

PATIENT INFORMATION—ATTACH LABEL HERE	BILLING INFORMATION
Patient Name: _____	Bill: <input type="checkbox"/> Clinic <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Patient Hospital Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-patient
DOB: _____ Age: _____ Gender: _____	Ordering Physician Signature (Required): _____ *testing will be held pending physician signature* NPI: _____ Phone: (_____) _____
Specimen ID: _____	
SPECIMEN INFORMATION	
<input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow Biopsy <input type="checkbox"/> Paraffin Shavings <input type="checkbox"/> Tissue Biopsy <input type="checkbox"/> Fluid (source): _____ <input type="checkbox"/> Paraffin Block <input type="checkbox"/> Other: _____	
Collection Date: _____ Time: _____	

ATTACH CHART NOTES / CBC / PATHOLOGY REPORT

ICD10: _____ <input type="checkbox"/> Suspected <input type="checkbox"/> Known	ICD10	ICD10	ICD10
Narrative Diagnosis/Clinical Data: _____	<input type="checkbox"/> Acute Lymphoblastic Leukemia-C91.00 <input type="checkbox"/> B-cell <input type="checkbox"/> T-cell <input type="checkbox"/> Unknown	<input type="checkbox"/> Leukemia, Unspecified-C95.00 <input type="checkbox"/> Leukocytosis-D72.829	<input type="checkbox"/> Myeloproliferative Neoplasm-D47.1 <input type="checkbox"/> Non-Hodgkin's Lymphoma-C85.90
	<input type="checkbox"/> Acute Myeloid Leukemia-C92.00 <input type="checkbox"/> Anemia-D64.9 <input type="checkbox"/> Chronic Lymphocytic Leukemia-C91.10 <input type="checkbox"/> Chronic Myelogenous Leukemia-C92.10 <input type="checkbox"/> Hodgkin's Lymphoma-C81.9	<input type="checkbox"/> Leukopenia-D72.819 <input type="checkbox"/> Lymphadenopathy-R59.9 <input type="checkbox"/> Monoclonal Gammopathy-D47.2 <input type="checkbox"/> Multiple Myeloma, Plasma Cell-C90.00 <input type="checkbox"/> Myelodysplastic Syndrome-D46.9	<input type="checkbox"/> Pancytopenia-D61.818 <input type="checkbox"/> Polycythemia-D45 <input type="checkbox"/> Suspected Malignant Neoplasm-C80.1 <input type="checkbox"/> Thrombocytopenia-D69.9 <input type="checkbox"/> Thrombocytosis-D47.3

<p>Flow Cytometry</p> <input type="checkbox"/> Leukemia/Lymphoma Immunophenotyping <input type="checkbox"/> Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED <input type="checkbox"/> PNH Panel MRD (Clinic Bill Only) Performed by Flow Cytometry <input type="checkbox"/> AML <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/> CLL <input type="checkbox"/> MDS	<p>Molecular Studies (May Require Preauthorization)</p> <input type="checkbox"/> B-Cell Gene Rearrangement <input type="checkbox"/> Reflex to IGK <input type="checkbox"/> T-Cell Gene Rearrangement <input type="checkbox"/> Reflex to T-Cell Beta <input type="checkbox"/> CLL IgHV Mutation Analysis <input type="checkbox"/> MYD88 L265P <input type="checkbox"/> If Positive Reflex to CXCR4 <input type="checkbox"/> AML Translocation Panel ^{(1)*} <input type="checkbox"/> AML1-ETO t(8;21) ^{(1)*} <input type="checkbox"/> PML-RARA t(15;17) ^{(1)*} <input type="checkbox"/> CBFB-MYH11 inv(16) ^{(1)*} <input type="checkbox"/> ALL Translocation Panel ^{(2)*} <input type="checkbox"/> BCR-ABL Quantitative ⁽²⁾ <input type="checkbox"/> E2A-PBX1 t(1;19) ^{(2)*} <input type="checkbox"/> MLL-AF4 t(4;11) ^{(2)*} <input type="checkbox"/> TEL-AML1 t(12;21) ^{(2)*} <input type="checkbox"/> ABL Mutation Analysis (Gleevec Resistance) <input type="checkbox"/> c-Kit D816V Point Mutation <input type="checkbox"/> NPM-1 Mutation Analysis <input type="checkbox"/> NPM1-MLF1 t(3;5) <input type="checkbox"/> CEBP Alpha Mutation <input type="checkbox"/> CD33 SNP Genotyping <input type="checkbox"/> STAT3 for T-LGL <input type="checkbox"/> SF3B1 Mutation Analysis <input type="checkbox"/> CXCR4
<p>Cell Sorting</p> <input type="checkbox"/> Cell Sorting for Chimerism (CD3 & CD33) <input type="checkbox"/> CD19+ B-cells <input type="checkbox"/> NK-Cells <input type="checkbox"/> Other _____ <input type="checkbox"/> Cell Sorting Tumor Population (flow required)	<p><input type="checkbox"/>BCR-ABL Quantitative t(9;22) ⁽²⁾ If BCR-ABL negative, reflex to: <input type="checkbox"/>JAK2 Point Mutation If JAK2 negative, reflex to: <input type="checkbox"/>Suspect PV Reflex to Exon12 OR <input type="checkbox"/>Suspect ET/MF Reflex to MPL <input type="checkbox"/>Suspect ET/MF Reflex to CALR <input type="checkbox"/>CALR Mutation Analysis <input type="checkbox"/>NUP98-NSD1 t(5;11) [*] <input type="checkbox"/>NUP98-KDM5 t(11;12) [*] <input type="checkbox"/>MLL-AF1 t(1;11) [*] <input type="checkbox"/>MLL-AF4 t(4;11) ^{(2)*} <input type="checkbox"/>MLL-AF9 t(9;11) [*] <input type="checkbox"/>MLL-ENL/ELL t(11;19) [*] <input type="checkbox"/>BCL-1 t(11;14) Monitoring [*] <input type="checkbox"/>BCL-2 t(14;18) Monitoring [*] <input type="checkbox"/>FIP1L1-PDGFR del (4q12) [*] <input type="checkbox"/>WT1 RT PCR [*] <input type="checkbox"/>CSF3R Mutation Analysis <input type="checkbox"/>IDH1 <input type="checkbox"/>IDH2 <input type="checkbox"/>BRAF for Hairy Cell Leukemia <input type="checkbox"/>CBFA2T3-GLIS2 RT PCR [*]</p>
<p>Cytogenetics</p> <input type="checkbox"/> Chromosome Analysis only <input type="checkbox"/> Chromosome Analysis with Reflex to FISH Analysis	<p>CGH/SNP Digital Karyotyping (Microarray) <input type="checkbox"/>MM <input type="checkbox"/>CLL <input type="checkbox"/>MDS <input type="checkbox"/>Other _____</p>
<p>FISH Panels</p> <input type="checkbox"/> B-NHL* <input type="checkbox"/> Ph-Like ALL <input type="checkbox"/> AML <input type="checkbox"/> T-NHL <input type="checkbox"/> AML Supplemental Panel <input type="checkbox"/> B-ALL <input type="checkbox"/> Double Hit* <input type="checkbox"/> MM <input type="checkbox"/> T-ALL <input type="checkbox"/> CLLw/BCL1 <input type="checkbox"/> Reflex to IgH Probe/s _____ <input type="checkbox"/> MDS <input type="checkbox"/> CLLw/oBCL1 <input type="checkbox"/> MPN <input type="checkbox"/> CML <p style="text-align: right; font-size: small;">*Validated for Paraffin Sections preferred. Please include H&E</p>	<p>FISH Probes</p> <input type="checkbox"/> BCR-ABL <input type="checkbox"/> MALT <input type="checkbox"/> XX/XY <input type="checkbox"/> PML-RARA <input type="checkbox"/> MYC <input type="checkbox"/> Other _____ <input type="checkbox"/> BCL1(CCND1) <input type="checkbox"/> PDGFRA <input type="checkbox"/> BCL2 <input type="checkbox"/> PDGFRB <input type="checkbox"/> BCL6 <input type="checkbox"/> FGFR1 <input type="checkbox"/> <input type="checkbox"/> JAK2
<p>FAX report to: (_____) _____</p> <p>Attn: _____</p> <p>Phone report to: (_____) _____</p> <p>Attn: _____</p>	<p>Deep Sequencing *Preauthorization Requirements and Medicare Coverage Restrictions Apply*</p> <p>AML: <input type="checkbox"/>Diagnostic (4 gene) <input type="checkbox"/>Reflex to Extended Panel <input type="checkbox"/>Monitoring MRD—Extended Panel <input type="checkbox"/>B-Cell Lymphoma Panel <input type="checkbox"/>MDS Panel <input type="checkbox"/>MPN Panel <input type="checkbox"/>Custom/Gene Specific MRD (Clinic Bill Only): _____</p> <p>Submitting Institution: _____</p>

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