Hematopathology Requisition

GOPATH LABORATORIES
Global Pathology Services

MOLECULAR ONCOLOGY
1351 Barclay Blvd., Buffalo Grove, IL 60089
Tel: 855.467.2849 Fax: 224.588.9941
www.gopathlabs.com

PATIENT INFORMATION (Please print)

Name (Last, First) _____
Address _____
City, State, Zip _____
Female ☐ Male ☐ Date of Birth (M/D/Y) _____
SSN# (Optional) _____
Phone# _____
Diagnosis: _____
_____

ORDERING PHYSICIAN / LAB INFORMATION (Please print)

Facility Name _____
Name (Last, First) _____
Address _____
City, State, Zip _____
Phone# _____ Fax# _____ E-Mail: _____
Ordering Physician _____ (M/D/Y) _____
NPI#: _____ Treating Physician: _____
Report Delivery: Fax ☐ E-Mail ☐ Mail ☐ Website Only ☐

CODING INFORMATION

Diagnosis Code/ICD-10 Code (Required): _____

The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Example: ICD-10: V16.0 (Family Hx of GI cancer)

COMMON ICD-10 CODES

C88.4	C86.6	C96.2	C96.4	C92.01	C94.6
C83.10	C81.90	C84.40	C96.9	C92.41	D47.1
C83.30	C82.90	C84.90	C90.00	C92.51	D47.9
C85.20	C84.00	C84.A0	C90.01	C95.90	D53.9
C83.00	C91.40	C86.4	C91.10	D45	D61.9
C86.5	C91.41	C86.0	C91.11	D47.3	D72.819

BILLING INFORMATION (Please provide copy of insurance card)

Primary Insurance: _____
Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Hospital ☐ Client ☐ Self Pay
Secondary Insurance: ☐ Yes ☐ No *If yes, please attach secondary insurance form*
Secondary Insurance: _____
Place of Service:
☐ 21 - Inpatient Hospital ☐ 22 - Outpatient Hospital ☐ 24 - Ambulatory Surgery Ctr

SPECIMEN INFORMATION (Please provide copy of pathology report)

Date of Collection: ____/____/____
Time of Collection: _____ am / pm
Status: ☐ Pre-Transplant ☐ Post-Transplant
Donor: ☐ Male ☐ Female ☐ Autologous
WBC: _____ Blasts: _____

☐ Bone Marrow
☐ Peripheral Blood
☐ Mass / Type: _____
☐ Other / Type: _____
☐ FFPE Slides - ***Positively charged 3-4µ thick, 2 slides per probe minimum or otherwise specified***

REFERRING DIAGNOSES (Check all that apply)

☐ Acute Lymphoblastic Leukemia (ALL)
☐ Acute Myeloid Leukemia (AML)
☐ Acute Promyelocytic Leukemia (APL)
☐ Anemia
☐ Chronic Myelogenous Leukemia (CML)
☐ Chronic Lymphocytic Leukemia (CLL)
☐ Hairy Cell Leukemia (HCL)
☐ Hodgkin Lymphoma
☐ Leukocytosis
☐ Leukopenia
☐ MGUS
☐ Monoclonal Paraproteinemia
☐ Multiple Myeloma (MM)
☐ Myelodysplastic Syndrome (MDS)
☐ Myeloproliferative Neoplasm (MPN)
☐ Non-Hodgkin Lymphoma, B-Cell
☐ Non-Hodgkin Lymphoma, T-Cell
☐ Pancytopenia
☐ Plasma Cell Neoplasm
☐ Polycythemia Vera
☐ Thrombocytosis
☐ Thrombocytopenia
☐ Other: *(Please Specify)*
_____

REQUESTED TESTING

Comprehensive Evaluation and Report - SpectrumNow™
☐ Bone Marrow ☐ Peripheral Blood
(Includes review of patient's history and records, Morphologic examination, Flow Cytometry, Cytogenetics, Immunohistochemistry, Molecular and FISH analysis as determined by a Hematopathologist)

Flow Cytometry ☐ **Global** ☐ **Tech-Only**
☐ Acute Leukemia Panel (ALL, AML, MDS, MPN and CLL)
☐ Intracytoplasmic Panel (add on to acute leukemia)
☐ Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasms)
☐ Myeloma Panel
☐ Other _____

Cytogenetic Testing ☐ **Global** ☐ **Tech-Only**
☐ Chromosome Analysis *(Karyotype)*

Morphologic Evaluation
☐ Bone Marrow ☐ Peripheral Blood Smear

Hematology - Molecular
AML Prognostics:
☐ FLT3 ☐ NPM1 ☐ CEBPA

CML Residual Disease:
☐ BCR-ABL1 Mbcr (p210) Quantitative Analysis

Lymphocytic Leukemia/Lymphoma:
☐ T-CELL Gene Rearrangement
☐ B-CELL Gene Rearrangement

MPN Diagnostics:
☐ JAK2 V617F
☐ If Neg, Reflex to JAK2 Exon 12
☐ If Neg, Reflex to MPL
☐ If Neg, Reflex to CALR
☐ CALR ☐ JAK2 Exon 12 ☐ MPL
☐ PDGFRA

☐ Other _____

Special Instructions:

FISH (Check all that apply): ☐ **Global** ☐ **Tech-Only**

☐ **Acute Lymphocytic Leukemia (ALL) panel:**
- ☐ t(1;19) PBX1/TCF3
- ☐ t(9;22) BCR/ABL1
- ☐ 11q23 KMT2A (MLL) rearrangements
- ☐ t(12;21) ETV6(TEL)/RUNX1(AML)
- ☐ trisomy 4, 5, 10, 17

☐ **Acute Myelogenous (AML) panel:**
- ☐ inv(3), t(3;3) RPN1/MECOM rearrangements
- ☐ del(5q) EGR1 ☐ del(7q)/monosomy 7
- ☐ t(8;21) RUNX1T1(ETO)/RUNX1(AML)
- ☐ 11q23 KMT2A (MLL) rearrangements
- ☐ t(15;17) PML/RARA
- ☐ inv(16), t(16;16) CBFB rearrangements

☐ **Chronic Lymphocytic (CLL) panel:**
- ☐ del(11q) ATM/del(17p) TP53
- ☐ trisomy 12/del(13q) 13q14/13q34
- ☐ t(11;14) CCND1/IGH XT

☐ **Chronic Myelogenous (CML) probe:**
- ☐ t(9;22) BCR/ABL1

☐ **Myelodysplastic (MDS) panel:**
- ☐ inv(3), t(3;3) RPN1/MECOM rearrangements
- ☐ del(5q) EGR1
- ☐ del(7q)/monosomy 7
- ☐ trisomy 8/del(20q)
- ☐ 11q23 KMT2A (MLL) rearrangements
- ☐ del(13q) 13q14/13q34

☐ **Multiple Myeloma (MM) panel:**
- ☐ 1p32.3/1q21 CDKN2C/CKS1B
- ☐ t(11;14) CCND1/IGH XT
- ☐ del(13q) 13q14/13q34
- ☐ del(17p) TP53
  - ☐ reflex: t(4;14) FGFR3/IGH
  - ☐ t(14;16) IGH/MAF

☐ **Myeloproliferative (MPN) panel:**
- ☐ del(5q) EGR1
- ☐ del(7q)/monosomy 7
- ☐ trisomy 8/del(20q)
- ☐ t(9;22) BCR/ABL1
- ☐ 11q23 KMT2A MLL rearrangements
- ☐ 4q12 FIP1L1/CHIC2/PDGFRA
- ☐ 5q33 PDGFRB rearrangements
- ☐ 8p11 FGFR1 rearrangements

☐ **Non-Hodgkins Lymphoma (NHL) panel:**
- ☐ 2p23 ALK (Anaplastic) rearrangements
- ☐ 3q27 BCL6 rearrangements (Diffuse Large B-cell, Follicular, Marginal Zone B-cell)
- ☐ 8q24 MYC rearrangements
- ☐ t(11;14) CCND1/IGH XT (Mantle Cell)
- ☐ 18q21 BCL2 rearrangements
  - ☐ reflex: t(8;14) MYC/IGH (Burkitt or Follicular)
  - ☐ t(11;18) BIRC3/MALT1
  - ☐ t(14;18) IGH/BCL2

☐ **T-cell Leukemia/Lymphoma panel:**
- ☐ 2p23 ALK (Anaplastic) rearrangements
- ☐ 14q11.2 TRA rearrangements
- ☐ 7q34 TRB rearrangements
- ☐ i(7q) 7cen/7q22/7q31
- ☐ 14q32 TCL1A
- ☐ 10q24 TLX1
- ☐ 5q35 TLX3

☐ **Transplant:**
- ☐ XX/XY for sex mismatched

A signature certifies that he/she is licensed to order the test(s) listed above and that tests ordered are necessary for the treatment of the above patient.

Authorized Signature **Date:**

To view reports, please visit www.gopathlabs.com and click Online Reporting