

Urology Requisition

CLIENT INFORMATION

Client Name (Institution): _____
 Account #: _____
 Address: _____
 Telephone: _____
 Fax results to: _____
 Ordering Physician: _____
 Authorized Signature: _____

PATIENT INFORMATION

Name: _____
 Address: _____
 SS# / MR#: _____
 Gender: Male Female Date of Birth: ____/____/____
 Contact Phone: _____

CLINICAL HISTORY (ICD10 OR NARRATIVE):

New Diagnosis / Staging Post Treatment: Chemotherapy / Immunotherapy
 Relapse Follow up Other

SPECIMEN INFORMATION

Date Collected: _____

BILLING INFORMATION - Please attach copy of insurance card or patient face sheet.

Specimen Origin: Hospital Patient* In Out Non-Hospital Patient
 Medicare/Medicaid*: Medicare #: _____
 Bill to: Client Institution Hospital Patient - Self Pay Patient - Insurance
 Insurance Carrier: _____
 Policy I.D.#: _____

Hospital Name: _____
 Medicaid #: _____
 (If Policy Holder Name is different than Patient Name, please provide Name and Date of Birth.)
 Policy Holder Name: _____
 Date of Birth: ____/____/____

*If Hospital Patient and Medicare are marked, Tesis Labs cannot bill Medicare for technical pathology services. The hospital or pathology group must be billed as required by law. A Hospital name must be provided in the Client Information section.

TESTING SERVICES

Comprehensive

Tesis Labs Prostate - Comprehensive Prostate Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs' Pathologists: Morphology, including IHC, PTEN/TMPRSS/ERG Prostate Fish, Prostate Next Generation Sequencing Genomic panel and Tesis Labs professional interpretation.

Tesis Labs Urine - Comprehensive Urine Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs Pathologists: Cytology, Urine Fish and Tesis Labs professional interpretation.

Prostate, FISH

PTEN / TMPRESS / ERG Prostate FISH

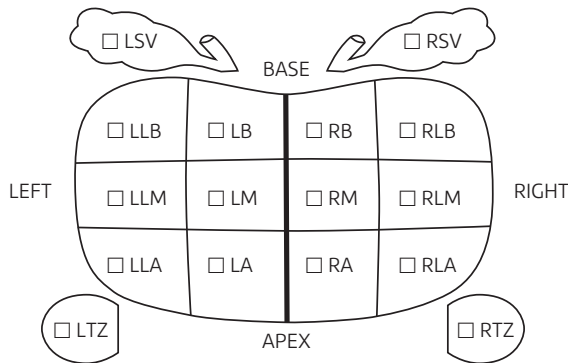
Required for Han & Partin Tables*:

*PSA Result: _____
 *DRE (for clinical stage info if biopsy is positive):
 Normal (T1c)
 Abnormal, Unilateral 50% of lobe (T2a)
 Abnormal, Unilateral > 50% of lobe (T2b)
 Abnormal, Bilateral (T2c)

Prior Bx Findings: _____ PCA3: _____
 Prior Rx: Hormone Therapy Radiation Cryosurgery

Diagnostic Test Order - Mark Location of Biopsy(s)

Diagnostic Prostate Biopsy
 Prostate bx evaluation with biomarkers



Other Site (Specify): _____
 TURP Second Opinion Other: _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of PROSTATE jars submitted:

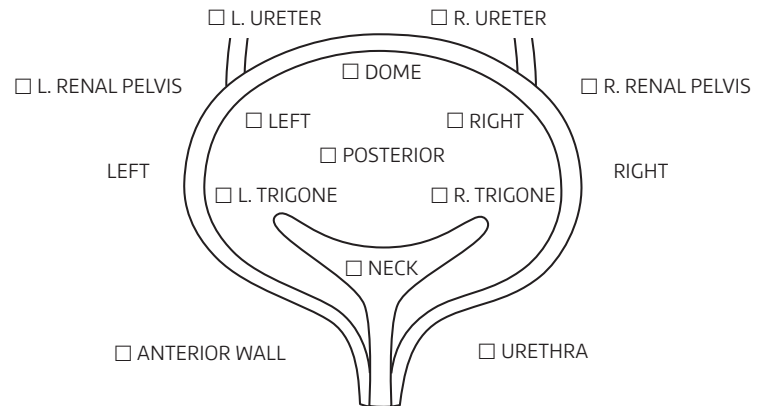
Bladder, Urine Cytology, FISH

Urine FISH
 TURBT
 Second Opinion
 Reflex to FISH only if UC is positive
 Other: _____

Urine Cytology (indicate type):
 Voided Urine Bladder Wash
 Catheterized Urine Post-Cystoscopy Urine
 Upper Tract (Left) Upper Tract (Right)
 Ileal Conduit/Neobladder

Prior Bx Findings: _____
 Prior Rx: Thiotepa/Mitomycin Radiation BCG
 Cysto. Findings: _____

Diagnostic Test Order - Mark Location of Biopsy(s)



Other Site (Specify): _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of jars submitted:

Other

Vas Deferens
 Right Left
Site
 Penis Scrotum Second Opinion
 Other

Special Requests
 Stone Analysis: _____
 PCA3
 Other: _____

INTEGRATED LABEL

Left Seminal Vesicle U2201 Patient DOB: _____	Right Seminal Vesicle U2201 Patient DOB: _____	Left Transition Zone U2201 Patient DOB: _____	Right Transition Zone U2201 Patient DOB: _____	Urine FISH U2201 Patient DOB: _____	Other U2201 Patient DOB: _____
Left Lateral Base U2201 Patient DOB: _____	Left Base U2201 Patient DOB: _____	Right Base U2201 Patient DOB: _____	Right Lateral Base U2201 Patient DOB: _____	Other U2201 Patient DOB: _____	Other U2201 Patient DOB: _____
Left Lateral Mid U2201 Patient DOB: _____	Left Mid U2201 Patient DOB: _____	Right Mid U2201 Patient DOB: _____	Right Lateral Mid U2201 Patient DOB: _____	Other U2201 Patient DOB: _____	Other U2201 Patient DOB: _____
Left Lateral Apex U2201 Patient DOB: _____	Left Apex U2201 Patient DOB: _____	Right Apex U2201 Patient DOB: _____	Right Lateral Apex U2201 Patient DOB: _____	Other U2201 Patient DOB: _____	Other U2201 Patient DOB: _____

Hematologic Molecular Genetics Panel Details	
AML Concise Panel (CEBPα, FLT3, NPM1, cKIT)	
AML Comprehensive Panel (Concise Panel plus: ASXL1, DNMT3A, IDH1, IDH2, JAK2, KMT2A (MLL), PTPN11, RUNX1, TET2, TP53, WT1)	
MDS Panel (ASXL1, CBL, DNMT3A, ETV6, EZH2, IDH1, IDH2, JAK2, PTEN, PTPN11, RUNX1, SF3B1, TET2, TP53)	

Molecular Genetics – Additional Tests				
ASXL1 Mutation	DNMT3A Mutation	IDH2 Mutation	NOTCH1 Mutation	PTPN11 Mutation
BRAF Mutation	ETV6 Mutation	MLH1 Mutation	NRAS Mutation	RUNX1 Mutation
CBL Mutation	EZH2 Mutation	MPL W515L Mutation	PIK3CA Mutation	SF3B1 Mutation
CSF3R Mutation	IDH1 Mutation	MYD88 Mutation	PTEN Mutation	TET2 Mutation
				WT1 Mutation

Specimen Requirements – Overview						
Test	Specimen Type	Volume	Transport Medium	Viability	Rejection Criteria	
Histology / Morphology	Bone Marrow Biopsy/Core	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Not Applicable	
	Bone Marrow Aspirate Clot		10% (NBF) Formalin			
IHC	Fresh Tissue	Primarily Tumor Tissue	10% (NBF) Formalin	At least 6 hours fixation	Not Applicable	
	Paraffin Embedded Tissue (FFPE)	<ul style="list-style-type: none"> Unstained PLUS slides pre-cut from paraffin block in 4 micron sections H&E slide – 4 micron section 	<ul style="list-style-type: none"> 7 unstained slides, or 6 unstained slides and 1 H&E slide 	Not Applicable	Not PLUS slides	
Flow Cytometry	Bone Marrow Aspirate	1-2 mL	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Lymph Node or Tissue	1-2 cm	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	FNA	2-5 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL	Sodium Heparin (green) tube preferred For PNH : EDTA (purple) tube required. Only peripheral blood accepted.	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Pleural Fluid / Spinal Fluid / Other Fluids	5-10 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
Cytogenetics	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL whole blood	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
Hematologic FISH	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Frozen	
	Peripheral Blood	5 mL whole blood				
Urologic FISH (UroVysion™)	Voided Urine	35ml (1.2 oz.) for FISH only	Blue cap cytology jar with included preservative added	Must be processed within 48 hours	Frozen	
		60ml (2 oz.) for FISH and urine cytology				
Molecular	Molecular Hematopoietic	Bone Marrow Core / Clot	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Insufficient amount of tumour (<10-20%)
				Paraffin Block (FFPE)	Not Applicable	Insufficient amount of tumour (<10-20%)
		Bone Marrow Aspirate	2 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days
		Peripheral Blood	5 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days

FISH Panels	Panel Probes*	FISH Panels	Panel Probes*	FISH Panels	Panel Probes*
Aggressive / High Grade B-Cell Lymphoma	BCL6 (3q27.3) MYC (8q24.21) IGH/BCL2 t(14;18)	Eosinophilia	PDGFRα (4q12) PDGFRβ (5q32) FGFR1 (8p12) ABL1-ASS1/BCR t(9;22) CBFB (16q22)	MM with Reflex Multiple Myeloma Panel plus indicated probes	FGFR3/IGH t(4;14) CCND1/IGH t(11;14) IGH/MAF t(14;16) IGH/MAFB t(14;20)
AML Acute Myeloid Leukemia	AML/ETO t(8;21) MLL (11q23) PML/RARα t(15;17) CBFB (16q22)	MDS Myelodysplastic Syndrome	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 Deletion 20q	MPN Myeloproliferative Neoplasm	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 ABL1-ASS1/BCR t(9;22) Deletion 13q/Monosomy 13 Deletion 20q
CLL Chronic Lymphocytic Leukemia	ATM (11q22.3) CCND1/IGH t(11;14) CEN 12 Deletion 13q/Monosomy 13 TP53 (17p13)	MM Multiple Myeloma	Deletion 1p36/Gain 1q44 CEN 3 Deletion 5q/Monosomy 5 CEN 9 Deletion 13q/Monosomy 13 IGH (14q32.3) TP53 (17p13)	NHL Non-Hodgkin Lymphoma	BCL6 (3q27.3) MYC/IGH t(8;14) CCND1/IGH t(11;14) IGH/BCL2 t(14;18)

FISH Probe Library								
Chromosome	Probe/Gene	Test Name	Chromosome	Probe/Gene	Test Name	Chromosome	Probe/Gene	Test Name
1	CHD5 160H23	Deletion 1p36/Gain 1q44	8	FGFR1 D8Z2 (CEN8)	FGFR1 (8p12)	13	D13S319/D13S25 D13S1825	Deletion 13q/Monosomy 13
3	BCL6	BCL6 (3q27.3)	8;21	RUNX1T1 RUNX1	AML/ETO t(8;21)	14	IGH	IGH (14q32.3)
3	D3Z1 (CEN3)	CEN 3	8	MYC	MYC (8q24.21)	14;16	IGH MAF	IGH/MAF t(14;16)
4;14	FGFR3 IGH	FGFR3/IGH t(4;14)	8;14	MYC IGH	MYC/IGH t(8;14)	14;18	IGH BCL2	IGH/BCL2 t(14;18)
4	FIP1L1-CHIC2-PDGFRα	PDGFRα (4q12)	9	D9Z3 (CEN9)	CEN 9	14;20	IGH MAFB	IGH/MAFB t(14;20)
5	D5S630/D5S2064 EGR1	Deletion 5q/Monosomy 5	9;22	ABL1-ASS1 BCR	ABL1-ASS1/BCR t(9;22)	15;17	PML RARA	PML/RARA t(15;17)
5	PDGFRβ	PDGFRβ (5q32)	11;14	CCND1 IGH	CCND1/IGH t(11;14)	16	MYH11 CBFB	CBFB (16q22)
7	D7Z1 (CEN7)	CEN 7	11	D11Z1 (CEN11) ATM	ATM (11q22.3)	17	TP53 D17Z1 (CEN17)	TP53 (17p13)
7	RELN-D7S796 TES-D7S486	Deletion 7q/Monosomy 7	11	MLL	MLL (11q23)	18	MALT1	MALT1 (18q21)
8	D8Z2 (CEN8)	CEN 8	12	D12Z3 (CEN12)	CEN 12	20	D20S108 MYBL2	Deletion 20q

*All probes may be ordered individually, in combination, or in conjunction with cytogenetics.

TESIS LABS | 1140 Business Center Drive, Suite 360, Houston, TX 77043PH: 888-583-7477 / F: 713-587-9191 / info@tesislabs.com / CLIA #45D0892859

Urology Requisition

CLIENT INFORMATION

Client Name (Institution): _____
 Account #: _____
 Address: _____
 Telephone: _____
 Fax results to: _____
 Ordering Physician: _____
 Authorized Signature: _____

PATIENT INFORMATION

Name: _____
 Address: _____
 SS# / MR#: _____
 Gender: Male Female Date of Birth: ____/____/____
 Contact Phone: _____

SPECIMEN INFORMATION

Date Collected: _____

CLINICAL HISTORY (ICD10 OR NARRATIVE):

New Diagnosis / Staging Post Treatment: Chemotherapy / Immunotherapy
 Relapse Follow up Other

BILLING INFORMATION - Please attach copy of insurance card or patient face sheet.

Specimen Origin: Hospital Patient*: In Out Non-Hospital Patient
 Medicare/Medicaid*: Medicare #: _____
 Bill to: Client Institution Hospital Patient - Self Pay Patient - Insurance
 Insurance Carrier: _____
 Policy I.D.#: _____

Hospital Name: _____
 Medicaid #: _____
 (If Policy Holder Name is different than Patient Name, please provide Name and Date of Birth.)
 Policy Holder Name: _____
 Date of Birth: ____/____/____

*If Hospital Patient and Medicare are marked, Tesis Labs cannot bill Medicare for technical pathology services. The hospital or pathology group must be billed as required by law. A Hospital name must be provided in the Client Information section.

TESTING SERVICES

Comprehensive

Tesis Labs Prostate - Comprehensive Prostate Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs' Pathologists: Morphology, including IHC, PTEN/TMPRSS/ERG Prostate Fish, Prostate Next Generation Sequencing Genomic panel and Tesis Labs professional interpretation.

Tesis Labs Urine - Comprehensive Urine Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs Pathologists: Cytology, Urine Fish and Tesis Labs professional interpretation.

Prostate, FISH

PTEN / TMPRESS / ERG Prostate FISH

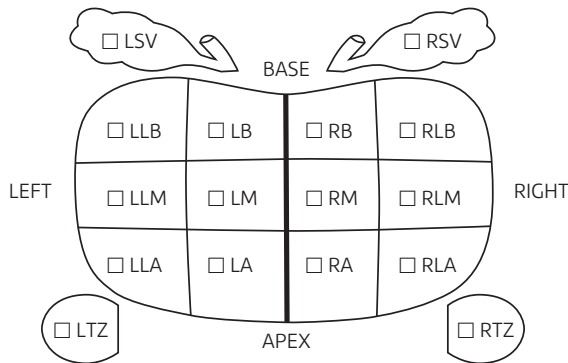
Required for Han & Partin Tables*:

*PSA Result: _____
 *DRE (for clinical stage info if biopsy is positive):
 Normal (T1c)
 Abnormal, Unilateral 50% of lobe (T2a)
 Abnormal, Unilateral > 50% of lobe (T2b)
 Abnormal, Bilateral (T2c)

Prior Bx Findings: _____ PCA3: _____
 Prior Rx: Hormone Therapy Radiation Cryosurgery

Diagnostic Test Order - Mark Location of Biopsy(s)

Diagnostic Prostate Biopsy
 Prostate bx evaluation with biomarkers



Other Site (Specify): _____
 TURP Second Opinion Other: _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of PROSTATE jars submitted:

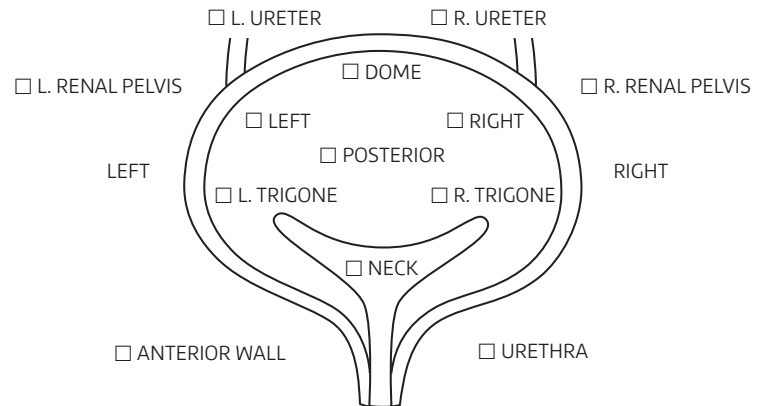
Bladder, Urine Cytology, FISH

Urine FISH
 TURBT
 Second Opinion
 Reflex to FISH only if UC is positive
 Other: _____

Urine Cytology (indicate type):
 Voided Urine Bladder Wash
 Catheterized Urine Post-Cystoscopy Urine
 Upper Tract (Left) Upper Tract (Right)
 Ileal Conduit/Neobladder

Prior Bx Findings: _____
 Prior Rx: Thiotepa/Mitomycin Radiation BCG
 Cysto. Findings: _____

Diagnostic Test Order - Mark Location of Biopsy(s)



Other Site (Specify): _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of jars submitted:

Other

Vas Deferens
 Right Left

Site
 Penis Scrotum Second Opinion
 Other

Special Requests
 Stone Analysis: _____
 PCA3
 Other: _____

Left Seminal Vesicle Right Seminal Vesicle Left Transition Zone Right Transition Zone Urine FISH Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Base Left Base Right Base Right Lateral Base Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Mid Left Mid Right Mid Right Lateral Mid Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Apex Left Apex Right Apex Right Lateral Apex Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Hematologic Molecular Genetics Panel Details	
AML Concise Panel (CEBPα, FLT3, NPM1, cKIT)	
AML Comprehensive Panel (Concise Panel plus: ASXL1, DNMT3A, IDH1, IDH2, JAK2, KMT2A (MLL), PTPN11, RUNX1, TET2, TP53, WT1)	
MDS Panel (ASXL1, CBL, DNMT3A, ETV6, EZH2, IDH1, IDH2, JAK2, PTEN, PTPN11, RUNX1, SF3B1, TET2, TP53)	

Molecular Genetics – Additional Tests			
ASXL1 Mutation	DNMT3A Mutation	IDH2 Mutation	NOTCH1 Mutation
BRAF Mutation	ETV6 Mutation	MLH1 Mutation	NRAS Mutation
CBL Mutation	EZH2 Mutation	MPL W515L Mutation	PIK3CA Mutation
CSF3R Mutation	IDH1 Mutation	MYD88 Mutation	PTEN Mutation
			PTPN11 Mutation
			RUNX1 Mutation
			SF3B1 Mutation
			TET2 Mutation
			WT1 Mutation

Specimen Requirements – Overview						
Test	Specimen Type	Volume	Transport Medium	Viability	Rejection Criteria	
Histology / Morphology	Bone Marrow Biopsy/Core	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Not Applicable	
	Bone Marrow Aspirate Clot		10% (NBF) Formalin			
IHC	Fresh Tissue	Primarily Tumor Tissue	10% (NBF) Formalin	At least 6 hours fixation	Not Applicable	
	Paraffin Embedded Tissue (FFPE)	<ul style="list-style-type: none"> Unstained PLUS slides pre-cut from paraffin block in 4 micron sections H&E slide – 4 micron section 	<ul style="list-style-type: none"> 7 unstained slides, or 6 unstained slides and 1 H&E slide 	Not Applicable	Not PLUS slides	
Flow Cytometry	Bone Marrow Aspirate	1-2 mL	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Lymph Node or Tissue	1-2 cm	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	FNA	2-5 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL	Sodium Heparin (green) tube preferred For PNH : EDTA (purple) tube required. Only peripheral blood accepted.	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Pleural Fluid / Spinal Fluid / Other Fluids	5-10 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
Cytogenetics	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL whole blood	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
Hematologic FISH	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Frozen	
	Peripheral Blood	5 mL whole blood				
Urologic FISH (UroVysion™)	Voided Urine	35ml (1.2 oz.) for FISH only	Blue cap cytology jar with included preservative added	Must be processed within 48 hours	Frozen	
		60ml (2 oz.) for FISH and urine cytology				
Molecular	Molecular Hematopoietic	Bone Marrow Core / Clot	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Insufficient amount of tumour (<10-20%)
				Paraffin Block (FFPE)	Not Applicable	Insufficient amount of tumour (<10-20%)
		Bone Marrow Aspirate	2 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days
		Peripheral Blood	5 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days

FISH Panels	Panel Probes*	FISH Panels	Panel Probes*	FISH Panels	Panel Probes*
Aggressive / High Grade B-Cell Lymphoma	BCL6 (3q27.3) MYC (8q24.21) IGH/BCL2 t(14;18)	Eosinophilia	PDGFRα (4q12) PDGFRβ (5q32) FGFR1 (8p12) ABL1-ASS1/BCR t(9;22) CBFB (16q22)	MM with Reflex Multiple Myeloma Panel plus indicated probes	FGFR3/IGH t(4;14) CCND1/IGH t(11;14) IGH/MAF t(14;16) IGH/MAFB t(14;20)
AML Acute Myeloid Leukemia	AML/ETO t(8;21) MLL (11q23) PML/RARα t(15;17) CBFB (16q22)	MDS Myelodysplastic Syndrome	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 Deletion 20q	MPN Myeloproliferative Neoplasm	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 ABL1-ASS1/BCR t(9;22) Deletion 13q/Monosomy 13 Deletion 20q
CLL Chronic Lymphocytic Leukemia	ATM (11q22.3) CCND1/IGH t(11;14) CEN 12 Deletion 13q/Monosomy 13 TP53 (17p13)	MM Multiple Myeloma	Deletion 1p36/Gain 1q44 CEN 3 Deletion 5q/Monosomy 5 CEN 9 Deletion 13q/Monosomy 13 IGH (14q32.3) TP53 (17p13)	NHL Non-Hodgkin Lymphoma	BCL6 (3q27.3) MYC/IGH t(8;14) CCND1/IGH t(11;14) IGH/BCL2 t(14;18)

FISH Probe Library								
Chromosome	Probe/Gene	Test Name	Chromosome	Probe/Gene	Test Name	Chromosome	Probe/Gene	Test Name
1	CHD5 160H23	Deletion 1p36/Gain 1q44	8	FGFR1 D822 (CEN8)	FGFR1 (8p12)	13	D13S319/D13S25 D13S1825	Deletion 13q/Monosomy 13
3	BCL6	BCL6 (3q27.3)	8;21	RUNX1T1 RUNX1	AML/ETO t(8;21)	14	IGH	IGH (14q32.3)
3	D3Z1 (CEN3)	CEN 3	8	MYC	MYC (8q24.21)	14;16	IGH MAF	IGH/MAF t(14;16)
4;14	FGFR3 IGH	FGFR3/IGH t(4;14)	8;14	MYC IGH	MYC/IGH t(8;14)	14;18	IGH BCL2	IGH/BCL2 t(14;18)
4	FIP1L1-CHIC2-PDGFRα	PDGFRα (4q12)	9	D9Z3 (CEN9)	CEN 9	14;20	IGH MAFB	IGH/MAFB t(14;20)
5	D5S630/D5S2064 EGR1	Deletion 5q/Monosomy 5	9;22	ABL1-ASS1 BCR	ABL1-ASS1/BCR t(9;22)	15;17	PML RARA	PML/RARA t(15;17)
5	PDGFRβ	PDGFRβ (5q32)	11;14	CCND1 IGH	CCND1/IGH t(11;14)	16	MYH11 CBFB	CBFB (16q22)
7	D7Z1 (CEN7)	CEN 7	11	D11Z1 (CEN11) ATM	ATM (11q22.3)	17	TP53 D17Z1 (CEN17)	TP53 (17p13)
7	RELN-D7S796 TES-D7S486	Deletion 7q/Monosomy 7	11	MLL	MLL (11q23)	18	MALT1	MALT1 (18q21)
8	D8Z2 (CEN8)	CEN 8	12	D12Z3 (CEN12)	CEN 12	20	D20S108 MYBL2	Deletion 20q

*All probes may be ordered individually, in combination, or in conjunction with cytogenetics.

TESISLABS | 1140 Business Center Drive, Suite 360, Houston, TX 77043PH: 888-583-7477 / F: 713-587-9191 / info@tesislabs.com / CLIA #45D0892859

Urology Requisition

CLIENT INFORMATION

Client Name (Institution): _____
 Account #: _____
 Address: _____
 Telephone: _____
 Fax results to: _____
 Ordering Physician: _____
 Authorized Signature: _____

PATIENT INFORMATION

Name: _____
 Address: _____
 SS# / MR#: _____
 Gender: Male Female Date of Birth: ____/____/____
 Contact Phone: _____

CLINICAL HISTORY (ICD10 OR NARRATIVE):

New Diagnosis / Staging Post Treatment: Chemotherapy / Immunotherapy
 Relapse Follow up Other

SPECIMEN INFORMATION

Date Collected: _____

BILLING INFORMATION - Please attach copy of insurance card or patient face sheet.

Specimen Origin: Hospital Patient*: In Out Non-Hospital Patient
 Medicare/Medicaid*: Medicare #: _____
 Bill to: Client Institution Hospital Patient - Self Pay Patient - Insurance
 Insurance Carrier: _____
 Policy I.D.#: _____

Hospital Name: _____
 Medicaid #: _____
 (If Policy Holder Name is different than Patient Name, please provide Name and Date of Birth.)
 Policy Holder Name: _____
 Date of Birth: ____/____/____

*If Hospital Patient and Medicare are marked, Tesis Labs cannot bill Medicare for technical pathology services. The hospital or pathology group must be billed as required by law. A Hospital name must be provided in the Client Information section.

TESTING SERVICES

Comprehensive

Tesis Labs Prostate - Comprehensive Prostate Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs' Pathologists: Morphology, including IHC, PTEN/TMPRSS/ERG Prostate Fish, Prostate Next Generation Sequencing Genomic panel and Tesis Labs professional interpretation.

Tesis Labs Urine - Comprehensive Urine Assessment
 Comprehensive Assessment may include as deemed medically necessary by Tesis Labs Pathologists: Cytology, Urine Fish and Tesis Labs professional interpretation.

Prostate, FISH

PTEN / TMPRESS / ERG Prostate FISH

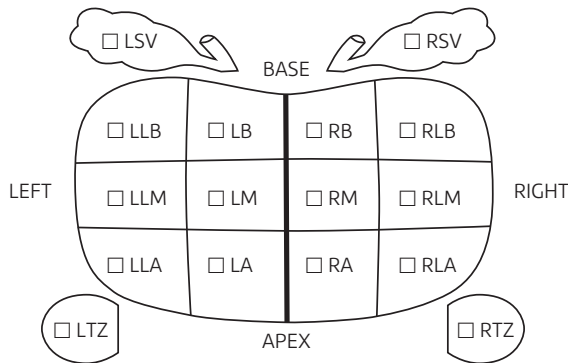
Required for Han & Partin Tables*:

*PSA Result: _____
 *DRE (for clinical stage info if biopsy is positive):
 Normal (T1c)
 Abnormal, Unilateral 50% of lobe (T2a)
 Abnormal, Unilateral > 50% of lobe (T2b)
 Abnormal, Bilateral (T2c)

Prior Bx Findings: _____ PCA3: _____
 Prior Rx: Hormone Therapy Radiation Cryosurgery

Diagnostic Test Order - Mark Location of Biopsy(s)

Diagnostic Prostate Biopsy
 Prostate bx evaluation with biomarkers



Other Site (Specify): _____
 TURP Second Opinion Other: _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of PROSTATE jars submitted:

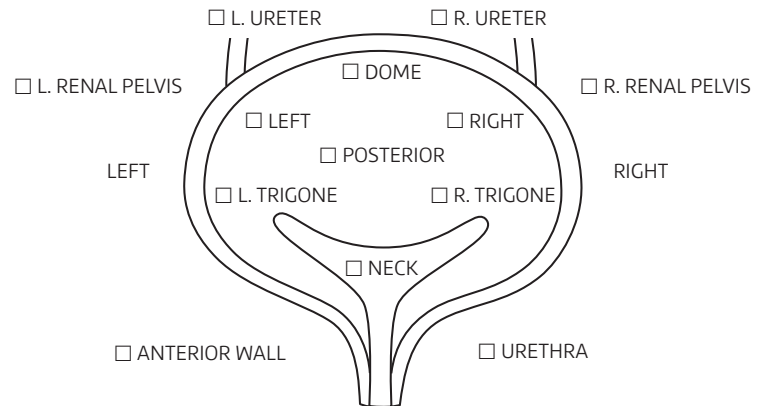
Bladder, Urine Cytology, FISH

Urine FISH
 TURBT
 Second Opinion
 Reflex to FISH only if UC is positive
 Other: _____

Urine Cytology (indicate type):
 Voided Urine Bladder Wash
 Catheterized Urine Post-Cystoscopy Urine
 Upper Tract (Left) Upper Tract (Right)
 Ileal Conduit/Neobladder

Prior Bx Findings: _____
 Prior Rx: Thiotepa/Mitomycin Radiation BCG
 Cysto. Findings: _____

Diagnostic Test Order - Mark Location of Biopsy(s)



Other Site (Specify): _____

IMPORTANT - REQUIRED for laboratory accessioning purposes

Total # of jars submitted:

Other

Vas Deferens
 Right Left
Site
 Penis Scrotum Second Opinion
 Other

Special Requests
 Stone Analysis: _____
 PCA3
 Other: _____

Left Seminal Vesicle Right Seminal Vesicle Left Transition Zone Right Transition Zone Urine FISH Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Base Left Base Right Base Right Lateral Base Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Mid Left Mid Right Mid Right Lateral Mid Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Left Lateral Apex Left Apex Right Apex Right Lateral Apex Other Other

Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____ Patient DOB: _____

Hematologic Molecular Genetics Panel Details	
AML Concise Panel (CEBPα, FLT3, NPM1, cKIT)	
AML Comprehensive Panel (Concise Panel plus: ASXL1, DNMT3A, IDH1, IDH2, JAK2, KMT2A (MLL), PTPN11, RUNX1, TET2, TP53, WT1)	
MDS Panel (ASXL1, CBL, DNMT3A, ETV6, EZH2, IDH1, IDH2, JAK2, PTEN, PTPN11, RUNX1, SF3B1, TET2, TP53)	

Molecular Genetics – Additional Tests			
ASXL1 Mutation	DNMT3A Mutation	IDH2 Mutation	NOTCH1 Mutation
BRAF Mutation	ETV6 Mutation	MLH1 Mutation	NRAS Mutation
CBL Mutation	EZH2 Mutation	MPL W515L Mutation	PIK3CA Mutation
CSF3R Mutation	IDH1 Mutation	MYD88 Mutation	PTEN Mutation
			PTPN11 Mutation
			RUNX1 Mutation
			SF3B1 Mutation
			TET2 Mutation
			WT1 Mutation

Specimen Requirements – Overview

Test	Specimen Type	Volume	Transport Medium	Viability	Rejection Criteria	
Histology / Morphology	Bone Marrow Biopsy/Core	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Not Applicable	
	Bone Marrow Aspirate Clot		10% (NBF) Formalin			
IHC	Fresh Tissue	Primarily Tumor Tissue	10% (NBF) Formalin	At least 6 hours fixation	Not Applicable	
	Paraffin Embedded Tissue (FFPE)	<ul style="list-style-type: none"> Unstained PLUS slides pre-cut from paraffin block in 4 micron sections H&E slide – 4 micron section 	<ul style="list-style-type: none"> 7 unstained slides, or 6 unstained slides and 1 H&E slide 	Not Applicable	Not PLUS slides	
Flow Cytometry	Bone Marrow Aspirate	1-2 mL	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Lymph Node or Tissue	1-2 cm	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	FNA	2-5 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL	Sodium Heparin (green) tube preferred For PNH : EDTA (purple) tube required. Only peripheral blood accepted.	Must be processed within 48 hrs	Hemolyzed, frozen, or clotted samples	
	Pleural Fluid / Spinal Fluid / Other Fluids	5-10 mL	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
Cytogenetics	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
	Bone Marrow Core	1-2 cm core length	RPMI	Must be processed within 48 hrs	RPMI past expiration date	
	Peripheral Blood	5 mL whole blood	Sodium Heparin (green) tube preferred	Must be processed within 36 hrs	Frozen	
Hematologic FISH	Bone Marrow Aspirate	1-3 mL heparinized bone marrow	<ul style="list-style-type: none"> Sodium Heparin (green) tube preferred EDTA (purple) tube acceptable 	Must be processed within 48 hrs	Frozen	
	Peripheral Blood	5 mL whole blood				
Urologic FISH (UroVysion™)	Voided Urine	35ml (1.2 oz.) for FISH only	Blue cap cytology jar with included preservative added	Must be processed within 48 hours	Frozen	
		60ml (2 oz.) for FISH and urine cytology				
Molecular	Molecular Hematopoietic	Bone Marrow Core / Clot	1-2 cm core length	10% (NBF) Formalin	Not Applicable	Insufficient amount of tumour (<10-20%)
				Paraffin Block (FFPE)	Not Applicable	Insufficient amount of tumour (<10-20%)
		Bone Marrow Aspirate	2 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days
		Peripheral Blood	5 mL	DNA: PCR/Sequencing/NGS EDTA (purple) tube	Must be processed within 5 days	Not Applicable
				mRNA: qPCR <ul style="list-style-type: none"> EDTA (purple) tube Sodium Heparin (green) tube 	Must be processed within 48 hrs	> 72 hours / 3 days

FISH Panels	Panel Probes*	FISH Panels	Panel Probes*	FISH Panels	Panel Probes*
Aggressive / High Grade B-Cell Lymphoma	BCL6 (3q27.3) MYC (8q24.21) IGH/BCL2 t(14;18)	Eosinophilia	PDGFRα (4q12) PDGFRβ (5q32) FGFR1 (8p12) ABL1-ASS1/BCR t(9;22) CBFB (16q22)	MM with Reflex Multiple Myeloma Panel plus indicated probes	FGFR3/IGH t(4;14) CCND1/IGH t(11;14) IGH/MAF t(14;16) IGH/MAFB t(14;20)
AML Acute Myeloid Leukemia	AML/ETO t(8;21) MLL (11q23) PML/RARα t(15;17) CBFB (16q22)	MDS Myelodysplastic Syndrome	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 Deletion 20q	MPN Myeloproliferative Neoplasm	Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 ABL1-ASS1/BCR t(9;22) Deletion 13q/Monosomy 13 Deletion 20q
CLL Chronic Lymphocytic Leukemia	ATM (11q22.3) CCND1/IGH t(11;14) CEN 12 Deletion 13q/Monosomy 13 TP53 (17p13)	MM Multiple Myeloma	Deletion 1p36/Gain 1q44 CEN 3 Deletion 5q/Monosomy 5 CEN 9 Deletion 13q/Monosomy 13 IGH (14q32.3) TP53 (17p13)	NHL Non-Hodgkin Lymphoma	BCL6 (3q27.3) MYC/IGH t(8;14) CCND1/IGH t(11;14) IGH/BCL2 t(14;18)

FISH Probe Library					
Chromosome	Probe/Gene	Test Name	Chromosome	Probe/Gene	Test Name
1	CHD5 160H23	Deletion 1p36/Gain 1q44	8	FGFR1 D8Z2 (CEN8)	FGFR1 (8p12)
3	BCL6	BCL6 (3q27.3)	8;21	RUNX1T1 RUNX1	AML/ETO t(8;21)
3	D3Z1 (CEN3)	CEN 3	8	MYC	MYC (8q24.21)
4;14	FGFR3 IGH	FGFR3/IGH t(4;14)	8;14	MYC IGH	MYC/IGH t(8;14)
4	FIP1L1-CHIC2-PDGFRα	PDGFRα (4q12)	9	D9Z3 (CEN9)	CEN 9
5	D5S630/D5S2064 EGR1	Deletion 5q/Monosomy 5	9;22	ABL1-ASS1 BCR	ABL1-ASS1/BCR t(9;22)
5	PDGFRβ	PDGFRβ (5q32)	11;14	CCND1 IGH	CCND1/IGH t(11;14)
7	D7Z1 (CEN7)	CEN 7	11	D11Z1 (CEN11) ATM	ATM (11q22.3)
7	RELN-D7S796 TES-D7S486	Deletion 7q/Monosomy 7	11	MLL	MLL (11q23)
8	D8Z2 (CEN8)	CEN 8	12	D12Z3 (CEN12)	CEN 12
13	D13S319/D13S25 D13S1825	Deletion 13q/Monosomy 13			
14	IGH	IGH (14q32.3)			
14;16	IGH MAF	IGH/MAF t(14;16)			
14;18	IGH BCL2	IGH/BCL2 t(14;18)			
14;20	IGH MAFB	IGH/MAFB t(14;20)			
15;17	PML RARA	PML/RARA t(15;17)			
16	MYH11 CBFB	CBFB (16q22)			
17	TP53 D17Z1 (CEN17)	TP53 (17p13)			
18	MALT1	MALT1 (18q21)			
20	D20S108 MYBL2	Deletion 20q			

*All probes may be ordered individually, in combination, or in conjunction with cytogenetics.

TESIS LABS | 1140 Business Center Drive, Suite 360, Houston, TX 77043 PH: 888-583-7477 / F: 713-587-9191 / info@tesislabs.com / CLIA #45D0892859