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:			☐Clinic ☐Medicare ☐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 ☐Peripheral Blood ☐Tissue Biopsy ☐Body Fluid (source):_____
☐Bone Marrow Biopsy ☐Paraffin Shavings ☐Paraffin Block ☐Other_____

PATIENT HISTORY AND TREATMENT STATUS. ATTACH CBC IF AVAILABLE.

KNOWN DIAGNOSIS_____
SUSPECTED DIAGNOSIS OR ICD-10 CODE_____

Flow Cytometry

☐Leukemia/Lymphoma Immunophenotyping
☐Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
☐PNH Panel

Flow MRD (Default Clinic Bill—Call for Billing Options)

☐AML ☐B-ALL ☐T-ALL ☐CLL ☐MDS

☐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_____

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

Molecular Studies (Non-Medicare Patients Require Preauthorization)

☐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 ☐If Neg Reflex to MPL ☐If Neg Reflex to CALR
☐CALR Mutation Analysis
☐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)*
☐NPM1-MLF1 t(3;5)
☐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-ENL/ELL t(11;19) RT PCR*
☐BCL-1 t(11;14) Monitoring *
☐BCL-2 t(14;18) Monitoring *
☐FIP1L1-PDGFRA del (4q12)*
☐WT1 RT PCR*
☐MYD88 L265P ☐If Positive Reflex to CXCR4
☐CSF3R Mutation Analysis
☐BRAF for Hairy Cell Leukemia
☐IDH1
☐IDH2
☐CXCR4
☐STAT3 for T-LGL
☐CD33 SNP Genotyping

Next Gen Sequencing
Preauthorization Required for Non-Medicare Patients
☐AML NGS 4 Marker Panel
☐Reflex to Extended Panel
☐MDS NGS Panel
☐MPN NGS Panel

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

Clinic Information:

Reporting
FAX report to: ( )_____ **Attn:**_____
Ph. results to: ( )_____ **Attn:**_____