



Hematopathology Requisition

MOLECULAR ONCOLOGY

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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: ____/____/____ Bone Marrow
Time of Collection: ____ am / pm Peripheral Blood
Status: Pre-Transplant Post-Transplant Mass / Type: _____
Donor: Male Female Autologous Other / Type: _____
WBC: _____ Blasts: _____ FFPE Slides - **Positively charged 3-4µ thick, 2 slides per probe minimum or otherwise specified**

REFERRING DIAGNOSES (Check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acute Lymphoblastic Leukemia (ALL) | <input type="checkbox"/> Hairy Cell Leukemia (HCL) | <input type="checkbox"/> Multiple Myeloma (MM) | <input type="checkbox"/> Plasma Cell Neoplasm |
| <input type="checkbox"/> Acute Myeloid Leukemia (AML) | <input type="checkbox"/> Hodgkin Lymphoma | <input type="checkbox"/> Myelodysplastic Syndrome (MDS) | <input type="checkbox"/> Polycythemia Vera |
| <input type="checkbox"/> Acute Promyelocytic Leukemia (APL) | <input type="checkbox"/> Leukocytosis | <input type="checkbox"/> Myeloproliferative Neoplasm (MPN) | <input type="checkbox"/> Thrombocytosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Leukopenia | <input type="checkbox"/> Non-Hodgkin Lymphoma, B-Cell | <input type="checkbox"/> Thrombocytopenia |
| <input type="checkbox"/> Chronic Myelogenous Leukemia (CML) | <input type="checkbox"/> MGUS | <input type="checkbox"/> Non-Hodgkin Lymphoma, T-Cell | <input type="checkbox"/> Other: <i>(Please Specify)</i> |
| <input type="checkbox"/> Chronic Lymphocytic Leukemia (CLL) | <input type="checkbox"/> Monoclonal Paraproteinemia | <input type="checkbox"/> Pancytopenia | |

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 P53
 CML Residual Disease: BCR-ABL1 Mbc (p210) Quantitative Analysis for Minimal Residual Disease (MRD)
 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 _____

- 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

Special Instructions:

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: