

# Molecular Hematopathology Patient Information Sheet

## B-Cell Chronic Lymphocytic Leukemia (CLL) for IGVH and/or TP53 Somatic Mutation Testing

**Instructions:** Send the completed form with the patient specimen to avoid delays in testing and ensure appropriate specimens are submitted.

### Patient Information

Patient Name <i>(Last Name, First Name, Middle Initial)</i>	Birth Date <i>(Month DD, YYYY)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician Name	Phone	Fax
Other Contact	Phone	Fax

### Test Requested

<input type="checkbox"/> BCLL (IGVH [immunoglobulin heavy chain] mutation analysis) <input type="checkbox"/> P53CA (TP53 somatic mutation analysis)
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### Specimen Provided

<input type="checkbox"/> Blood (Liquid) <input type="checkbox"/> Bone Marrow Aspirate (Liquid) (TP53 test only) <input type="checkbox"/> Fresh Tissue, Specify Type (TP53 test only) _____
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### Clinical Information (Required – incomplete information will result in **delayed processing and resulting.**)

<input type="checkbox"/> Diagnostic Sample <input type="checkbox"/> Post-treatment Sample
Provide the following information: <input type="checkbox"/> Flow cytometry report or other diagnostic paperwork indicating confirmation of CLL diagnosis and % of B-cells. <input type="checkbox"/> WBC count from a recent CBC <b>or</b> absolute lymphocyte count _____ <input type="checkbox"/> Other relevant clinical information: _____ _____ _____ _____ _____ _____