (LLOQ = 0.005%)</td> <td style="padding: 5px;">1 business day</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Hematolymphoid Screening Panel</td> <td style="padding: 5px;">1 business day</td> </tr> </tbody> </table>		Standard Tests	Target TAT	<input type="checkbox"/> LeukoStrat [®] CDx <i>FLT3</i> Mutation Assay	2-3 business days	<input type="checkbox"/> <i>NPM1</i> Mutation Detection by PCR	1-3 business days	<input type="checkbox"/> B-cell Clonality (<i>IGH</i>) NGS Assay ⁴	12-14 business days	Measurable Residual Disease (MRD) Tests	Target TAT	<input type="checkbox"/> <i>FLT3</i> ITD MRD NGS Assay ^{4,5,6}	7-10 business days	<input type="checkbox"/> <i>NPM1</i> MRD NGS Assay ^{4,5,6}	7-10 business days	<input type="checkbox"/> B-cell MRD Assay ^{4,5}	14-21 business days	Multiparametric Flow Cytometry Tests	Target TAT	<input type="checkbox"/> AML MRD Assay (LLOQ = 0.01%)	1 business day	<input type="checkbox"/> CLL MRD Assay (LLOQ = 0.005%)	1 business day	<input type="checkbox"/> Hematolymphoid Screening Panel	1 business day
Standard Tests	Target TAT																										
<input type="checkbox"/> LeukoStrat [®] CDx <i>FLT3</i> Mutation Assay	2-3 business days																										
<input type="checkbox"/> <i>NPM1</i> Mutation Detection by PCR	1-3 business days																										
<input type="checkbox"/> B-cell Clonality (<i>IGH</i>) NGS Assay ⁴	12-14 business days																										
Measurable Residual Disease (MRD) Tests	Target TAT																										
<input type="checkbox"/> <i>FLT3</i> ITD MRD NGS Assay ^{4,5,6}	7-10 business days																										
<input type="checkbox"/> <i>NPM1</i> MRD NGS Assay ^{4,5,6}	7-10 business days																										
<input type="checkbox"/> B-cell MRD Assay ^{4,5}	14-21 business days																										
Multiparametric Flow Cytometry Tests	Target TAT																										
<input type="checkbox"/> AML MRD Assay (LLOQ = 0.01%)	1 business day																										
<input type="checkbox"/> CLL MRD Assay (LLOQ = 0.005%)	1 business day																										
<input type="checkbox"/> Hematolymphoid Screening Panel	1 business day																										
Client Medical Record #:		LabPMM USE ONLY																									
Client Specimen #/Accession #		Date Received:																									
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Place patient label here if desired </div>		Received By:																									
PHYSICIAN INFORMATION *REQUIRED INFORMATION		Time Received:																									
Physician*:		Anticoagulant and Volume:																									
Institution Name*:		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> LabPMM Label </div>																									
Department:		LabPMM USE ONLY																									
Phone #*:																											
Fax #:																											
Address:																											
City:																											
State:																											
Zip:																											
PRIMARY CONTACT INFORMATION *REQUIRED INFORMATION																											
Name*:																											
Phone #*:																											
Email*:																											
Fax #:																											
SPECIMEN INFORMATION																											
Collection Date*: _____																											
Please send most recent diagnostic leukemia-associated immunophenotype (LAIP) for flow cytometry and any other relevant ancillary clinical information such as ICD-10 code.																											
Specimen Type¹																											
Transport specimens at cool or ambient temperatures. If using cold packs for transport, make sure cold pack is not in direct contact with specimen. Do not freeze. Flow specimens should arrive in the laboratory within 48 hours of collection.																											
<input type="checkbox"/> Blood 2-4 mL in EDTA or Sodium Heparin																											
<input type="checkbox"/> Bone Marrow² 2-4 mL in EDTA or Sodium Heparin																											
<input type="checkbox"/> DNA³ isolated from:																											
<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow Isolation Date:																											

Important Notice: LabPMM is not enrolled in the Medicare program and is unable to bill Medicare (or Medicare supplemental insurance) for any laboratory tests, including those that meet the Medicare criteria set forth in the "Laboratory Date of Service for Clinical Laboratory and Pathology Specimens" regulation (42 CFR Section 414.510(b)(5)).

By submitting this Test Requisition Form, the ordering entity represents and warrants that the specimen is not for a Medicare patient and acknowledges and agrees that LabPMM will not refund any payment made to LabPMM in the event the entity submits a Medicare patient specimen in error.

¹If specimens are not properly shipped and received, the sensitivity of the assay may be impacted. | ²Ambient shipment is preferred for bone marrow. | ³DNA Extraction must have been performed at a CLIA certified lab. If less than 20 µg DNA is provided, the sensitivity of the assay may be impacted. | ⁴NGS assays are not available for NY patients. | ⁵EDTA recommended for MRD Assays. | ⁶Diagnostic or baseline sample not required.