LabPMM®
an invivoscribe company

Test Requisition Form

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San Diego, CA 92121
Phone: 858.224.6650
Fax: 858.224.6655
www.invivoscribe.com/clinical-services

PATIENT INFORMATION

*REQUIRED INFORMATION

Last Name*:

First Name*:

MI:

Date of Birth*: | Sex*: M / F

Client Medical Record #:

Client Specimen #/Accession #

Place patient label here if desired

PHYSICIAN & CLIENT INFORMATION

*REQUIRED INFORMATION

Physician*:

Main Contact:

Phone #:

Fax #:

Department:

Institution Name*:

Address:

City: | State: | Zip:

SPECIMEN INFORMATION[1]

Collection Date*:

Specimen Type (Ship at 4°C or ambient)

❍ Blood

❍ Bone Marrow[2]

❍ DNA[3] isolated from:

❍ Blood ❍ Bone Marrow

Isolation Date:

PLEASE CHECK THE TEST(S) REQUESTED BELOW

❍ CHECK IF NEW YORK (NY) PATIENT

❍ LeukoStrat CDx *FLT3* Mutation Assay

❍ B-cell Clonality (*IGH*) NGS Assay[5]

❍ *NPM1* mutation detection by PCR

❍ *FLT3* ITD MRD NGS Assay[4,5]

❍ B-cell MRD Assay[4,5]

❍ *NPM1* MRD NGS Assay[4,5]

LABPMM USE ONLY

Date Received:

Received By:

Time Received:

Anticoagulant & Volume:

LabPMM Label

LABPMM USE ONLY - COMMENTS

[1]If less than 20 µg DNA is provided, the sensitivity of the assay may be impacted.
[2]Ambient bone marrow may limit the sensitivity that can be achieved.
[3]DNA Extraction must have been performed at a CLIA certified lab
[4]EDTA recommended for MRD Assays;
[5]NGS assays are not available for NY patients.