

Hematologies, Inc. Test Requisition

Please fill out as completely as possible. Attach registration face sheets and copies of insurance cards if available. Pathology reports and laboratory results are always appreciated as well. Please call in advance with appropriate shipping information.

HEMATOLOGICS USE ONLY

HLID# _____

DATE / TIME: _____ - _____

PATIENT INFORMATION**BILLING INFORMATION**

Patient Name: (Required)	Submit Bill To: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Clinic <input type="checkbox"/> Patient <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-patient
Address:	Insurance Name and Address:
Phone: ()	Phone: ()
SS#: (Required)	Policy#:
Lab ID:	Group#:
DOB: (Required)	Policy Holder:
Sex: Male Female	Relation to Patient:

PLEASE LIST PATIENT HISTORY AND TREATMENT STATUS HERE**PLEASE ATTACH CBC IF AVAILABLE****SUSPECTED DIAGNOSIS (ICD-9 CODE) _____****SPECIMEN INFORMATION**

DATE/TIME OF COLLECTION: ___/___/___ at ___:___ AM/PM

Bone marrow aspirate Peripheral blood Tissue biopsy Body fluid _____

Bone marrow biopsy PBSC product Fine needle aspirate Other _____

Paraffin block (B and T-cell Gene Rearrangements/BCL-1 and BCL-2 only)

TESTS REQUESTED (Listed by Method)**Molecular Analysis****Flow Cytometry**

- Leukemia/Lymphoma Immunophenotyping
- Leukemia/Lymphoma Immunophenotyping With Reflexive Karyotyping and/or FISH and/or Gene Rearrangement to Confirm Diagnosis if necessary
- PNH Panel
- Lymphocyte Subset Analysis
- Cell Sorting for Chimerism:
 T-Cells Neutrophils NK-Cells Other _____
- Cell Sorting for Tumor Population (Flow Required)

Cytogenetics (Sent to Referral Lab)

- Chromosome Analysis w/ Karyotyping
 With Reflexive FISH Analysis if Necessary
- FISH Analysis
Please Circle Panel: ALL, AML, CLL, MDS, MM
Or Individual FISH Probes: _____

- B-Cell Gene Rearrangement
- T-Cell Gene Rearrangement
- BCR-ABL t(9;22)^{(2)*}
- AML Translocation Panel^{(1)*}
- PML-RARA t(15;17)^{(1)*}
- AML1-ETO t(8;21)^{(1)*}
- CBFB-MYH11 inv(16)^{(1)*}
- ALL Translocation Panel^{(2)*}
- TEL-AML1 t(12;21)^{(2)*}
- E2A-PBX1 t(1;19)^{(2)*}
- MLL-AF4 t(4;11)^{(2)*}
- JAK-2 Point Mutation Detection
- FLT3 Point Mutation Detection
- C-KIT D816V Point Mutation Detection
- BCL-1 t(11;14) Monitoring*
- BCL-2 t(14;18) Monitoring*
- FIP1L1-PDGFR del (4q12)
- MSI Microsatellite Instability—Colon Cancer
- Other _____

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

CLINIC INFORMATION

Clinic Name:

Mailing Address:

Phone: ()

Ordering Physician and NPI:

REPORTING

FAX report to: ()
Attn: _____

Phone results to: ()
Talk to: _____

SATURDAY SERVICE LEVELS

- NORMAL- Results reported on Monday
- STAT- Phone results same day received