

HEMATOPATHOLOGY Patient Information Sheet

CLIENT INFORMATION		PATIENT INFORMATION		
		Last name		First name
		Date of Birth		Age
Sex				
Treating Physician (please print: first last):		Physician's contact number:		Medical Record #

SPECIMEN INFORMATION	
Collection Date mm ____ / dd ____ / yyyy ____ Collection Time ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Peripheral Blood (attach CBC result): Green Top(s) ____ Purple Top(s) ____ Other ____ <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> FNA in <input type="checkbox"/> RPMI <input type="checkbox"/> Other ____ (Site) ____	
<input type="checkbox"/> Bone Marrow (attach CBC result): Green Top(s) ____ Purple Top(s) ____ Core Biopsy ____ Clot ____ <input type="checkbox"/> Fluid: CSF ____ Pleural ____ Other: ____	

CLINICAL INFORMATION	
**** This section must be complete or report will be delayed ****	
Known Diagnosis: _____ ICD-10 Code (Required) _____	
Pertinent history: <input type="checkbox"/> Pancytopenia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Leukopenia <input type="checkbox"/> Anemia <input type="checkbox"/> Lymphocytosis <input type="checkbox"/> Abnormal lymphocytes <input type="checkbox"/> Monocytosis <input type="checkbox"/> Atypical cells/blasts <input type="checkbox"/> Eosinophilia <input type="checkbox"/> Monoclonal gammopathy <input type="checkbox"/> Plasmacytosis <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Extranodal mass <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Other _____	
Diagnosis under consideration (check all that apply): <input type="checkbox"/> non-Hodgkin Lymphoma <input type="checkbox"/> Hodgkin Lymphoma <input type="checkbox"/> Acute Leukemia <input type="checkbox"/> Chronic Lymphoproliferative Disorder <input type="checkbox"/> Myelodysplastic Disorder <input type="checkbox"/> Myeloproliferative Neoplasms <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Other _____	
Status: <input type="checkbox"/> New diagnosis <input type="checkbox"/> Follow up <input type="checkbox"/> Minimal residual disease <input type="checkbox"/> Relapse <input type="checkbox"/> BM Transplant	

TEST MENU										
<p>Flow Cytometry - EDTA</p> <p><input type="checkbox"/> Global <input type="checkbox"/> Tech-Only</p> <p><input type="checkbox"/> Lymphoma/Lymphocytosis Panel FLWCY (For CLL, MM, and NHL studies)</p> <p><input type="checkbox"/> Leukemia/Lymphoma Comprehensive Panel FLWCY (For ALL, AML, CML and MDS studies)</p> <p>-----Reflex panels if indicated-----</p> <p><input type="checkbox"/> Plasma Cell</p> <p><input type="checkbox"/> Hairy Cell</p> <p><input type="checkbox"/> Acute Leukemia Intracellular Markers: (nTdT, cMPO, cCD3, cCD79a)</p> <p><input type="checkbox"/> T-cell Receptor</p> <p><input type="checkbox"/> PNH PNHRW ARUP Lab</p> <p>Cytogenetics ARUP Lab (Chromosome Analysis) - Sodium Heparin</p> <p><input type="checkbox"/> Peripheral Blood CHRLB</p> <p><input type="checkbox"/> BM Aspirate CHABM</p>	<p>Fluorescence in situ Hybridization (FISH) - Sodium Heparin</p> <p><input type="checkbox"/> *Process & hold RQFSH (all panels except Myeloma)</p> <p><input type="checkbox"/> *Plasma Cell Enrichment - process & hold RQPCE (all panels including Myeloma) <i>*Client Services must be called within 14 days of collection for panel selection</i></p> <p><input type="checkbox"/> Global <input type="checkbox"/> Tech-Only-pathologist for interp: _____</p> <p>Select a panel below: [FISH probes may be ordered individually by checking the box beside test]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> ALL Panel (Adult) ALLFH <input type="checkbox"/> BCR/ABL t(9;22) <input type="checkbox"/> MLL Rearrangement (11q23) </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> CML Panel: CMLFH <input type="checkbox"/> BCR/ABL t(9;22) </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> AML Panel AMLFH <input type="checkbox"/> Deletion 5q/Monosomy 5 <input type="checkbox"/> Deletion 7q/Monosomy 7 <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> Deletion 20q <input type="checkbox"/> Inv(3) 3q26 <input type="checkbox"/> RUNX1/RUNX1T1 (AML/ETO) t(8;21) <input type="checkbox"/> PML/RARA t(15;17) (APL) <input type="checkbox"/> MYH11/CBFB; inv(16), t(16;16) <input type="checkbox"/> MLL Rearrangement (11q23) </td> <td style="border: none;"> <input type="checkbox"/> Myeloma Panel MMYFH <input type="checkbox"/> Deletion 1p/1q Gain <input type="checkbox"/> Deletion 13q/Monosomy 13 <input type="checkbox"/> Trisomy 3, 5, 9 <input type="checkbox"/> Deletion 17p (TP53) <input type="checkbox"/> IGH Rearrangement (14q32) Reflex to <input type="checkbox"/> IGH/CCND1, t(11;14) <input type="checkbox"/> IGH/FGFR3, t(4;14) <input type="checkbox"/> IGH/MAF, t(14;16) </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> CLL/SLL Panel CLLFH <input type="checkbox"/> Deletion 11q (ATM) <input type="checkbox"/> Deletion 13q/Monosomy 13 <input type="checkbox"/> Deletion 17p (TP53) <input type="checkbox"/> Trisomy 12 <input type="checkbox"/> IGH/CCND1, t(11;14) </td> <td style="border: none;"> <input type="checkbox"/> NHL Panel NHLFH <input type="checkbox"/> ALK Rearrangement (2p23) <input type="checkbox"/> BCL6 Rearrangement (3q27) <input type="checkbox"/> MALT1 Rearrangement (18q21) <input type="checkbox"/> MYC Rearrangement (8q24) <input type="checkbox"/> IGH Rearrangement (14q32) <input type="checkbox"/> IGH/BCL2, t(14;18) <input type="checkbox"/> IGH/CCND1, t(11;14) <input type="checkbox"/> IGH/MYC, t(8;14). </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> MDS Panel MDSFH <input type="checkbox"/> Deletion 5q/Monosomy 5 <input type="checkbox"/> Deletion 7q/Monosomy 7 <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> Deletion 20q <input type="checkbox"/> MLL Rearrangement (11q23) </td> <td style="border: none;"> <input type="checkbox"/> Eosinophilia Panel ARUP 2002378 PDGFR-α, (FIP1L1), PDGFR-β, FGFR1, and CBFB </td> </tr> </table> <p><input type="checkbox"/> Other _____</p>	<input type="checkbox"/> ALL Panel (Adult) ALLFH <input type="checkbox"/> BCR/ABL t(9;22) <input type="checkbox"/> MLL Rearrangement (11q23)	<input type="checkbox"/> CML Panel: CMLFH <input type="checkbox"/> BCR/ABL t(9;22)	<input type="checkbox"/> AML Panel AMLFH <input type="checkbox"/> Deletion 5q/Monosomy 5 <input type="checkbox"/> Deletion 7q/Monosomy 7 <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> Deletion 20q <input type="checkbox"/> Inv(3) 3q26 <input type="checkbox"/> RUNX1/RUNX1T1 (AML/ETO) t(8;21) <input type="checkbox"/> PML/RARA t(15;17) (APL) <input type="checkbox"/> MYH11/CBFB; 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