

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**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Specimen ID:** \_\_\_\_\_

**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:** \_\_\_\_\_

**BILLING INFORMATION**

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

**Ordering Physician Signature (Required):**

\_\_\_\_\_  
*\*testing will be held pending physician signature\**

**NPI:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**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-D69.6 <input type="checkbox"/> Thrombocytosis-D47.3

**Flow Cytometry**

- Leukemia/Lymphoma Immunophenotyping  
 Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED  
 PNH Panel  
**AN:™ MRD (Clinic Bill Only) Select an MRD assay below**  
 AML  B-ALL  T-ALL  CLL  MDS

**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:** \_\_\_\_\_

**Molecular Studies (May Require Preauthorization)**

- |  |  |
|--|--|
| <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"/> BCR-ABL IS Quant t(9;22) <sup>(2)</sup> | <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) <sup>(1)*</sup> |
| <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) <sup>(2)*</sup> |
|  | <input type="checkbox"/> WT1 RT PCR*                       |

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

**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:** \_\_\_\_\_