



PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First	MI
Address	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	SS #	
State	Zip	Home Phone
Hospital/Physician Office Patient ID #	Accession #	

CLIENT INFORMATION

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: <input type="checkbox"/> Client <input type="checkbox"/> Patient <input type="checkbox"/> Insurance (Complete insurance information below)		
ABN <input type="checkbox"/> Yes <input type="checkbox"/> No WORKERS COMP: <input type="checkbox"/> Yes <input type="checkbox"/> No DOI: _____		
PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip
SECONDARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip
DIAGNOSIS CODE (REQUIRED)	1. _____	2. _____
	3. _____	4. _____
	<input type="checkbox"/> Call results to phone number: (_____) _____	
	<input type="checkbox"/> Fax report to: (_____) _____	

PHYSICIAN SIGNATURE (REQUIRED)

Physician Signature	Date / Time
Physician Print Name	NPI#

SPECIMEN INFORMATION (REQUIRED)

Date collected: ____/____/____ Time: _____

Body site: _____ Specimen ID#(s) _____

☐ Bone Marrow Aspirate: Green top(s) _____ Purple top(s) _____ ☐ Other _____

☐ Peripheral Blood: Green top(s) _____ Purple top(s) _____ ☐ Other _____

☐ Smears: _____ Air dried _____ Stained(type of stain) _____

☐ Fluids: CSF _____ Pleural _____ ☐ Other _____

☐ Fresh Tissue *either* ☐ Tumor or ☐ Lymph node (required)
☐ Bone Marrow Core Biopsy

☐ FFPE Tissue: Block(s) _____ Unstained slides _____ ☐ Other _____

INDICATE TESTS REQUESTED

Acute Lymphoblastic Leukemia			Myeloproliferative Neoplasms		1118FH	FISH for t(11;18) API2/MALT1		
<input type="checkbox"/>	190PCR	BCR/ABL p190 RT-PCR, Qualitative	<input type="checkbox"/>	KINASE	BCR/ABL Kinase Domain sequencing	<input type="checkbox"/>	FCLFSH	FISH for t(14;18) IGH/BCL2
<input type="checkbox"/>	MLLFSH	FISH for MLL (11q23) Translocation	<input type="checkbox"/>	FGFR1	FISH for FGFR1 (8p12) Translocation	<input type="checkbox"/>	IGMAFH	FISH for t(14;18) IGH/MALT1
<input type="checkbox"/>	1221FH	FISH for t(12;21) ETV6/RUNX1 (TEL/AML1)	<input type="checkbox"/>	PDGFRA	FISH for PDGFRA (4q12) Translocation	<input type="checkbox"/>	814FSH	FISH for t(8;14) IGH/MYC
<input type="checkbox"/>	BCRFSH	FISH for t(9;22) BCR/ABL1	<input type="checkbox"/>	PDGFRB	FISH for PDGFRB (5q32) Translocation	<input type="checkbox"/>	IGHPCR	IGH PCR (BIOMED2)
<input type="checkbox"/>	TRIFSH	FISH for Trisomy 4, 10 and 17	<input type="checkbox"/>	BCRFSH	FISH for t(9;22) BCR/ABL1	<input type="checkbox"/>	BCL2	IGH/BCL2 PCR qual
Acute Myeloid Leukemia			<input type="checkbox"/>	JAKNON	JAK2 Exon 12-15 Sequencing	<input type="checkbox"/>	IGKPCR	IGK PCR (BIOMED2)
<input type="checkbox"/>	CEBPA	CEBPA Mutation Analysis	<input type="checkbox"/>	JAK2	JAK2 V617F PCR	<input type="checkbox"/>	TCBMD	T-cell clonality (BIOMED2)
<input type="checkbox"/>	DNAEXT	DNA Extraction	<input type="checkbox"/>	KITMST	KIT D816V PCR	<input type="checkbox"/>	TCRB	TCRB PCR (BIOMED2)
<input type="checkbox"/>	INV16F	FISH for inv(16) CBFB/MYH11	<input type="checkbox"/>	MPL	MPL Mutation Sequencing	<input type="checkbox"/>	TGAMMA	TCRG PCR (BIOMED2) TCR-G (PCR)
<input type="checkbox"/>	MLLFSH	FISH for MLL (11q23) Translocation	<input type="checkbox"/>	BCRPCR	p210 BCR/ABL RTPCR quant	Plasma Cell Neoplasms		
<input type="checkbox"/>	RARFSH	FISH for RARA (17q21) Translocation	Myelodysplastic Syndromes			<input type="checkbox"/>	FSHPCM	FISH for Myeloma
<input type="checkbox"/>	APLFSH	FISH for t(15;17) PML/RARA	<input type="checkbox"/>	FSH5Q	FISH for Del(5q) Abnormalities	Chromosome Testing		
<input type="checkbox"/>	821FSH	FISH for t(8;21) RUNX1/RUNX1T1 (AML1/ETO)	<input type="checkbox"/>	FSHMDS	FISH for MDS	<input type="checkbox"/>	CHRBMH	Chromosome Analysis, Bone Marrow
<input type="checkbox"/>	BCRFSH	FISH for t(9;22) BCR/ABL1	Non-Hodgkin Lymphoma			<input type="checkbox"/>	CHRBLL	Chromosome Analysis, Leukemic Blood
<input type="checkbox"/>	FLT3	FLT3 ITD/D835 PCR	<input type="checkbox"/>	BCBMD	B-cell clonality (BIOMED2)	<input type="checkbox"/>	CHRSOL	Chromosome Analysis, Solid Tumor
<input type="checkbox"/>	KIT	KIT Gene Mutation AML	<input type="checkbox"/>	ALKFSH	FISH for ALK (2p23) Translocations	Additional Tests		
<input type="checkbox"/>	NPM1	Nucleophosmin Gene (NPM1) Mutation	<input type="checkbox"/>	BCL2FH	FISH for BCL2 (18q21.3) Translocations			
<input type="checkbox"/>	APLPCR	PML/RARA RTPCR qual	<input type="checkbox"/>	BCL6FH	FISH for BCL6 (3q27) Translocations			
Chronic Lymphocytic Leukemia			<input type="checkbox"/>	CCND1F	FISH for CCND1(11q13) Translocation			
<input type="checkbox"/>	CLLFSH	FISH for CLL (13q,+12,11q,17p)	<input type="checkbox"/>	IGHFSH	FISH for IGH (14q32) Translocations			
<input type="checkbox"/>	IGVH	IGVH Sequencing	<input type="checkbox"/>	MALT	FISH for MALT1 (18q21) Translocation			
Hemoglobinopathy			<input type="checkbox"/>	FSHMYC	FISH for MYC (8q24) Translocation			
<input type="checkbox"/>	ATHAL	Alpha Thalassemia Genotyping	<input type="checkbox"/>	MCLFSH	FISH for t(11;14) IGH/CCND1			

