MASSACHUSETTS GENERAL HOSPITAL
CENTER FOR INTEGRATED DIAGNOSTICS
DIAGNOSTIC MOLECULAR PATHOLOGY LABORATORY
55 FRUIT STREET, GRJ-1015
BOSTON, MA 02114
www.massgeneral.org/pathology/cid

BILLING, SPECIMEN SUBMISSION, TESTING STATUS QUESTIONS: **617-724-1285**
TECHNICAL QUESTIONS: **617-643-2716**
FAX: **617-643-1623**

DATE	LOC and TEL #
PATIENT IDENTIFICATION AREA REQUIREMENTS FULL NAME, MEDICAL RECORD NUMBER, GENDER, DATE OF BIRTH	

MOLECULAR DIAGNOSTICS REQUISITION

- **Label both the containers and this requisition with patient's name and ID**
- **Specimens that are mislabeled will not be accepted**
- **Complete all sections below**

Date Collected:	Time Collected:	Completed by:	DIAGNOSIS/DIFFERENTIAL DX (REQUIRED):
REQUESTING PHYSICIAN NAME (REQUIRED):		**MGH PROVIDER #**	DISEASE STAGE, IF APPLICABLE (REQUIRED):
REQUESTING CLINICIAN SIGNATURE (REQUIRED):		**CLINICIAN: FOR TESTS INDICATED WITH ASTERISK (*) BELOW, PLEASE INITIAL TO ATTEST THAT INFORMED CONSENT FOR TESTING HAS BEEN OBTAINED AND DOCUMENTED IN THE PATIENT'S RECORD. REQUESTING CLINICIAN'S INITIALS (REQUIRED): __________**	DATE OF DIAGNOSIS (REQUIRED):
PATH RESIDENT:		**PATH STAFF:**	PATHOLOGY LAB LABEL HERE
Sample Origin (Institution, City, State, Phone)		**SPECIMEN NUMBER/ID:** **BLOCK ID/SLIDES:**	
BILLING: For non-MGH patients, requesting institution assumes responsibility for payment.		PRIVATE CONSULT CASE? YES / NO	Requesting the services below acknowledges an H&E review for sample adequacy. An interpretive report will be provided unless this box is checked ☐

ATTENTION: REQUIRED FOR ALL OUTPATIENTS – ALL APPLICABLE ICD-10 CODES (DX or SIGNS AND SYMPTOMS) FOR EACH TEST ORDERED. IF CODE(S) UNKNOWN, GO TO http://www.icd10data.com, OR PROVIDE TEXT ABOVE.

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All test requests on surgical pathology specimens must include a surgical pathology report.

TISSUE-BASED TESTING

- For **non-MGH requests** include:
  - **FISH testing**: H&E and 4 unstained 5 µm slides. Submit 2 additional unstained 5 µm slides for each additional FISH test.
  - **All other tissue-based testing**: H&E and 10 unstained 5 µm slides.
  - Consult ***Requisition Supplement*** for shipping information.
- For **MGH requests**: the lab will obtain slides.

☐ NGS Solid Tumor Snapshot * **(documentation of consent required)**

☐ NGS Solid Fusion Assay (SFA, includes ALK, ROS1, RET) * **(documentation of consent required)**

☐ NGS Sarcoma Fusion Assay * **(documentation of consent required)**

☐ BRAF (codon V600)

☐ KRAS (codons G12, G13, Q61)

☐ Rapid EGFR Assay (MGH patients *only*)

☐ Pancreatic Cyst Fluid Panel (KRAS, GNAS)
If submitting Pancreatic Cyst Fluid: **CORE**: place in **FRIDGE** bin for Molecular/Jackson 10

☐ Thyroid Cancer Panel (HRAS, NRAS, KRAS, BRAF)

☐ MLH1 Promoter Methylation

☐ MGMT Promoter Methylation

☐ Microsatellite Instability: ☐ with IHC ☐ without IHC
Submit slides and H&E for BOTH tumor and normal tissues. If submitting blood for normal control submit 3 mL EDTA/purple top tube: **CORE**: place in **FRIDGE** bin for Molecular/Jackson 10

FISH

☐ 1p/19q	☐ HER2 (non-breast)
☐ EGFR	☐ Ewing's Sarcoma (EWSR1)
☐ Polysomy ch7	☐ Myxoid Liposarcoma (CHOP)
☐ FGFR1	☐ Synovial Sarcoma (SYT)
☐ MET	☐ Alveolar Rhabdomyosarcoma (FOXO1)
☐ MYC	☐ PDGFRA
☐ BCL2	☐ PIK3CA
☐ BCL6	☐ ROS1
	☐ KRAS

BLOOD-BASED TESTING

TO BE DELIVERED TO CORE LAB, GRAY 5

- Submit 3 mL EDTA/purple top tube.
- **CORE**: place in **FRIDGE** bin for Molecular/Jackson 10
- **If blood/bone marrow, specify: ☐ Blood ☐ Bone Marrow**

☐ NGS Heme Snapshot * **(documentation of consent required)**
☐ NGS Heme Fusion * **(documentation of consent required)**
☐ FLT3 (ITD, D835)
☐ NPM1
☐ JAK2 (V617F)
☐ CALR
☐ Hemochromatosis* **(documentation of consent required)**
☐ Array CGH* **(documentation of consent required)**

- Testing should only be ordered by a medical geneticist/genetic counselor. Please note that aCGH on prenatal samples is a send out test and will not be performed at MGH.
- Specify: ☐ Proband ☐ Family (specify relationship to the Proband in Notes section)
- Specify diagnosis below or in notes section:

☐ Multiple congenital anomalies, NOS	☐ CHD, unspecified
☐ Hypotonia, congenital	☐ Cleft palate, unspecified
☐ Dysmorphic features	☐ Cleft lip, unspecified
☐ Delayed milestones	☐ Skeletal anomalies, NOS
☐ Failure to thrive	☐ PDD, NOS
☐ Macrocephaly	☐ Autism
☐ Microcephaly	

☐ Chimerism* **(documentation of consent required)**

- Submit 2 ACD/yellow top tubes (PSoft Item ID #20303, BD tube ref #364606)
- **CORE**: place in **ROOM TEMP** bin for Molecular/Jackson 10
- **If blood/bone marrow, specify: ☐ Blood ☐ Bone Marrow**

☐ Pre-transplant STR Genotyping
☐ Post-transplant Chimerism (requires pre-transplant genotyping)

Other/Notes