

Brentwood Client Services 800-874-8532
Irvine Client Services 800-710-1800
(#1 for Courier/Supplies; #2 for Client Services,
#4 for Billing)



H000001

Brentwood Fax: 615-370-8074
Irvine Fax: 949-450-0146

CLIENT INFORMATION

ORDERING PHYSICIAN	NPI#
TREATING PHYSICIAN	NPI#

DISEASE STAGE/CLINICAL COURSE

New diagnosis Relapse Follow up Other: _____

Post treatment: _____ Staging _____

Radiation Chemotherapy Bone Marrow Transplantation

SPECIMEN INFORMATION

Peripheral Blood FNA, Site: _____

Bone Marrow Aspirate Core Biopsy, Source: _____

Bone Marrow Clot Effusion, Source: _____

Cerebrospinal Fluid Fluid, Source: _____

Slides, site, accession #: _____ Dry Tap

Fresh Tissue, Type & Site: _____

Paraffin block, site, block # _____

Fixative: Formalin Other: _____

PATIENT INFORMATION (all white areas are required to be filled in completely)

Name (LAST, FIRST, MIDDLE) _____

Address _____

City, State, Zip _____

Date of Birth: MM / DD / YYYY Sex M F

Phone Number _____ Social Security # _____ / _____ / _____

Med Rec # / Patient # _____

BILLING INFORMATION (face sheet & front and back of insurance card must be attached)

Bill: My Account Insurance Medicare Medicaid Patient Workers Comp

Patient Status: Hospital Inpatient Hospital Outpatient Non-Hospital Patient

Ordering Physician UPIN:

Insurance Information: See attached

Insured Information: Name

Relationship to Patient (circle one) Self Spouse Child Other: _____

Primary Insurance Co: Authorization

Billing Address _____ Insured # _____

Billing City, State, Zip _____ Group # _____

Secondary Insurance Co: Insured

Billing Address _____ Group # _____

Billing City, State, Zip _____

CLINICAL INFORMATION

Collection Date: _____ Time: _____ See Previous Case History

Body Site: _____

Specimen ID#(s): _____

Narrative Diagnosis/Clinical Data (please attach CBC, previous test results, if applicable): _____

INDICATION FOR STUDY: (ICD-9 Codes Diagnosis/Signs/Symptoms - Highest Specificity)

All diagnoses should be provided by the ordering physician or his or her authorized designee. For a complete listing of all ICD-9 codes, refer to a current version of the ICD-9 CM book.

- | | | | | |
|---|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hodgkin (201.90) | <input type="checkbox"/> MDS (238.75) | <input type="checkbox"/> Anemia | <input type="checkbox"/> CLL (204.10) | <input type="checkbox"/> ALL (204.00) |
| <input type="checkbox"/> NHL (202.80) | <input type="checkbox"/> MPD (238.79) | <input type="checkbox"/> Polycythemia (238.4) | <input type="checkbox"/> CML (205.10) | <input type="checkbox"/> AML (205.00) |
| <input type="checkbox"/> MM (203.00) | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |

REQUIRED INFORMATION

ICD-9	ICD-9	ICD-9
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AUTHORIZED SIGNATURE: _____

Patient, Client and Billing Information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

ABN ON BACK OF PAGE 2

SPECIMEN LABEL

INSTRUCTIONS:

- 1.) Complete the requisition with all requested information.
 - 2.) Remove the required number of labels from the front of this sheet.
 - 3.) Place one (1) label on each specimen container (not on the lid).
- PLEASE DISPOSE OF UNUSED LABELS.

*MORPHOLOGIC EVALUATION (Please include patient CBC report)

Surgical Pathology Evaluation (Paraffin Embedded Tissue) 2nd Opinion Consultation

Bone Marrow/Peripheral Blood Morphology (referred stained slide)

Other: _____

FLOW CYTOMETRY (See reverse for panel detail)

Leukemia/Lymphoma without DNA ZAP-70 IgVh

Leukemia/Lymphoma with DNA PNH Evaluation (peripheral blood)

If CLL positive, Reflex to ZAP-70 DNA Content and Cell Cycle Analysis

If ZAP-70 positive, Reflex to CLL FISH Profile Other: _____

Virtual Flow (Technical Only)

Leukemia/Lymphoma Immunophenotyping

CANCER CYTOGENETICS

Cancer Cytogenetics (bone marrow/blood) Cancer Cytogenetics (Other Tissue)

FISH/TARGETGENE™ ANALYSIS*

TargetGene probes listed by common association with disease states. See reverse for CPT code detail.

<input type="checkbox"/> MDS	<input type="checkbox"/> CLL	<input type="checkbox"/> MM-MGUS	<input type="checkbox"/> NHL	<input type="checkbox"/> ALL	<input type="checkbox"/> AML
<input type="checkbox"/> 5q-	<input type="checkbox"/> ATM-	<input type="checkbox"/> IgH/FGFR-3	<input type="checkbox"/> IgH/BCL-1	<input type="checkbox"/> BCR/ABL	<input type="checkbox"/> 5q-
<input type="checkbox"/> 7q-	<input type="checkbox"/> 12*	<input type="checkbox"/> IgH/BCL-1	<input type="checkbox"/> IgH/MYC	<input type="checkbox"/> MLL**	<input type="checkbox"/> 7q-
<input type="checkbox"/> 8*	<input type="checkbox"/> 13q-	<input type="checkbox"/> 13q-	<input type="checkbox"/> IgH/BCL-2	<input type="checkbox"/> TEL/AML	<input type="checkbox"/> 8*
<input type="checkbox"/> 20q-	<input type="checkbox"/> p53-	<input type="checkbox"/> p53-	<input type="checkbox"/> IgH**	<input type="checkbox"/> p16-	<input type="checkbox"/> AML/ETO
	<input type="checkbox"/> IgH/BCL-1	<input type="checkbox"/> IgH**	<input type="checkbox"/> BCL-6**	<input type="checkbox"/> 4/10*	<input type="checkbox"/> MLL**
		<input type="checkbox"/> 3/7/9/11*	<input type="checkbox"/> MALT**		<input type="checkbox"/> CBFb**
			<input type="checkbox"/> ALK**		<input type="checkbox"/> PML/RARA
					<input type="checkbox"/> RARA**

Other FISH Assays:

BCR/ABL

BCR/ABL. If negative, reflex to JAK2 (for MPD)

c-MYC** XY F1PL1-CHIC2-PDGFRa Other: _____

MOLECULAR ANALYSIS

BCR/ABL Quantitative by RT-PCR BCL-1 (PCR)

BCR/ABL Qualitative by RT-PCR BCL-2 (PCR)

JAK2 Mutation Analysis (for MPD) Ig Heavy Chain (B Cell) Gene Rearrangement

FLT3 Mutation Analysis (for AML) T Cell Receptor Gene Rearrangement by PCR

PML/RARA by RT-PCR (for APL) B&T Cell Gene Rearrangement by PCR

IgVh Mutation Analysis (for CLL) Comprehensive B Cell by PCR (BCL-1, BCL-2, IgH)

Other: _____ Other: _____

OTHER TESTS

Circulating Tumor Cell (CellSearch™) Other: _____

Name: _____ G000001	Name: _____ G000001	Name: _____ G000001	Name: _____ G000001
Name: _____ G000001	Name: _____ G000001	Name: _____ G000001	Name: _____ G000001

SPECIMEN INFORMATION

- Peripheral Blood Interpretation (85060)
- Bone Marrow Aspirate Smear & Interpretation (85097)
- Clot (88305)
- Core (88305)
- Decalcification (88311)
- Additional Studies/Special Stains (88313) - Iron and Reticulin
- IHC Globals (88342) varies but typically 2-4

***FLOW CYTOMETRY**

Standard antibody panel (28)

***MORPHOLOGIC EVALUATION** (Please include patient CBC report)

Bone Marrow Morphology - Each evaluation includes the following:

- Peripheral Blood Interpretation (85060)
- Bone Marrow Aspirate Smear & Interpretation (85097)
- Clot (88305)
- Core (88305)
- Decalcification (88311)
- Additional Studies/Special Stains (88313) - Iron and Reticulin
- IHC Globals (88342) varies but typically 2-4

T-Cell Markers	B-Cell Markers	Myeloid/ Monocytic	Precursor Markers	Other Markers
CD2	CD10	CD11b	CD34	CD16
CD3	CD19	CD13	CD117	CD38
CD4	CD20	CD14		CD45
CD5	CD22	CD33		CD56
CD7	CD23	CD64		CD57
CD8	FMC-7			CD103
	Kappa			HLA-Dr
	Lambda			

PNH Evaluation (CA)
CD14, CD45, CD55, CD59

PNH Evaluation (TN)
CD14, CD16, CD45, CD55, CD59

ZAP-70
ZAP-70, CD5, CD19, CD38

Tissue panel (31)* for Irvine

T-Cell Markers	B-Cell Markers	Myeloid/ Monocytic	Precursor Markers	Other Markers
CD1a	CD10	CD11b	CD34	CD16
CD2	CD19	CD11c	CD117	CD25
CD3	CD20	CD13		CD38
CD4	CD22	CD14		CD45
CD5	CD23	CD15		CD56
CD7	FMC-7	CD33		CD103
CD8	Kappa	CD64		HLA-Dr
	Lambda			

Tissue panel (19)* for Brentwood

T-Cell Markers	B-Cell Markers	Myeloid/ Monocytic	Precursor Markers	Other Markers
CD2	CD10	CD11b		CD38
CD3	CD19			CD45
CD4	CD20			CD56
CD5	CD22			HLA-Dr
CD7	CD23			
CD8	FMC-7			
	Kappa			
	Lambda			

❖ Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.
 ◆ Additional testing may be performed if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.
 * chromosome enumeration
 ** gene rearrangement