Ship to: Hematologics, 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
_____cc BM aspirate
_____BM core Biopsy _____cm length
_____ # aspirate smears
_____aspirate clot

Right PIC
_____cc BM aspirate
_____BM core Biopsy _____cm length
_____# aspirate smears
____aspirate clot

Sternal
_____cc BM aspirate
_____# aspirate smears
_____aspirate clot

□Peripheral Blood
□Tissue Biopsy Type/site_____
□Paraffin Block

□Body Fluid Type/site:_____
□Fine Needle Aspirate Site:_____
□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_____

Molecular Studies

□B-Cell Gene Rearrangement □If Neg Reflex to IGK
□T-Cell Gene Rearrangement □If Neg Reflex to T-Cell Beta
□BCR-ABL Quantitative t(9;22)(2)
□JAK2 Point Mutation Detection { □If Neg Reflex to Exon12
□CALR Mutation Analysis □If Neg Reflex to MPL
□CLL IgHV Mutation Analysis □If Neg Reflex to CALR
□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)*
□CBFB-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-PDGFRA del (4q12)*
□WT1 RT PCR*
□MYD88 L265P
□CSF3R Mutation Analysis
□BRAF for Hairy Cell Leukemia

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

Ordering Physician:_____
NPI:_____
Phone:( )_____

Client Contact Information:

REPORTING:
FAX report to: ( )_____ **Attn:**_____