

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—ATTACH LABEL HERE

BILLING INFORMATION

Patient Name: _____

Bill: Clinic Medicare Insurance Patient
Hospital Status: Inpatient Outpatient Non-patient
Please attach face sheet with insurance information/patient demographics

DOB: _____ **Age:** _____ **Gender:** _____

Specimen ID: _____

Ordering Physician Signature (Required):

testing will be held pending physician signature

NPI: _____

Phone: (_____) _____

SUBMIT ONE REQUISITION PER SPECIMEN TYPE:

- | | |
|---|--|
| <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:	ICD10	ICD10	ICD10
<input type="checkbox"/> Suspected <input type="checkbox"/> Known	<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
Narrative Diagnosis/Clinical Data:	<input type="checkbox"/> Acute Myeloid Leukemia-C92.00 <input type="checkbox"/> Anemia-D64.9	<input type="checkbox"/> Leukopenia-D72.819 <input type="checkbox"/> Lymphadenopathy-R59.9	<input type="checkbox"/> Pancytopenia-D61.818 <input type="checkbox"/> Polycythemia-D45
	<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"/> Monoclonal Gammopathy-D47.2 <input type="checkbox"/> Multiple Myeloma, Plasma Cell-C90.00 <input type="checkbox"/> Myelodysplastic Syndrome-D46.9	<input type="checkbox"/> Suspected Malignant Neoplasm-C80.1 <input type="checkbox"/> Thrombocytopenia-D69.9 <input type="checkbox"/> Thrombocytosis-D47.3

Flow Cytometry

- Leukemia/Lymphoma Immunophenotyping
 Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
- PNH Panel
- MRD (Clinic Bill Only) Performed by Flow Cytometry**
- AML B-ALL T-ALL CLL MDS

Molecular Studies (May Require Preauthorization)

- | | |
|--|--|
| <input type="checkbox"/> ABL Mutation Analysis | <input type="checkbox"/> FIP1L1-PDGFR del (4q12)* |
| <input type="checkbox"/> ALL Translocation Panel ^{(2)*} | <input type="checkbox"/> FLT3 |
| <input type="checkbox"/> BCR-ABL Quantitative ⁽²⁾ | <input type="checkbox"/> IDH1 |
| <input type="checkbox"/> E2A-PBX1 t(1;19) ^{(2)*} | <input type="checkbox"/> IDH2 |
| <input type="checkbox"/> MLL-AF4 t(4;11) ^{(2)*} | <input type="checkbox"/> IgHV Mutation Analysis |
| <input type="checkbox"/> TEL-AML1 t(12;21) ^{(2)*} | <input type="checkbox"/> JAK2 Point Mutation |
| <input type="checkbox"/> AML1-ETO t(8;21) ^{(1)*} | <input type="checkbox"/> Reflex to Exon12 |
| <input type="checkbox"/> AML Translocation Panel ^{(1)*} | <input type="checkbox"/> Reflex to MPL |
| <input type="checkbox"/> AML1-ETO t(8;21) ^{(1)*} | <input type="checkbox"/> Reflex to CALR |
| <input type="checkbox"/> PML-RARA t(15;17) ^{(1)*} | <input type="checkbox"/> KAT6A-CREBBP t(8;16) |
| <input type="checkbox"/> CBFB-MYH11 inv(16) ^{(1)*} | <input type="checkbox"/> MLL-AF1 t(1;11)* |
| <input type="checkbox"/> B-Cell Gene Rearrangement | <input type="checkbox"/> MLL-AF4 t(4;11) ^{(2)*} |
| <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"/> BCR-ABL IS Quant t(9;22) ⁽²⁾ | <input type="checkbox"/> MYD88 L265P |
| <input type="checkbox"/> BRAF for Hairy Cell Leukemia | <input type="checkbox"/> NPM-1 Mutation Analysis |
| <input type="checkbox"/> c-Kit D816V Point Mutation | <input type="checkbox"/> NPM1-MLF1 t(3;5)* |
| <input type="checkbox"/> CALR Mutation Analysis | <input type="checkbox"/> NUP98-KDM5 t(11;12)* |
| <input type="checkbox"/> CBFA2T3-GLIS2 RT PCR* | <input type="checkbox"/> NUP98-NSD1 t(5;11)* |
| <input type="checkbox"/> CBFB-MYH11 inv(16)* | <input type="checkbox"/> PML-RARA t(15;17) ^{(1)*} |
| <input type="checkbox"/> CD33 SNP Genotyping | <input type="checkbox"/> RBM15/MKL1 t(1;22) |
| <input type="checkbox"/> CEBP Alpha Mutation | <input type="checkbox"/> SF3B1 Mutation Analysis |
| <input type="checkbox"/> CSF3R Mutation Analysis | <input type="checkbox"/> STAT3 for T-LGL |
| <input type="checkbox"/> CXCR4 | <input type="checkbox"/> T-Cell Gene Rearrangement |
| <input type="checkbox"/> DEK/NUP214 t(6;9) | <input type="checkbox"/> Reflex to T-Cell Beta |
| <input type="checkbox"/> E2A-PBX1 t(1;19)* | <input type="checkbox"/> TEL-AML1 t(12;21) ^{(2)*} |
| | <input type="checkbox"/> WT1 RT PCR* |

Cell Sorting

- 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 Reflex to FISH Analysis

CGH/SNP Digital Karyotyping (Microarray)

- MM CLL MDS Other _____

FISH Panels

- | | | |
|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> AML | <input type="checkbox"/> B-NHL* | <input type="checkbox"/> Ph-Like ALL |
| <input type="checkbox"/> B-ALL | <input type="checkbox"/> T-NHL | <input type="checkbox"/> AML Supplemental Panel |
| <input type="checkbox"/> T-ALL | <input type="checkbox"/> Double Hit* | <input type="checkbox"/> MM |
| <input type="checkbox"/> MDS | <input type="checkbox"/> CLLw/BCL1 | <input type="checkbox"/> Reflex to IgH Probe/s _____ |
| <input type="checkbox"/> MPN | <input type="checkbox"/> CLLw/oBCL1 | |
| | <input type="checkbox"/> CML | |
- *Validated for Paraffin Sections preferred. Please include H&E*

FISH Probes

- | | | |
|--------------------------------------|---------------------------------|--------------------------------------|
| <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"/> JAK2 | |

FAX report to: (_____) _____

Attn: _____

Phone report to: (_____) _____

Attn: _____

Next Generation Sequencing

Preauthorization Requirements and Medicare Coverage Restrictions Apply

- AML: Diagnostic (4 gene)
 Reflex to Extended Panel
- Monitoring MRD—Extended Panel
- B-Cell Lymphoma Panel MDS Panel MPN Panel
- Custom/Gene Specific MRD (Clinic Bill Only): _____

Submitting Institution: _____

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