

Ship to: **Hematologies, Inc.**
3161 Elliott Ave. Suite 200
Seattle, WA 98121

Phone. (800) 860-0934 or (206) 223-2700
FAX: (206) 223-5550
Weekends & After Hours: (206) 264-4459

HEMATOLOGICS USE ONLY

HLID# _____

PATIENT INFORMATION

BILLING INFORMATION

Patient Name:

Client Medicare/Medicaid Insurance Patient
 Inpatient Outpatient Non-patient

DOB: Age:

Insurance Name:

SS# Gender:

Preauthorization Code:

Path ID: Ph# ()

Group#

Address:

Policy# Ph.# ()

City: State: Zip:

Policy Holder:

SPECIMEN INFORMATION

Specimen Collection Date: _____ **Specimen Collection Time:** _____

Bone Marrow: Left PIC Right PIC Sternal
 _____ cc BM aspirate _____ cc BM aspirate _____ cc BM aspirate
 _____ BM core Biopsy _____ cm length _____ BM core Biopsy _____ cm length _____ # aspirate smears
 _____ # aspirate smears _____ # aspirate smears _____ aspirate clot
 _____ aspirate clot _____ aspirate clot
 Peripheral Blood Body Fluid Type/site: _____
 Tissue Biopsy Type/site _____ Fine Needle Aspirate Site: _____
 Paraffin Block Paraffin Shavings for Molecular Testing (DNA only)

DIAGNOSTIC STATUS-please attach CBC and include other clinical history as available

Suspected or ICD-9 code _____ Unknown

Established Diagnosis _____, Date: ___/___/___

Transplant (date): ___/___/___ autologous allogeneic same/ opposite sex

Diagnosis

Lymphoma: Hodgkin Non-Hodgkin Type: _____
Leukemia: ALL AML APL Type: _____
 Multiple Myeloma with without Amyloidosis
 MDS (Myelodysplastic Syndrome) Type: _____
 MPN (Myeloproliferative Neoplasm) Type: CML ET PV CIMF

Symptoms/Other

Leukocytosis Lymphocytosis Neutrophilia Erythrocytosis Thrombocytosis
 Leukopenia Lymphopenia Neutropenia Anemia Thrombocytopenia
 Pancytopenia Splenomegaly Other: _____

Comprehensive Evaluation

Morphology (with iron stain) and Flow Cytometry, with Cytogenetics, FISH, IHC and PCR as needed

Flow Cytometry

Leukemia/Lymphoma Immunophenotyping
 Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
 PNH Panel Lymphocyte Subset Analysis
 Cell Sorting for Chimerism (routine CD3 & CD33)
 CD19+ B-cells NK-Cells Other _____
 Cell Sorting Tumor Population (flow required)

Cytogenetics

Chromosome Analysis Reflex to FISH IF NEEDED
 CGH/SNP Digital Karyotyping (Microarray)
 MM CLL MDS Other _____

FISH Panels:

ALL AML MDS MM B-NHL MPN+
 Double-Hit Lymphoma CLL with BCL-1 CLL without BCL-1
Individual FISH Probes: BCR-ABL+ PML-RARA
 BCL-1(CCND1) BCL-2 BCL-6 MALT MYC
 PDGFRA+ PGDFRB+ FGFR1+ (XX/XY)
 Other _____

Ordering Physician: _____

NPI: _____

Phone: () _____

REPORTING:

FAX report to: () _____ Attn: _____

Molecular Studies

B-Cell Gene Rearrangement If Neg Reflex to IGH
 T-Cell Gene Rearrangement If Neg Reflex to T-Cell Beta
 BCR-ABL Quantitative t(9;22)²⁾ If Neg Reflex to Exon12
 JAK2 Point Mutation Detection { If Neg Reflex to MPL
 CALR Mutation Analysis If Neg Reflex to CALR
 CLL IgHV Mutation Analysis
 NPM-1 Mutation Analysis
 ABL Mutation Analysis (Gleevec Resistance)
 CEBP Alpha Mutation Analysis
 c-Kit D816V Point Mutation Detection
 AML Translocation Panel ^{(1)*}
 PML-RARA t(15;17) ^{(1)*}
 AML1-ETO t(8;21) ^{(1)*}
 NUP98-NSD1 t(5;11) *
 CBFβ-MYH11 inv(16) ^{(1)*}
 ALL Translocation Panel ^{(2)*}
 TEL-AML1 t(12;21) ^{(2)*}
 E2A-PBX1 t(1;19) ^{(2)*}
 MLL-AF1 t(1;11)
 MLL-AF4 t(4;11) ^{(2)*}
 MLL-AF9 t(9;11) *
 MLL-AF10 t(10;11) *
 MLL-EN/ELL t(11;19) *
 BCL-1 t(11;14) Monitoring *
 BCL-2 t(14;18) Monitoring *
 FIP1L1-PDGFRα del(4q12) *
 WT1 RT PCR *
 MYD88 L265P
 CSF3R Mutation Analysis
 BRAF for Hairy Cell Leukemia

(1) AML Panel
(2) ALL Panel
*QUANTITATIVE

Client Contact Information: