Ship to: Hematologics, 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:

SPECIMEN INFORMATION

☐Bone Marrow Aspirate
☐Bone Marrow Biopsy
☐Tissue Biopsy
☐Paraffin Block
☐Peripheral Blood
☐Paraffin Shavings
☐Fluid (source):_____
☐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:_____
☐Suspected ☐Known

Narrative Diagnosis/Clinical Data:

ICD10	ICD10	ICD10
☐Acute Lymphoblastic Leukemia-C91.00 ☐B-cell ☐T-cell ☐Unknown	☐Leukemia, Unspecified-C95.00	☐Myeloproliferative Neoplasm-D47.1
☐Acute Myeloid Leukemia-C92.00	☐Leukocytosis-D72.829	☐Non-Hodgkin's Lymphoma-C85.90
☐Anemia-D64.9	☐Leukopenia-D72.819	☐Pancytopenia-D61.818
☐Chronic Lymphocytic Leukemia-C91.10	☐Lymphadenopathy-R59.9	☐Polycythemia-D45
☐Chronic Myelogenous Leukemia-C92.10	☐Monoclonal Gammopathy-D47.2	☐Suspected Malignant Neoplasm-C80.1
☐Hodgkin's Lymphoma-C81.9	☐Multiple Myeloma, Plasma Cell-C90.00	☐Thrombocytopenia-D69.9
	☐Myelodysplastic Syndrome-D46.9	☐Thrombocytosis-D47.3

Flow Cytometry

☐Leukemia/Lymphoma Immunophenotyping
☐Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED
☐PNH Panel

MRD (Clinic Bill Only) Performed by Flow Cytometry
☐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

☐AML
☐B-ALL
☐T-ALL
☐MDS
☐MPN
☐B-NHL*
☐T-NHL
☐Double Hit*
☐CLLw/BCL1
☐CLLw/oBCL1
☐CML
☐Ph-Like ALL
☐AML Supplemental Panel
☐MM
☐Reflex to IgH Probe/s_____

*Validated for Paraffin Sections preferred. Please include H&E

FISH Probes

☐BCR-ABL
☐PML-RARA
☐BCL1(CCND1)
☐BCL2
☐BCL6
☐MALT
☐MYC
☐PDGFRA
☐PDGFRB
☐FGFR1
☐JAK2
☐(XX/XY)
☐Other_____

FAX report to: (**)**_____

Attn:_____

Phone report to: (**)**_____

Attn:_____

Molecular Studies (May Require Preauthorization)

☐B-Cell Gene Rearrangement
☐Reflex to IGK
☐T-Cell Gene Rearrangement
☐Reflex to T-Cell Beta
☐CLL IgHV Mutation Analysis
☐MYD88 L265P
☐If Positive Reflex to CXCR4
☐AML Translocation Panel (1)*
☐AML1-ETO t(8;21)(1)*
☐PML-RARA t(15;17)(1)*
☐CBFB-MYH11 inv(16)(1)*
☐ALL Translocation Panel(2)*
☐BCR-ABL Quantitative(2)
☐E2A-PBX1 t(1;19) (2)*
☐MLL-AF4 t(4;11)(2)*
☐TEL-AML1 t(12;21) (2)*
☐ABL Mutation Analysis (Gleevec Resistance)
☐c-Kit D816V Point Mutation
☐NPM-1 Mutation Analysis
☐NPM1-MLF1 t(3;5)
☐CEBP Alpha Mutation
☐CD33 SNP Genotyping
☐STAT3 for T-LGL
☐SF3B1 Mutation Analysis
☐CXCR4
☐BCR-ABL Quantitative t(9;22)(2)
If BCR-ABL negative, reflex to:
☐JAK2 Point Mutation
If JAK2 negative, reflex to:
☐Suspect PV Reflex to Exon12
OR
☐Suspect ET/MF Reflex to MPL
☐Suspect ET/MF Reflex to CALR
☐CALR Mutation Analysis
☐NUP98-NSD1 t(5;11)*
☐NUP98-KDM5 t(11;12)*
☐MLL-AF1 t(1;11)*
☐MLL-AF4 t(4;11)(2)*
☐MLL-AF9 t(9;11)*
☐MLL-ENL/ELL t(11;19)*
☐BCL-1 t(11;14) Monitoring*
☐BCL-2 t(14;18) Monitoring*
☐FIP1L1-PDGFRA del (4q12)*
☐WT1 RT PCR*
☐CSF3R Mutation Analysis
☐IDH1
☐IDH2
☐BRAF for Hairy Cell Leukemia
☐CBFA2T3-GLIS2 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: