

**PATIENT INFORMATION** (Please Provide All Information)

LAST NAME (Please Print Legibly)	FIRST	MIDDLE	PATIENT MRN.	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH [ MM / DD / YYYY ]
ORDERING PROVIDER			Dr PHONE NUMBER	PATIENT HOME PHONE NUMBER	
ORDERING PROVIDER SIGNATURE					
X: _____					

COLLECTION DATE:	<b>Specimen Information</b>				
TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Bone marrow and blood	<input type="checkbox"/> Slides: Case # _____	<input type="checkbox"/> Body fluid: Type _____		
	<input type="checkbox"/> Peripheral blood	Number of slides: _____	<input type="checkbox"/> Tissue: Type _____		

**Note: Ordered tests may not be performed if appropriate diagnostic or pathologic codes are not submitted. Most cytogenetic, flow cytometry, FISH and molecular tests require pre-authorization obtained by ordering clinician for coverage. If there is no pre-authorization, an ABN form may be required to perform testing.**

**Clinical Findings or History**    **ICD10 codes (must have appropriate codes for testing):** \_\_\_\_\_

<input type="checkbox"/> Anemia	<input type="checkbox"/> Neutropenia	<input type="checkbox"/> Lymphopenia	<input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> Blasts	<input type="checkbox"/> Neutrophilia
<input type="checkbox"/> Lymphocytosis	<input type="checkbox"/> Thrombocytosis	<input type="checkbox"/> Monocytosis	<input type="checkbox"/> Eosinophilia	<input type="checkbox"/> Polycythemia	<input type="checkbox"/> Monoclonal Gammopathy
<input type="checkbox"/> B-cell lymphoma/Lymphoproliferative disorder	<input type="checkbox"/> T-cell lymphoma/Lymphoproliferative disorder		<input type="checkbox"/> Hodgkin Lymphoma		
<input type="checkbox"/> Plasma cell neoplasm: Type: _____	<input type="checkbox"/> MDS: Type _____				
<input type="checkbox"/> Leukemia: Type _____	<input type="checkbox"/> MPN: Type _____				
<input type="checkbox"/> Other: Specify _____					

**Diagnoses being considered**

<input type="checkbox"/> Hodgkin Lymphoma {Flow cytometry and cytogenetics are NOT indicated for Hodgkin lymphoma}	<input type="checkbox"/> T-cell lymphoma/Lymphoproliferative disorder
<input type="checkbox"/> B-cell lymphoma/Lymphoproliferative disorder	<input type="checkbox"/> Myelodysplastic Syndrome (MDS)
<input type="checkbox"/> MGUS	<input type="checkbox"/> Myeloproliferative neoplasm (MPN)
<input type="checkbox"/> Combined MPN/MDS (e.g. CMML)	<input type="checkbox"/> ALL
<input type="checkbox"/> Plasma cell neoplasm	<input type="checkbox"/> AML
<input type="checkbox"/> Leukemia (unspecified)	

**Evaluation requested**

<input type="checkbox"/> <b>Complete Bone marrow and peripheral blood evaluation</b> (including flow cytometry, cytogenetics, FISH and molecular studies if indicated per pathologist findings and clinical concern) <input type="checkbox"/> <b>Bone marrow and peripheral blood morphology</b> <input type="checkbox"/> <b>Chromosomal karyotype analysis if indicated by pathologist findings</b> <input type="checkbox"/> <b>FISH testing as indicated by pathologist findings</b> <input type="checkbox"/> <b>PCR testing as indicated by pathologist findings</b> <input type="checkbox"/> <b>Hemepath Consult Analyzer</b> <input type="checkbox"/> <b>Hemepath Consult</b> <input type="checkbox"/> <b>Tissue or fluid morphologic assessment: Type _____</b>	<input type="checkbox"/> <b>Flow cytometry:</b> <input type="checkbox"/> As indicated based on clinical/morphologic findings <input type="checkbox"/> Screening panel (most economical, evaluate blasts, lymphocytes, myeloid cells and expand if needed) <input type="checkbox"/> Lymphoproliferative disorder/lymphoma (LPD) panel (T and B cell screen, expand if needed) <input type="checkbox"/> B-cell LPD panel <input type="checkbox"/> T-cell LPD panel <input type="checkbox"/> Plasma cell neoplasm <input type="checkbox"/> Acute leukemia (uncertain lineage) Panel <input type="checkbox"/> AML panel <input type="checkbox"/> ALL panel <input type="checkbox"/> PNH panel
---	---

**Microbiology Cultures -**  Aerobic     Fungus     AFB (Note: Molecular testing recommended for viral infection evaluation, not viral cultures)

**Additional cytogenetic/molecular testing that may be added as indicated:** (If testing is to be performed regardless, mark specific tests below)

<input type="checkbox"/> <b>Chromosomal karyotype analysis perform regardless</b> <b>Acute myeloid leukemia</b> <input type="checkbox"/> FISH: PML/RARA, t(15;17) for Acute Promyelocytic Leukemia <input type="checkbox"/> FISH: 11q23 Rearrangement <input type="checkbox"/> FISH: AML1/ETO, t(8,21) <input type="checkbox"/> FISH: CBFB, Inv(16), t(16;16) <input type="checkbox"/> FISH: BCR/ABL t(9;22) <input type="checkbox"/> PCR: PML/RARA t(15;17), Quantitative <input type="checkbox"/> PCR: CEBPA Mutation <input type="checkbox"/> PCR: FLT3 Mutations (ITD and D835) <input type="checkbox"/> PCR: NPM1 (Exon 12) Mutation <b>Acute lymphoblastic leukemia</b> <input type="checkbox"/> FISH: BCR/ABL, t(9;22) <input type="checkbox"/> FISH: 11q23 Rearrangement <b>Myelodysplastic syndromes</b> <input type="checkbox"/> FISH: Myeloid Disorder Panel (chromosomes 5, 7, 8, 20) <b>Eosinophilia</b> <input type="checkbox"/> FISH: CHIC2 deletion (FIP1L1-PDGFR) 4q12 { PDGFRB and FLP1 rearrangements will be detected by chromosomal karyotypic analysis}	<b>Myeloproliferative neoplasms</b> <input type="checkbox"/> FISH: BCR/ABL t(9;22) <input type="checkbox"/> PCR: BCR/ABL t(9;22), Quantitative <input type="checkbox"/> PCR: JAK2 V617F Mutation <input type="checkbox"/> NGS: MPN Molecular Panel including JAK2 exon 12, MPL, CALR, (only performed if negative for JAK2 V617F) <input type="checkbox"/> PCR: KIT Mutation Analysis <b>Lymphoma, LPDs and Plasma cell neoplasms</b> <input type="checkbox"/> FISH: Myeloma Panel [P53 (17p13), IGH/MAF t(14;16), CDKN2C/CKS1B(1p32/1q21), IGH/FGFR3 t(4;14)] <input type="checkbox"/> FISH: B-Cell CLL Panel [+12, del13q14.3, del 13q34, del17p13.1, del11q22.3] <input type="checkbox"/> FISH: Mantle Cell Lymphoma CCND1/IGH t(11;14) <input type="checkbox"/> FISH: Follicular Lymphoma IGH/BCL2 t(14;18) <input type="checkbox"/> FISH: Burkitt Lymphoma, MYC/IGH t(8;14) <input type="checkbox"/> FISH: MYC, 8q24 Rearrangement <input type="checkbox"/> FISH: Double/triple-hit work-up [MYC w/ reflex to BCL2 (18q21), BCL6 (3q27)] <input type="checkbox"/> PCR: Mantle Cell Lymphoma, CCND1/IGH t(11;14) <input type="checkbox"/> PCR: B-Cell (IgH, Heavy Chain) Gene Rearrangement <input type="checkbox"/> PCR: T-Cell Receptor (TCR) Gene Rearrangement
--	--