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**HEMATOLOGICS USE ONLY**

**HLID#** \_\_\_\_\_

<b>PATIENT INFORMATION—ATTACH LABEL HERE</b>			<b>BILLING INFORMATION</b>		
<b>Patient Name:</b> _____			Bill: <input type="checkbox"/> Client <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 <i>*Please attach face sheet with insurance information/patient demographics*</i>		
<b>DOB:</b> _____ <b>Age:</b> _____ <b>Gender:</b> _____			<b>Ordering Physician Signature (Required):</b> _____ <i>*testing will be held pending physician signature*</i>		
<b>Specimen ID:</b> _____			<b>NPI:</b> _____ <b>Phone:</b> (____) _____		

**SPECIMEN INFORMATION**

**Specimen Collection Date:** \_\_\_\_\_ **Specimen Collection Time:** \_\_\_\_\_

<input type="checkbox"/> Bone Marrow: Left PIC _____ cc BM aspirate _____ BM core Biopsy _____ cm length _____ # aspirate smears _____ aspirate clot	<input type="checkbox"/> Right PIC _____ cc BM aspirate _____ BM core Biopsy _____ cm length _____ # aspirate smears _____ aspirate clot	<input type="checkbox"/> Sternal _____ cc BM aspirate _____ # aspirate smears _____ aspirate clot
<input type="checkbox"/> Peripheral Blood	<input type="checkbox"/> Body Fluid Type/site: _____	
<input type="checkbox"/> Tissue Biopsy Type/site: _____	<input type="checkbox"/> Fine Needle Aspirate Site: _____	
<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Paraffin Shavings for Molecular Testing (DNA only)	

**DIAGNOSTIC STATUS—please attach chart notes / CBC / path reports and any other available clinical history**

Suspected or ICD-10 code \_\_\_\_\_  
Established Diagnosis \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
Transplant (date): \_\_\_\_/\_\_\_\_/\_\_\_\_  autologous  allogeneic  same/opposite sex

**Diagnosis**

Lymphoma: <input type="checkbox"/> Hodgkin <input type="checkbox"/> Non-Hodgkin	Type: _____
Leukemia: <input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> APL	Type: _____
<input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> with <input type="checkbox"/> without Amyloidosis	Type: _____
<input type="checkbox"/> MDS (Myelodysplastic Syndrome)	Type: _____
<input type="checkbox"/> MPN (Myeloproliferative Neoplasm) Type: <input type="checkbox"/> CML <input type="checkbox"/> ET <input type="checkbox"/> PV <input type="checkbox"/> CIMF	

**Symptoms/Other**

<input type="checkbox"/> Leukocytosis <input type="checkbox"/> Lymphocytosis <input type="checkbox"/> Neutrophilia	<input type="checkbox"/> Erythrocytosis <input type="checkbox"/> Thrombocytosis
<input type="checkbox"/> Leukopenia <input type="checkbox"/> Lymphopenia <input type="checkbox"/> Neutropenia	<input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia
<input type="checkbox"/> Pancytopenia <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Other: _____	

<b>Comprehensive Evaluation</b> <input type="checkbox"/> Morphology (with iron stain) and Flow Cytometry, with Cytogenetics, FISH, IHC and PCR as needed	<b>Molecular Studies (May Require Preauthorization)</b> <input type="checkbox"/> ABL Mutation Analysis <input type="checkbox"/> FIP1L1-PDGFR del (4q12)* <input type="checkbox"/> ALL Translocation Panel <sup>(2)*</sup> <input type="checkbox"/> FLT3 <input type="checkbox"/> BCR-ABL Quantitative <sup>(2)</sup> <input type="checkbox"/> IDH1 <input type="checkbox"/> E2A-PBX1 t(1;19) <sup>(2)*</sup> <input type="checkbox"/> IDH2 <input type="checkbox"/> MLL-AF4 t(4;11) <sup>(2)*</sup> <input type="checkbox"/> IgHV Mutation Analysis <input type="checkbox"/> TEL-AML1 t(12;21) <sup>(2)*</sup> <input type="checkbox"/> JAK2 Point Mutation <input type="checkbox"/> AML1-ETO t(8;21) <sup>(1)*</sup> <input type="checkbox"/> Reflex to Exon12 <input type="checkbox"/> AML Translocation Panel <sup>(1)*</sup> <input type="checkbox"/> Reflex to MPL <input type="checkbox"/> AML1-ETO t(8;21) <sup>(1)*</sup> <input type="checkbox"/> Reflex to CALR <input type="checkbox"/> PML-RARA t(15;17) <sup>(1)*</sup> <input type="checkbox"/> KAT6A-CREBBP t(8;16) <input type="checkbox"/> CBFB-MYH11 inv(16) <sup>(1)*</sup> <input type="checkbox"/> MLL-AF1 t(1;11) <input type="checkbox"/> B-Cell Gene Rearrangement <input type="checkbox"/> MLL-AF4 t(4;11) <sup>(2)*</sup> <input type="checkbox"/> Reflex to IGK <input type="checkbox"/> MLL-AF6 t(6;11)* <input type="checkbox"/> BCL-1 t(11;14) Monitoring* <input type="checkbox"/> MLL-AF9 t(9;11)* <input type="checkbox"/> BCL-2 t(14;18) Monitoring* <input type="checkbox"/> MLL-ENL/ELL t(11;19)* <input type="checkbox"/> BRAF for Hairy Cell Leukemia <input type="checkbox"/> MYD88 L265P <input type="checkbox"/> c-Kit D816V Point Mutation <input type="checkbox"/> NPM-1 Mutation Analysis <input type="checkbox"/> CALR Mutation Analysis <input type="checkbox"/> NPM1-MLF1 t(3;5)* <input type="checkbox"/> CBFA2T3-GLIS2 RT PCR* <input type="checkbox"/> NUP98-KDM5 t(11;12)* <input type="checkbox"/> CBFB-MYH11 inv(16)* <input type="checkbox"/> NUP98-NSD1 t(5;11)* <input type="checkbox"/> CD33 SNP Genotyping <input type="checkbox"/> PML-RARA t(15;17) <sup>(1)*</sup> <input type="checkbox"/> CEPB Alpha Mutation <input type="checkbox"/> RBM15/MKL1 t(1;22) <input type="checkbox"/> CSF3R Mutation Analysis <input type="checkbox"/> SF3B1 Mutation Analysis <input type="checkbox"/> CXCR4 <input type="checkbox"/> STAT3 for T-LGL <input type="checkbox"/> Reflex to T-Cell Beta <input type="checkbox"/> DEK/NUP214 t(6;9) <input type="checkbox"/> TEL-AML1 t(12;21) <sup>(2)*</sup> <input type="checkbox"/> E2A-PBX1 t(1;19)* <input type="checkbox"/> WT1 RT PCR
<b>Flow Cytometry</b> <input type="checkbox"/> Leukemia/Lymphoma Immunophenotyping <input type="checkbox"/> Reflex to Karyotyping/FISH/Molecular to confirm diagnosis if needed <input type="checkbox"/> PNH Panel	
<b>Cell Sorting</b> <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)	
<b>Cytogenetics</b> <input type="checkbox"/> Chromosome Analysis only <input type="checkbox"/> Chromosome Analysis with Reflex to FISH Analysis	
<b>CGH/SNP Digital Karyotyping (Microarray)</b> <input type="checkbox"/> MM <input type="checkbox"/> CLL <input type="checkbox"/> MDS <input type="checkbox"/> Other _____	
<b>FISH Panels</b> <input type="checkbox"/> AML <input type="checkbox"/> B-NHL* <input type="checkbox"/> Ph-Like ALL <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"/> CML <input type="checkbox"/> MPN <input type="checkbox"/> CML <p align="right">*Validated for Paraffin. Sections preferred. Please include H&amp;E</p>	
<b>FISH Probes</b> <input type="checkbox"/> BCL2 <input type="checkbox"/> PDGFRA <input type="checkbox"/> (XX/XY) <input type="checkbox"/> BCR-ABL <input type="checkbox"/> BCL6 <input type="checkbox"/> PDGFRB <input type="checkbox"/> Other: _____ <input type="checkbox"/> PML-RARA <input type="checkbox"/> MALT <input type="checkbox"/> FGFR1 <input type="checkbox"/> BCL1(CCND1) <input type="checkbox"/> MYC <input type="checkbox"/> JAK2	

<b>Next Generation Sequencing</b> 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): _____	<b>REPORTING:</b> <b>FAX report to:</b> (____) _____ <b>Attn:</b> _____ <b>Submitting Institution:</b> _____
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Quantitative  
Panel  
Panel  
Panel