

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:	Specimen Information	<input type="checkbox"/> Bone marrow and blood	<input type="checkbox"/> Slides: Case # _____	<input type="checkbox"/> Body fluid: Type _____
TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		<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"/> Other: _____ | | | |
| <input type="checkbox"/> Leukemia: Type _____ | <input type="checkbox"/> MPN: Type _____ | Specify _____ | | | |

Diagnoses being considered

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

Evaluation requested

- | | |
|--|---|
| <input type="checkbox"/> Complete Bone marrow and peripheral blood evaluation (including flow cytometry, cytogenetics, FISH and molecular studies if indicated per pathologist findings and clinical concern)
<input type="checkbox"/> Bone marrow and peripheral blood morphology
<input type="checkbox"/> Chromosomal karyotype analysis if indicated by pathologist findings
<input type="checkbox"/> FISH testing as indicated by pathologist findings
<input type="checkbox"/> PCR testing as indicated by pathologist findings
<input type="checkbox"/> Hemepath Consult Analyzer
<input type="checkbox"/> Hemepath Consult
<input type="checkbox"/> Tissue or fluid morphologic assessment: Type _____ | <input type="checkbox"/> Flow cytometry:
<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)

Chromosomal karyotype analysis perform regardless

Acute myeloid leukemia

- FISH: PML/RARA, t(15;17) for Acute Promyelocytic Leukemia
- FISH: 11q23 (MLL/KMT2A) Rearrangement
- FISH: AML1/ETO, t(8,21)
- FISH: CBF, Inv(16), t(16;16)
- FISH: BCR/ABL t(9;22)
- Myeloid NGS Panel (includes all gene mutations below)
- PCR: PML/RARA t(15;17), Quantitative
- PCR: CEBPA Mutation
- PCR: FLT3 Mutations (ITD)
- PCR: RUNX1 Mutation
- PCR: KIT Mutation
- PCR: NPM1 (Exon 12) Mutation
- PCR: IDH1/IDH2 Mutation
- PCR: TP53 Mutation

Acute lymphoblastic leukemia

- FISH: BCR/ABL, t(9;22)
- FISH: BCR/ABL with reflex testing for BCR-ABL-like
- FISH: 11q23 (MLL/KMT2A) Rearrangement
- FISH: t(12;21)

Myelodysplastic syndromes

- FISH: Myeloid Disorder Panel (chromosomes 5, 7, 8, 20)

Myeloproliferative neoplasms

- FISH: BCR/ABL t(9;22)
- PCR: BCR/ABL t(9;22), Quantitative
- PCR: JAK2 V617F Mutation
- NGS: MPN Molecular Panel including JAK2 exon 12, MPL, CALR, (only performed if negative for JAK2 V617F)
- FISH: CHIC2 deletion (FIP1L1-PDGFR) 4q12 { PDGFRB and FLP1 rearrangements will be detected by chromosomal karyotypic analysis}
- PCR: KIT Mutation Analysis

Lymphoma, LPDs and Plasma cell neoplasms

- FISH: Myeloma Panel [P53 (17p13), IGH/MAF t(14;16), CDKN2C/CKS1B(1p32/1q21), IGH/FGFR3 t(4;14)]
- FISH: B-Cell CLL Panel [+12, del13q14.3, del 13q34, del17p13.1, del11q22.3]
- FISH: Mantle Cell Lymphoma CCND1/IGH t(11;14)
- FISH: Follicular Lymphoma IGH/BCL2 t(14;18)
- FISH: Burkitt Lymphoma, MYC/IGH t(8;14)
- FISH: MYC, 8q24 Rearrangement
- FISH: Double/triple-hit work-up [MYC w/ reflex to BCL2 (18q21), BCL6 (3q27)]
- PCR: Mantle Cell Lymphoma, CCND1/IGH t(11;14)
- PCR: B-Cell (IgH, Heavy Chain) Gene Rearrangement
- PCR: T-Cell Receptor (TCR) Gene Rearrangement