



# 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  TP53  
 CML Residual Disease:  
 BCR-ABL1 MbcR (p210)  
 Quantitative Analysis for Minimal Residual Disease (MRD)  
 Myleoid NGS 68 Panel:  
 68 Genes Targeted Whole Exon Sequencing

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  
 TET2  
 Other \_\_\_\_\_

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

**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: