

CLIENT INFORMATION

Send duplicate report to Name: _____ Fax: _____

PATIENT INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER	PATIENT ID NUMBER
ADDRESS			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH / /
CITY	STATE	ZIP	PHONE ()	

BILLING INFORMATION

PLEASE ATTACH A COPY OF THE PATIENT'S DRIVERS LICENSE - FRONT AND BACK - AND A COPY OF THE PATIENT'S INSURANCE CARD - FRONT AND BACK

Financial and release of information authorization: In consideration for services rendered, I/we hereby assign the benefits due me covering the services provided by Laboratory Medicine Consultants, including major medical benefits. I/we authorize the release of information necessary for insurance purposes. Furthermore, that in consideration of service rendered to the patient, I/we hereby obligate myself/ourselves to assume responsibility for full payment of account.

NAME OF INSURED (SUBSCRIBER)	LAST	FIRST	MI
PATIENT IS:	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD
PRIMARY INSURANCE	<input type="checkbox"/> PPO	<input type="checkbox"/> HMO	ID NUMBER
INSURANCE ADDRESS:	CITY	STATE	ZIP
SECONDARY INSURANCE/ADDRESS	<input type="checkbox"/> PPO	<input type="checkbox"/> HMO	ID NUMBER
INSURED PATIENT SIGNATURE FOR FINANCIAL AND RELEASE OF INFORMATION ABN	DATE	PLEASE BILL (CHECK BOX)	
		<input type="checkbox"/> DOCTOR/CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE	
DIAGNOSIS (SPECIFY ICD 9)	1.	2.	3.
			4.

IMPORTANT MEDICARE PATIENTS: THE ADVANCE BENEFICIARY NOTICE, IF REQUIRED, MUST BE COMPLETED, SIGNED BY THE PATIENT, AND ATTACHED **IMPORTANT**

SPECIMEN INFORMATION: COLLECTION DATE ____/____/____ COLLECTION TIME ____:____ AM/PM

CLINICAL INFORMATION (Please write legibly and include diagnosis under consideration; Do not use ICD9 Codes)

STAT CALL WITH PRELIMINARY RESULT (Phone # _____)

Status/Therapy

New Diagnosis Relapse Monitoring

Chemotherapy GCSF/GMCSF Tyrosine kinase inhibitor (e.g. imatinib)

Anti-monoclonal therapy (e.g. Rituxan, Campath) Bone Marrow Transplant

SPECIMEN INFORMATION

Bone Marrow ___Green Top(s) ___Lavender Top(s) ___Core ___Clot ___Marrow Aspirate Smears

Right iliac Left iliac Other site

Peripheral Blood ___Green Top(s) ___Lavender Top(s)

(Please provide two (2) unstained smears and CBC with histogram.)

Fresh Tissue Source _____

Fluid Source _____

TESTS TO BE PERFORMED

HemeDX Comprehensive Analysis- (Includes Morphologic evaluation with immunohistochemistry, Flow Cytometry, Cytogenetic Analysis with reflex to FISH and/or PCR as medically necessary)

Or request individual studies as follows:

Peripheral Smear review only (Please provide two (2) unstained smears and CBC with histogram.)

Bone Marrow Morphology (including IHC as medically necessary)

Flow Cytometry Comprehensive Analysis (Panel selected based on Clinical and Morphological data)

Leukemia/Lymphoma Panel ZAP70 PNH (High Sensitive)

Cytogenetic Analysis Reflex to FISH/PCR as medically necessary

(For specific FISH/PCR studies, see adjacent order boxes.)

Other _____

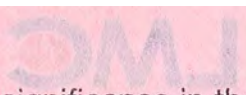
FISH PROFILES & PROBES (Green Top Tube)
 (See back of requisition for Profile components, ordering instructions, and specimen requirements)

FISH PROFILES	PROBE SETS
<input type="checkbox"/> Acute Myelogenous Leukemia (AML)	<input type="checkbox"/> CML t(9;22)
<input type="checkbox"/> Acute Lymphocytic Leukemia (ALL)	<input type="checkbox"/> Mantle Cell Lymphoma t(11;14)
<input type="checkbox"/> Myeloproliferative Disorders - (CML, ET, PV, PMF)	<input type="checkbox"/> Follicular Lymphoma t(14;18)
<input type="checkbox"/> Myelodysplastic Syndromes (MDS)	<input type="checkbox"/> Burkitt's Lymphoma MYC-BA
<input type="checkbox"/> Chronic Lymphocytic Leukemia (CLL)	<input type="checkbox"/> MALT Lymphoma 18q21
<input type="checkbox"/> Non-Hodgkins Lymphoma (NHL)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Multiple Myeloma (MM)	

INDIVIDUAL MOLECULAR TESTS (Lavender Top Tube)

<input type="checkbox"/> BCR/ABL1 Mutation Analysis	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative
<input type="checkbox"/> BCR/ABL1 Kinase Mutation Analysis	
<input type="checkbox"/> JAK2 Mutation Analysis	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative
<input type="checkbox"/> FLT3/NPM1 Mutation Analysis	
<input type="checkbox"/> CEBPA Mutation Analysis	
<input type="checkbox"/> MPL W515L/K Mutation Analysis	
<input type="checkbox"/> PML/RARA_STAT	
<input type="checkbox"/> T-Cell Clonality	
<input type="checkbox"/> B-Cell Clonality	
<input type="checkbox"/> IgVH Hypermutation Analysis	
<input type="checkbox"/> Other _____	

Physician's Signature: _____



HEMATOLOGIC FISH PROBES & PROFILES

Probes in bold type detect the most common abnormalities or abnormalities with prognostic significance in the disease groups listed. All the probes listed below may be ordered individually or as a profile based on medical necessity.

THIS PAGE IS FOR REFERENCE ONLY PLEASE USE THE FRONT OF FORM TO ORDER TESTING.

Acute Myelogenous Leukemia (AML)

D20S108 20q-
D7S522/7cen -7/7q-
EGR1/5 -5/5q-
8cen +8

AML1/ETO t(8;21)
 BCR/ABL t(9;22)
 CBFβ t(16;16), inv(16), del(16)
 MLL 11q23
 PML/RARA t(15;17)
 RARA 17q21t(15;17), t(11;17),
 t(5;17)

Acute Lymphocytic Leukemia (ALL)

BCR/ABL t(9;22)
D21S259/D21S341/D21S342
+21(adult)
MLL 11q23
TEL/AML1 t(12;21)(pediatric)
4cen +4 (pediatric)
6cen +6 (adult)
10cen +10 (pediatric)

17cen +17 (pediatric)
 P16 del(9p)
 IGH-BA [IGH5'/IGH3'] 14q32.3
 rearrangements
 MYC-BA 8q24, t(2;8), t(8;14), t(8;22)
 MYC/IGH t(8;14)

Myeloproliferative Disorders (MPD) - Chronic/Myelogenous

Leukemia (CML)
BCR/ABL t(9;22)
D13S319/RB1 del(13)(q14.3)
D20S108 20q-
8cen +8
9cen +9

D7S522/7cen - 7/7q-
 EGR 1/5p -5/5q
 FIP1L1-PDGFRα (CHIC2) 4q12 del

Myelodysplastic Syndromes (MDS)

D20S108 20q-
D7S522/7 cen -7/7q-
EGR1/5p -5/5q-
8cen +8

MLL 11q23
 TP53 17p13.1

Chronic Lymphocytic Leukemia (CLL)

ATM 11q22.3
CCND1/IGH t(11;14)
TP53 17p13.1
12cen +12
D13S319 13q14.3
LAMP1 13q34

IGH-BA [IGH5'/IGH3'] 14q32.3

Non-Hodgkin's Lymphoma (NHL)

BCL6 3q27
CCND1/IGH t(11;14)
IGH/BCL2 t(14;18)
MYC-BA t(2;8), t(8;14), t(8;22)
12cen +12

ALK t(2;5)
 IGH-BA (IGH5'/IGH3') 14q32.3
 rearrangements
 MALT 1 18q21, t(11;18), t(14;18)
 MYC/IGH t(8;14)

Multiple Myeloma (MM)

CCND1/IGH t(11;14)
FGFR3/IGH t(4;14)
IGH/MAF t(14;16)
RB1/D13S319 13q14
TP53 17p13.1
3cen +3

IGH-BA [IGH5'/IGH3'] 14q32.3
 7cen +7
 9cen +9
 11cen +11

Mantle Cell Lymphoma

CCND1/IGH t(11;14)

Follicular Lymphoma

IGH/BCL2 t(14;18)

Burkitt's Lymphoma

MYC-BA t(2;8), t(8;14), t(8;22)
MYC/IGH t(8;14)

MALT Lymphoma

MALT 1 18q21/t(11;18), t(14;18)

Anaplastic Large Cell Lymphoma

ALK 2p23/t(2;5) or variants

Specimen Requirements for Hematopathology Testing

Technology	Blood	Bone Marrow
FLOW	5-10ml Green Top Tube	2-3ml Green Top Tube
FLOW MRD	5-10ml Green Top Tube	5-10ml Green Top Tube
Cytogenetics	5-10ml Green Top Tube	2-3ml Green Top Tube
FISH	5-10ml Green Top Tube	2-3ml Green Top Tube
Molecular PCR	5-10ml Lavender Top Tube	2-3ml Lavender Top Tube