

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:

Clinic Medicare/Medicaid Insurance Patient
Inpatient Outpatient Non-patient

DOB:

Age:

Insurance Name:

SS#

Gender:

Preauthorization Code:

Lab ID:

Ph# ()

Policy#:

Ph.# ()

Address:

Group#:

City:

State:

Zip:

Policy Holder:

SPECIMEN INFORMATION

Specimen Collection Date: _____

Specimen Collection Time: _____

Bone Marrow Aspirate
Bone Marrow Biopsy

Peripheral Blood
Paraffin Shavings

Tissue Biopsy
Paraffin Block

Body Fluid (source): _____
Other _____

PATIENT HISTORY AND TREATMENT STATUS. ATTACH CBC IF AVAILABLE.

KNOWN DIAGNOSIS _____

SUSPECTED DIAGNOSIS OR ICD-9 CODE _____

Flow Cytometry

- Leukemia/Lymphoma Immunophenotyping
 - Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
- MRD AML B-ALL T-ALL CLL MDS
- PNH Panel
- Cell Sorting for Chimerism (CD3 & CD33)
 - CD19+ B-cells NK-Cells Other _____
- Cell Sorting Tumor Population (flow required)

Cytogenetics

- Chromosome Analysis only
 - Chromosome Analysis with Reflexive FISH Analysis 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 BCL1
CLL without BCL1 CML

Individual FISH Probes: BCR-ABL PML-RARA
BCL1(CCND1) BCL2 BCL6 MALT MYC
PDGFRA PDGFRB FGFR1 XX/XY
Other _____

Hematopathology Consultation

- Consult on Referred Slides
- Consult on Referred Material Requiring Slide Prep
- Consult with Reflex if Needed (Pathologist will call)

Ordering Physician: _____

NPI: _____

Phone:() _____

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 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) ^{*}
- 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) RT PCR ^{*}
- MLL-AF4 t(4;11) RT PCR ^{(2)*}
- MLL-AF9 t(9;11) RT PCR ^{*}
- MLL-EN/ELL t(11;19) RT PCR ^{*}
- BCL-1 t(11;14) Monitoring ^{*}
- BCL-2 t(14;18) Monitoring ^{*}
- FIP1L1-PDGFR del (4q12) ^{*}
- WT1 RT PCR ^{*}
- MYD88 L265P
- CSF3R Mutation Analysis
- BRAF for Hairy Cell Leukemia

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

Clinic Information:

Reporting

FAX report to: () _____ Attn: _____

Ph. results to: () _____ Attn: _____