

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:

Address:

Lab ID:

Ph# ()

Policy#

Ph.# ()

Address:

Group#

City:

State:

Zip:

Policy Holder:

SPECIMEN INFORMATION

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

Bone Marrow Aspirate Peripheral Blood Tissue Biopsy Body Fluid (source): _____
 Bone Marrow Biopsy PBSC Product Fine Needle Aspirate Other _____
 Paraffin Block Paraffin Shavings

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
 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 only
 Chromosome Analysis with Reflexive FISH Analysis IF NEEDED
FISH Panels: ALL AML CLL MDS MM NHL
Individual FISH Probes: BCR-ABL PML-RARA
 BCL1(CCND1) BCL2 BCL6 MALT (XX/XY)
 MYC OTHER _____

For a complete Hematologies, Inc. FISH list, please visit www.Hematologies.com

Molecular Studies

B-Cell Gene Rearrangement
 T-Cell Gene Rearrangement
 BCR-ABL t(9;22) ^{(2)*}
 JAK2 Point Mutation Detection
 CLL IgHV Mutation Analysis
 NPM-1 Mutation Analysis
 c-Kit D816V Point Mutation Detection
 AML Translocation Panel ^{(1)*}
 PML-RARA t(15;17) ^{(1)*}
 AML1-ETO t(8;21) ^{(1)*}
 CBFβ-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)*}
 BCL-1 t(11;14) Monitoring *
 BCL-2 t(14;18) Monitoring *
 FIP1L1-PDGFRα del (4q12) *

(1)AML Panel

(2)ALL Panel

*QUANTITATIVE

Ordering Physician: _____

NPI: _____

Phone:() _____

Clinic Information

REPORTING

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

Ph. results to: () _____ **Attn:** _____