

**CPAL**

Central Pennsylvania Alliance Laboratory

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Lab Nexus Downtime Requisition**Client Information:****Ordering Institution:**

- | | |
|---|--|
| Chambersburg Hospital <input type="checkbox"/> | Ephrata Hospital <input type="checkbox"/> |
| Lancaster General Hospital <input type="checkbox"/> | Pinnacle Health <input type="checkbox"/> |
| Reading Health <input type="checkbox"/> | York Hospital <input type="checkbox"/> |
| Waynesboro Hospital <input type="checkbox"/> | Gettysburg Hospital <input type="checkbox"/> |
| Good Samaritan Hospital <input type="checkbox"/> | |

Ordering Physician: _____

Patient Information (can use patient label):

Name (Last, First): _____

Date of Birth: _____ Sex Male Female

Med Rec # / Patient #: _____

Specimen Information:

Body Site/Specimen Type: _____

Specimen ID#/Surgical Case#: _____

Collection Date/Time: _____

Other Comments:

 HOLD (circle one)

- Flow Cytometry
- Molecular
- FISH
- BCR/ABL FISH

 ALK FISH (Lung)

- Tumor Content%: _____

 BCR/ABL FISH

- Is this patient known to have a previous diagnosis of CML? Yes No

 HER2/neu FISH (Breast/Breast Met only)

- Is the fixation time of the specimen between 6 and 72 hours? Yes No
- Was the specimen fixed in 10% neutral buffered formalin? Yes No
- Cold ischemic time < or equal to 1 hour? Yes No

 Flow Cytometry (FCI)

- Panel Requested?
 - NHL
 - Cytopenia
 - Blasts
 - Campath
 - LGL
 - PCD
 - CLLRD
 - PNH high sensitivity
 - Mastocytosis
- Hx/Dx _____

 BRAF (Non-Melanoma)

- Tumor Content %: _____

 BRAF Melanoma (V600)

- Tumor Content %: _____

 EGFR Mutation

- Tumor Content %: _____

 EGFR with reflex ALK FISH

- Tumor Content %: _____

 JAK2 V617 Exon 12 MPL 515 Mutation JAK2 w/Reflex Exon 12 (JAK2/Exon12) JAK2 w/Reflex MPL (JAK2/MPL 515) MPN Reflex Panel (JAK2/Exon 12/MPL 515) MPN/CML Reflex Panel (JAK2/BCR-ABL FISH/MPL 515)

- Is this patient known to have a previous diagnosis of CML? Yes No

 KRAS Codon 12/13 RTPCR

- Tumor Content %: _____

 KRAS w/Reflex to NRAS

- Tumor Content %: _____

 KRAS w/Reflex to BRAF

- Tumor Content %: _____

 Microbe ID Bacteria Microbe ID Mold/Fungi NRAS (perf'd @ Neogenomics)

- Tumor Content %: _____

FOR CPAL USE ONLY

Date Received: _____

MED REC #: _____

LabNexus #: _____