

PATIENT INFORMATION(PLEASE PRINT IN BLACK INK)

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION(PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO:☐ Client/Institution☐ Medicare☐ Insurance(Complete insurance information below)☐ Patient

PATIENT STATUS:☐ Inpatient☐ Outpatient☐ Non-Hospital Patient Hospital discharge date:_____/_____/_____

ABN:☐ Yes☐ No WORKERS COMP:☐ Yes☐ No DOI: _____

PRIMARY:☐ Medicare☐ Medicaid☐ Other Ins. _____☐ Self☐ Spouse☐ Child

Subscriber Last NameFirstMI

Beneficiary / Member #Group #

Claims AddressCityStateZip

SECONDARY:☐ No☐ Yes(if Yes, please attach)

DIAGNOSIS CODE(REQUIRED) ICD-9 Codes: 1. _____. 2. _____. 3. _____

CLINICAL INFORMATION☐ New Diagnosis☐ Staging☐ Minimal Residual Disease☐ Monitoring

☐ Bone Marrow Transplant
Type: ☐ Autologous☐ Allogeneic☐ Sex Mismatch
Gender of the Donor Required: ☐ Male☐ Female

Acute Leukemias

☐ AML☐ APL☐ ALL

Lymphoproliferative Disorders

☐ Chronic lymphocytic leukemia/small lymphocytic leukemia

☐ Mantle cell lymphoma☐ Follicular lymphoma

☐ Hairy cell leukemia☐ Diffuse large B-cell lymphoma

☐ Burkitt lymphoma☐ Hodgkin lymphoma

☐ Marginal zone lymphoma☐ T-cell lymphoma

Myeloproliferative Neoplasms

☐ CML☐ Polycythemia vera

☐ Essential thrombocytois☐ Primary Myelofibrosis

☐ Other _____

Myelodysplastic Syndrome

☐ MDS☐ CMML

☐ Other _____

Plasma Cell Neoplasm

☐ Multiple Myeloma☐ Plasma Cell Dyscrasia

☐ Anemia☐ Pancytopenia

☐ Other _____

COMPREHENSIVE SERVICES

The Cleveland Clinic Hematopathologist is required to add other testing as needed to assist in evaluation.
REQUIRED: Copy of most recent WBC/CBC, peripheral blood smears, two 4 ml green top tubes and one 4 ml lavender tops for bone marrow aspirate.

☐ Comprehensive Primary Bone Marrow Diagnostic Analysis(Hematopathologist Directed)
Includes clinical history review, morphology/microscopy, cytogenetic analysis & summary report with correlation of all findings. May include flow cytometry, FISH and/or molecular testing as medically necessary.

INDIVIDUAL DIAGNOSTIC TESTS

FLOW CYTOMETRY

☐Leukemia/Lymphoma Panel
Bone Marrow RLLLIPI

☐Lymphoma Panel for Tissue/Fluid
RLLYMP

☐PNH, High Sensitivity, FLAER,
Peripheral Blood Only PNHPNL

CHROMOSOME ANALYSIS

☐Cytogenetic Analysis,
Bone Marrow CHRBMH

☐Cytogenetic Analysis,
Leukemic Blood CHRBLI

☐Cytogenetic Analysis Lymph Node
CHRSQL

MOLECULAR TESTING

FLUORESCENCE IN SITU HYBRIDIZATION(FISH)(SEE BACK FOR COMPLETE LISTING)

☐FISH for B-ALL PanelFSHBLL

☐FISH for AML PanelFAMPLN

☐FISH for CLL PanelCLLFSH

☐FISH for MDS PanelFSHMDS

☐FISH for MPN PanelMPNFSH

☐FISH for Myeloma PanelFSHPCM

☐BCR/ABL1,t(9;22)BCRFSH

☐IGH/CCND1,t(11;14)MCLFSL

☐PML/RARA,t(15;17)APLFSH

☐Other _____

☐Other _____

ALL

☐BCR/ABL1 p190 RT-PCR,
Quantitative I9OPCR

AML

☐FLT3 ITD/D835 Mutation FLT3

☐NPM1 Mutation NPM1

☐CEBPA Mutation CEBPA

☐KIT Exons 8 and 17 Mutation
Analysis KITAML

☐PML/RARA RT-PCR, Qualitative
APLPCLR

CLL

☐IGVH Sequencing IGVI

HEMOGLOBINOPATHY

☐Alpha Thalassemia Gene
Deletions ATHAL

LYMPHOMA

☐B-Cell Clonality(IGH and IGK
Gene Rearrangement) BCMBMD

☐IGH Gene Rearrangement IGHPCRCR

☐IGK Gene Rearrangement IGKPCRCR

☐T-Cell Clonality(TCRB and TCRG
Gene Rearrangement) TCBMDD

☐TCRB Gene Rearrangement TCRBB

☐TCRG Gene Rearrangement TGAMMAA

☐IGH/BCL2 PCR, Qualitative BCL2

☐L265P Mutation MYD88 Detection
MYD88

MELOPROLIFERATIVE NEOPLASMS

☐BCR/ABL Kinase Domain
Mutation Analysis KINASEE

☐BCR/ABL1 p210 RT-PCR,
Qualitative BCRPCRCR

☐JAK2 V617F Mutation Detection
JAK2E

☐JAK2 Exon 12-15 Sequencing
JAKNON

☐MPL Mutation Sequencing MPL

☐KIT D816V PCR KITMTST

☐CALR Mutation Analysis CALRE

FISH PROBES AND SQ CODES

Test Name	Gene(s)	Location	SQ Acronym	Blood/ Marrow	Paraffin
FISH for ALK (2p23) Non Hodgkins Lymphoma	<i>ALK</i>	2p23	ALKFSH	N	Y
FISH for BCL2	<i>BCL2</i>	18q21		N	Y
FISH for BCL6	<i>BCL6</i>	3q27		N	Y
FISH for BCR/ABL1	<i>BCR/ABL1</i>	t(9;22)	BCRFSH	Y	N
FISH for BIRC3/MALT1	<i>BIRC3/MALT1 (API2/MALT1)</i>	t(11;18)		N	Y
FISH for CBFB/MYH11	<i>CBFB</i>	inv(16)	INV16F	Y	N
FISH for CCND1	<i>CCND1</i>	11q13	CCND1F	Y	Y
FISH for del (5q)	<i>EGR1</i>	5q31	5QFSH	Y	N
FISH for ETV6/RUNX1	<i>ETV6/RUNX1 (TEL/AML1)</i>	t(12;21)	1221FH	Y	N
FISH for FGFR1	<i>FGFR1</i>	8p12	FGFR1F	Y	Y
FISH for IGH	<i>IGH</i>	14q32		N	Y
FISH for IGH/BCL2	<i>IGH/BCL2</i>	t(14;18)	FSHFCL	Y	Y
FISH for IGH/CCND1	<i>IGH/CCND1</i>	t(11;14)	FSHMCL	Y	Y
FISH for IGH/MALT1	<i>IGH/MALT1</i>	t(14;18)		N	Y
FISH for IGH/MYC	<i>IGH/MYC</i>	t(8;14)		N	Y
FISH for MALT1	<i>MALT1</i>	18q21		N	Y
FISH FOR MLL	<i>MLL</i>	11q23	MLLFSH	Y	N
FISH for MYC(8q24)	<i>MYC</i>	8q24		N	Y
FISH for PDGFRA	<i>PDGFRA</i>	4q12	PDGFRA	Y	N
FISH for PDGRRB	<i>PDGFRB</i>	5q33	PDGFRB	Y	Y
FISH for PML/RARA	<i>PML/RARA</i>	t(15;17)	APLFSH	Y	N
FISH for RARA	<i>RARA</i>	17q21	RARFSH	Y	N
FISH for 8;21 Translocation for AML	<i>RUNX1/RUNX1T1 (AML1/ETO)</i>	t(8;21)	AMLFSH	Y	N
FISH for Trisomy +4, +10, +17	Trisomy 4/10/17	4 Cen, 10 cen, 17 cen	COGFSH	Y	N

Panel Names:	Probes		SQ Acronym	Blood/ Marrow?	Paraffin?
FISH for Acute Myeloid Leukemia	t(15;17), t(8;21), inv(16), MLL		FAMLPN	Y	N
FISH for B Lymphoblastic Leukemia (B-ALL)	t(9;22), MLL, t(12;21), 4/10/17 cen		FSHBLL	Y	N
FISH for Chronic Lymphocytic Leukemia	17p (TP53), 11q (ATM), 12 cen, 13q (D13S319,LAMP1)		CLLFSH	Y	N
FISH for Myelodysplastic Syndrome	5q (EGR1), 7q (D7S486), 8 cen, 20q (D20S108)		FSHMDS	Y	N
FISH for Myeloma	17p (TP53), 13q (RB1), 14q32 (IGH). If IGH pos, add t(11;14), t(4;14), t(14;16)		FSHPCM	Y	N
FISH for Myeloproliferative Neoplasms	t(9;22), 4q12 (PDGFRA), 5q33 (PDGFRB), 8p12 (FGFR1)		MPNFSH	Y	N