



MASSACHUSETTS GENERAL HOSPITAL
 CENTER FOR INTEGRATED DIAGNOSTICS
 DIAGNOSTIC MOLECULAR PATHOLOGY LABORATORY
 55 FRUIT STREET, GRJ-1015
 BOSTON, MA 02114

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

www.massgeneral.org/pathology/cid

MOLECULAR DIAGNOSTICS REQUISITION

- Label both the containers and this requisition with patient's name and ID
- Mislabeled specimens will not be accepted

Date Collected:	Time Collected:	Completed by:	Date:	Location and Phone
Requesting Physician Name (required):			Patient Identification are requirements: FULL NAME, MEDICAL RECORD NUMBER, SEX, DATE OF BIRTH	
Requesting Clinician Signature (required):			PATHOLOGY LAB LABEL HERE	
Path Resident (if applicable):				
Sample Origin (Institution, City, State, Phone)				
Specimen Number/ID: Block ID/Slides:				
BILLING: <input type="checkbox"/> ROUTINE <input type="checkbox"/> GLOBAL <input type="checkbox"/> OTHER			Private Consult Case: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Requesting the services below acknowledges an H&E review for sample adequacy. An interpretive report will be provided unless this box is checked <input type="checkbox"/>				

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All test requests on surgical pathology specimens must include a surgical pathology report and diagnosis/indication. For outside specimens, please list outside specimen number/ID and origin.

TISSUE-BASED TESTING

For **non-MGH** requests include:

- FISH: H&E and 4 unstained 5 µm slides. Submit 2 additional unstained 5 µm slides for each additional FISH test.
- NGS/Non-NGS genotyping: H&E and 10 unstained 5 µm thick slides, unless otherwise noted.
- Consult Requisition Supplement for shipping information.

For **MGH** requests: the lab will obtain slides.

FISH

<input type="checkbox"/> ALK	<input type="checkbox"/> HER2 (breast; WHO/ASCO 2018)
<input type="checkbox"/> ROS1	<input type="checkbox"/> HER2 (non-breast)
<input type="checkbox"/> RET	<input type="checkbox"/> Ewing's Sarcoma (EWSR1)
<input type="checkbox"/> EGFR	<input type="checkbox"/> Myxoid Liposarcoma DDIT3 (CHOP)
<input type="checkbox"/> MET	<input type="checkbox"/> Synovial Sarcoma SS18 (SYT)
<input type="checkbox"/> FGFR1	<input type="checkbox"/> Alveolar Rhabdomyosarcoma FOXO1 (FKHR)
<input type="checkbox"/> 1p/19q	<input type="checkbox"/> PDGFRA
<input type="checkbox"/> MYC/c-MYC	<input type="checkbox"/> KRAS
<input type="checkbox"/> BCL2	<input type="checkbox"/> PIK3CA
<input type="checkbox"/> BCL6	<input type="checkbox"/> CDKN2A

Genotyping

NEXT GENERATION SEQUENCING (NGS) PANELS

NGS SOLID TUMOR

NGS Solid Tumor Snapshot v2 (SNV/InDels/CNV); **consent req***

NGS Solid Fusion Assay v3 (ALK, ROS1, NTRK1/2/3, RET, MET, FGFR1/2/3, BRAF, NUTM1, MAML2, NRG1 and others) *

NGS Sarcoma Fusion Assay v1

NGS CELL FREE SNAPSHOT TESTING

NGS cell-free Snapshot v1 (lung and breast) **consent req***

NGS cell-free Snapshot v1 (GI) **consent req***

If submitting blood for cell free snapshot use 2 Streck tubes

HEMATOLOGY/LEUKEMIA

HemeSnapshot v3 (SNV/InDels/CNV); **consent req***

HemeFusion assay v3

If submitting blood or bone marrow for SNaPshot, submit 3 mL EDTA/purple top tube: **CORE:** place in **FRIDGE** for Molecular/J10

NON-NGS GENOTYPING

Rapid BRAF (tissue: codon V600E/E2/D, V600K/R/M)

Rapid IDH1/IDH2 (blood, tissue)

Rapid EGFR Assay (tissue: MGH patients *only*)

FLT3 (ITD)/ NPM1

JAK2/CALR

MLH1 Promoter Methylation

MGMT Promoter Methylation

Mismatch repair test: IHC(default) IHC+PCR PCR

Submit slides and H&E for BOTH tumor and normal tissues. When requesting PCR submit blood for normal control 3 mL EDTA/purple top tube: **CORE:** place in **FRIDGE** bin for Molecular/J10

BLOOD-BASED TESTING

TO BE DELIVERED TO CORE LAB, GRAY 5

Array CGH* (documentation of consent required)
CORE: place in **FRIDGE** bin for Molecular/Jackson 10

Submit 3 mL EDTA/purple top tube. 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 ICD-9 code below or in notes section:

<input type="checkbox"/> Multiple Congen. anomalies, NOS (759.7)	<input type="checkbox"/> CHD, unspecified (746.9)
<input type="checkbox"/> Hypotonia, congenital (779.89)	<input type="checkbox"/> Cleft palate, unspecified (749.00)
<input type="checkbox"/> Dysmorphic Features (744.89)	<input type="checkbox"/> Cleft lip, unspecified (749.10)
<input type="checkbox"/> Delayed Milestones (783.42)	<input type="checkbox"/> Skeletal anomalies, OS (756.0)
<input type="checkbox"/> Failure to Thrive (783.41)	<input type="checkbox"/> PDD - NOS (299.90)
<input type="checkbox"/> Macrocephaly (742.4)	<input type="checkbox"/> Autism (299.00)
<input type="checkbox"/> Microcephaly (742.1)	

Hemochromatosis* (documentation of consent required)
CORE: place in **FRIDGE** bin for Molecular/Jackson 10

- Submit 3 mL EDTA/purple top tube.

Chimerism* (documentation of consent required)
CORE: place in **ROOM TEMP** bin for Molecular/Jackson 10

- Submit 2 ACD/yellow top tubes (PSoft Item ID #20303, BD tube ref #364606)
- Pre-transplant STR Genotyping
- Post-transplant Chimerism (requires pre-transplant genotyping)
Specify: Blood Bone Marrow
- Specify ICD-9 code below or in the ICD-9 section above:

<input type="checkbox"/> ALL, not having achieved remission, or failed (204.00)
<input type="checkbox"/> AML, not having achieved remission, or failed (205.00)
<input type="checkbox"/> Anemia, unspecified (285.9)
<input type="checkbox"/> Aplastic Anemia, other specified, other than constitutional (284.89)
<input type="checkbox"/> Aplastic Anemia (284.9)
<input type="checkbox"/> CLL, not having achieved remission, or failed (204.10)
<input type="checkbox"/> CML, not having achieved remission, or failed (205.10)
<input type="checkbox"/> Hodgkin's Lymphoma, site unspecified (201.90)
<input type="checkbox"/> Lymphoma - Non-Hodgkin's / B Cell / CNS, site unspecified (202.80)
<input type="checkbox"/> Lymphoma, Mantel cell, site unspecified (200.40)
<input type="checkbox"/> Multiple Myeloma, not having achieved remission, or failed (203.00)
<input type="checkbox"/> Myelodysplastic Syndrome, unspecified (238.75)
<input type="checkbox"/> Myelofibrosis, unspecified (289.83)
<input type="checkbox"/> T cell lymphoma, site unspecified (202.10)

Other/Notes: