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

Patient Name:

DOB: Age:

SS# Gender:

Path ID: Ph# ( )

Address:

City: State: Zip:

BILLING INFORMATION

□Client □Medicare □Insurance □Patient
□Inpatient □Outpatient □Non-patient

Insurance Name:

Preauthorization Code:

Group#

Policy# Ph.# ( )

Policy Holder:

SPECIMEN INFORMATION

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

□Bone Marrow: Left PIC
_____cc BM aspirate
_____BM core Biopsy _____cm length
_____ # aspirate smears
_____aspirate clot

Right PIC
_____cc BM aspirate
_____BM core Biopsy _____cm length
_____# aspirate smears
____aspirate clot

Sternal
_____cc BM aspirate
_____# aspirate smears
_____aspirate clot

□Peripheral Blood
□Tissue Biopsy Type/site_____
□Paraffin Block

□Body Fluid Type/site:_____
□Fine Needle Aspirate Site:_____
□Paraffin Shavings for Molecular Testing (DNA only)

DIAGNOSTIC STATUS-please attach CBC and include other clinical history as available

Suspected or ICD-9 code _____ □Unknown
Established Diagnosis_____, Date: ___/___/___
Transplant (date):_____/_____/_____ □autologous □allogeneic □same/□opposite sex

Diagnosis

Lymphoma: □Hodgkin □Non-Hodgkin Type:_____
Leukemia: □ALL □AML □APL Type:_____
□Multiple Myeloma □ with □ without Amyloidosis
□MDS (Myelodysplastic Syndrome) Type:_____
□MPN (Myeloproliferative Neoplasm) Type: □CML □ET □PV □CIMF

Symptoms/Other

□Leukocytosis □Lymphocytosis □Neutrophilia □Erythrocytosis □Thrombocytosis
□Leukopenia □Lymphopenia □Neutropenia □Anemia □Thrombocytopenia
□Pancytopenia □Splenomegaly □Other:_____

Comprehensive Evaluation

□Morphology (with iron stain) and Flow Cytometry, with Cytogenetics, FISH, IHC and PCR as needed

Flow Cytometry

□Leukemia/Lymphoma Immunophenotyping
□Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
□PNH Panel
□Cell Sorting for Chimerism (routine CD3 & CD33)
□CD19+ B-cells □NK-Cells □Other_____
□Cell Sorting Tumor Population (flow required)

Cytogenetics

□Chromosome Analysis □Reflex to FISH 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 BCL-1 □CLL without BCL-1
Individual FISH Probes: □BCR-ABL+ □PML-RARA
□BCL-1(CCND1) □BCL-2 □BCL-6 □MALT □MYC
□PDGFRA+ □PGDFRB+ □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)
□JAK2 Point Mutation Detection { □If Neg Reflex to Exon12
□CALR Mutation Analysis □If Neg Reflex to MPL
□CLL IgHV Mutation Analysis □If Neg Reflex to CALR
□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)*
□MLL-AF4 t(4;11)(2)*
□MLL-AF9 t(9;11)*
□MLL-ENL/ELL t(11;19)*
□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 Genotyping
□CBFA2T3-GLIS2 RT PCR*

Next Gen Sequencing

Preauthorization Required
□AML NGS 4 Marker Panel
□Reflex to Extended Panel
□MDS NGS Panel
□MPN NGS Panel

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

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

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

Client Contact Information: