

EPIC SYSTEM UPDATE: Effective September 29, 2020

Overview of Feature / Changes

Hospital Initiated Orders were created in Epic for Hematopathology, Cytogenetics and Molecular Oncology/Non-Oncology orders. Implementation of these CoPath interfaced orders will give providers and nurses clear and consistent ordering process and enhance the results review with results posting back to the original order in Epic.

These orders were created using a series of nested questions, making it easier and more streamlined for providers and nurses when placing electronic orders. **The new orders are intended to replace the current paper forms.** Upon release from Epic, the **orders will print a requisition** at the user’s location that should be sent with the specimens. **Labels will also generate for collection**, either through Collection Manger or on a label device in the office/floor.

Oncology, Hematopathology, Cytogenetics and Molecular Orders:

Providers and nurses can place orders for each individual order or they will have access to the Hematopathology Panel. The panel gives users access to all testing related to the Hematopathology, Cytogenetics and Molecular Oncology orders similar to what they would have on a paper requisition. Using the order panel, the user will need to check each order they are requesting and answer the questions. Questions vary based on specimen submission.

- [O210222004] Hematopathology Panel
- [LABAP2709] Hematopathology
- [LABAP2711] Cytogenetics Oncology
- [LABAP2707] Molecular Diagnostics, Oncology

- B-Cell Gene Rearrangement
- BCR/ABL Quantitative
- DPD 5-FU Genotype
- FLT3 Terminal Kinase Domain
- JAK-2
- JAK-2 Exon 12
- NPM1 Exon 12 Variants
- T-Cell Gene Rearrangement
- And More!

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Example of the **Cytogenetics Oncology** and **Molecular Genetics Oncology** orders with mocked up orders:

Cytogenetics Oncology

Accept Cancel

Status: **Normal** Standing Future

Priority: Routine **Routine** STAT

Class: Lab Collect **Lab Collect** Clinic Collect External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Specimen Requirements:
Peripheral Blood - Collect Dark Green Sodium Heparin tubes (Required 4mL minimum).
Bone Marrow - Collect Dark Green Sodium Heparin tubes (Required 1mL minimum).

Specimen: **Peripheral Blood** Bone Marrow Fluid

Clinical History/Symptoms: Leukocytosis

Clinical Status: **New Diagnosis** Staging Monitoring Other

Cytogenetic Testing: Chromosome Analysis (Karyotype) FISH - Disease Specific

Diagnosis: **Pediatric Acute lymphoblastic leukemia (ALL)** Adult Acute lymphoblastic leukemia (ALL) Acute myeloid leukemia (AML)
Myelodysplastic syndrome (MDS) Myeloproliferative disorders (MPN) Myeloproliferative disorders (MPN) w/eosinophilia
Chronic Lymphocytic Leukemia (CLL) Lymphoma Plasma cell myeloma Chronic Myeloid Leukemia (CML)

Chronic Lymphocytic Leukemia (CLL): D11Z1/ATM (CEP 11/11q22) D12Z1 (CEP 12) D13S319/13q34 (13q14.2/13q34) TP53/D17Z1 (17p13.1/CEP 17)

Additional Information: Post Bone Marrow Transplant COG Protocol Other N/A

Comments: + Add Comments (F6)

Show Additional Order Details

Next Required

Molecular Diagnostics, Oncology

Accept Cancel

Status: **Normal** Standing Future

Priority: Routine **Routine** STAT

Class: Lab Collect **Lab Collect** Clinic Collect External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Specimen: **Peripheral Blood** **Bone Marrow** Fluid

Clinical History/Symptoms: Anemia

Clinical Status: **New Diagnosis** Staging **Monitoring** Other

Molecular testing: Quantitative BCR/ABL1 (p210) – monitoring Quantitative BCR/ABL1 (p190) – monitoring
 Quantitative PML/RARA t(15;17) – monitoring B-cell Clonality (IgH/IgK) T-cell Receptor Clonality (TCR gamma)
 FLT3 **NPM1** CEBPA C-Kit MYD88 (L265P) **JAK-2(V617F)** reflex to CALR/MPL-ET,PMF
 reflex to JAK-2 Exon 12/13 – P. vera IDH1/IDH2 **NGS – Next Generation Sequencing** IGVH TP53 BRAF
 DPD

NGS – Next Generation Sequencing: **Myeloid** Lymphoid

This is a Send Out test. Please Contact the Molecular Laboratory at 315-464-6806 to obtain a copy of the correct reference laboratory requisition for submission.

Acknowledged

Comments: + Add Comments (F6)

Show Additional Order Details

Next Required

Accept Cancel

Non-Oncology Cytogenetics and Molecular Orders:

[LABAP2710] Cytogenetics Non-Oncology

[LABAP2706] Molecular Diagnostics, Genetics

- Cystic Fibrosis Direct
- Factor V Leiden Mutation
- Fragile X Direct
- Hereditary Hemochromatosis
- MTHFR 667 C>T
- Prothrombin Gene Mutation

Example of the **Cytogenetics Non-Oncology** order

Note: **Consent Forms** are hyperlinks in the **Reference Links** section of the order.

Cytogenetics, Non-Oncology Peripheral Blood, Amniotic Fluid and Tissue ✓ Accept ✗ Cancel

Priority:

Class:

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted. Procedures include Professional Interpretation unless otherwise requested in order comments.

All tests include cell culture. Additional cell counts and or special staining procedures may be required to complete the requested study.

Informed consent form required for inherited or de novo constitutional disorders. See form F82875.

Diagnosis/Clinical Information:

Specimen:

Amniotic Fluid: Chromosome Analysis (Karyotype) Fluorescence in situ hybridization (FISH) Culture Cells for Future Testing

Date of tap:

Gestational age (by dates):

Gestational age (by ultrasound):

Gravida:

Para:

Living Children:

SAB:

Multiple Pregnancy:

Fluorescence in situ hybridization (FISH): Chromosomes 13, 18, 21, X, Y Chromosome 13 Chromosome 18 Chromosome 21 Chromosomes X and Y Metaphase FISH

Comments: [+ Add Comments \(F6\)](#)

Reference Links: [1. Cytogenetics Informed Consent FORM F82875](#) [2. Consent for Chromosome SNP Microarray Testing FORM F88925](#) [3. Medical Necessity for Microarray Testing](#) [4. Supplemental Information on Karyotype and FISH \(F82875\) F81212](#)

ⓘ Next Required ✓ Accept ✗ Cancel

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Example of **Molecular Genetics** order:

Molecular Diagnostics, Genetics ✓ Accept ✗ Cancel

Status: **Normal** Standing Future

Priority: Routine **Routine** STAT

Class: Lab Collect **Lab Collect** Clinic Collect External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Clinical History/Symptoms:

Specimen: **Peripheral Blood** Other

Genetics Testing: **Cystic Fibrosis Direct Mutation Analysis (60 mutations)** Fragile X detection Hereditary Hemochromatosis (C282Y & H63D)
Factor V Leiden Prothrombin 20210G>A MTHFR (C677T)

Pregnancy: **Yes** No

Gestation Weeks:

Ethnicity: **Caucasian** African American Jewish-Ashkenazi Hispanic Native American Asian Other

Diagnostic: **Known affected** Suspected

Carrier: **Family history**

Family History (Please add pedigree information if available):

Genetic testing requires a reviewed and signed consent form to be submitted with the patient's sample in order to proceed with testing. Select the correct form below under Reference Links.

Acknowledged

Comments: [+ Add Comments \(F6\)](#)

Reference Links: [1. Molecular Diagnostics DNA Based Genetic Testing Consent Form](#) [2. Cystic Fibrosis Consent Form](#) [3. Fragile X Consent Form](#)
[4. Factor V Leiden Consent Form](#) [5. Hereditary Hemochromatosis Consent Form](#) [6. MTHFR Consent Form](#)

[Show Additional Order Details](#) ⌵

Next Required ✓ Accept ✗ Cancel