

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 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)<sup>2)</sup> 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  
CBFA2T3-GLIS2 RT PCR

**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