Calgary Laboratory Services

MOLECULAR HEMATOLOGY REQUISITION

Scanning Label or Accession # *(lab only)*

Patient	PHN Expiry:	Date of Birth *(dd-Mon-yyyy)*		
	Legal Last Name	Legal First Name	Middle Name	
	Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
	Address	City/Town	Prov	Postal Code

Provider (s)	Authorizing Provider Name *(last, first, middle)*		Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
	Address	Phone	Address	Address
	CC Provider ID / CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name		Clinic Name	Clinic Name
Collection	Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

DO NOT use this requisition for bone marrow test requests; see form REQ9061BM *Bone Marrow Pathology Requisition*.

DO NOT use this requisition for **Chimerism Studies** **Screening/monitoring hematopoietic cell chimerism**

For peripheral blood chimerism testing, see form FC3200 *Flow Cytometry Requisition.*
For bone marrow chimerism test requests, see form REQ9061BM *Bone Marrow Pathology Requisition*.

Philadelphia Chromosome Transcript Analysis (Nested PCR) **Screening for CML/ALL, BCR-ABL1 gene transcripts**

☐ PHLR PB (Peripheral Blood)

Quantitative PCR Analysis of BCR-ABL1 Fusion Gene Transcripts (Q-PCR) **Monitoring residual disease in CML**

☐ QPCRPH1 (Peripheral Blood)

APL Transcript Analysis (Nested PCR) **Screening/monitoring PML-RARA gene transcripts**

☐ APL PB (Peripheral Blood)

JAK2-V617F Mutation Analysis **Screening for myeloproliferative neoplasms**

☐ JAK2 PB (Peripheral Blood)

FLT3 and NPM1 Mutation Analysis* **Screening for FLT3 and NPM1 gene mutations**

☐ FLT3 NPM1 PB (Peripheral Blood) *FLT3/NPM1 mutation analysis may include CEBPA testing if clinically indicated

Molecular Hemostasis Studies (Factor VIII inversion, 2N vonWillebrand Factor, Multimers, Carrier Study: Hemophilia A, B or vWD)

☐ MH HEMST (Peripheral blood)

State test requested:_____

Family history:_____

Miscellaneous Test: Miscellaneous hemostasis (other than above) and oncology tests

☐ MH MISC (Peripheral blood)

State test requested:_____