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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
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-10 CODE _____

Flow Cytometry

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

Flow MRD (Clinic Bill Only)

- 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 _____

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⁾ 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) *
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-PDGFR 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

Ordering Physician: _____

NPI: _____

Phone:() _____

Clinic Information:

Reporting

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

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

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