

## Hematologic Malignancy Test Requisition

Patient Information	Client Information
Name (Last, First, MI):	Ordering Physician Name:
Address:	Office/Facility Name:
City, State, Zip:	Client Address:
Patient Phone:                      Fax:	Client Phone:                      Fax:
Patient DOB:                      Sex:	Ordering Physician NPI:
Patient ID/Reference #:	Email:

### Additional Physicians To Receive Report Copy

CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

### Billing Information

Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet)    
 Bill Client (Invoice will be sent to Client Address Listed Above)    
 Bill Patient

Primary Insurance Company Name: \_\_\_\_\_ Group # \_\_\_\_\_ Policy# \_\_\_\_\_  
 Medicaid     Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: \_\_\_\_\_  
 Relation to Insured :  Self     Child     Spouse     Other \_\_\_\_\_

Secondary Insurance Company Name: \_\_\_\_\_ Group # \_\_\_\_\_ Policy# \_\_\_\_\_  
 Medicaid     Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: \_\_\_\_\_  
 Relation to Insured :  Self     Child     Spouse     Other \_\_\_\_\_

### Clinical Information

Specimen Source: <input type="checkbox"/> Peripheral Blood EDTA <input type="checkbox"/> Peripheral Blood Na Hep <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Other (Specify): _____	ICD-9:	Clinical Diagnosis:
Blood Differential:  Segs _____    Eos _____    Lymph _____ Bands _____    Baso _____    Mono _____ Platelets _____    WBC _____    Other _____	Date of Specimen Collection: _____ Time: _____	
	Previous Bone Marrow Transplant?: <input type="checkbox"/> Yes <input type="checkbox"/> No / Date: _____	Sex of Donor: <input type="checkbox"/> M <input type="checkbox"/> F
	Notes:	

### Molecular Panels For Hematologic Malignancies

Test Code	Panel Name	Included Tests
<input type="checkbox"/> 4030	AML Prognostic Panel	FLT3, NPM1, CEBPA, DNMT3A Mutations; WT1, ERG, BAALC RNA Quantitative
<input type="checkbox"/> 5040	Myeloproliferative Disorders Panel	BCR-ABL, JAK2 (V617F, Exon 12), MPL
<input type="checkbox"/> 5191	Oncogene Multiplex Panel (Leukemia)	(31 Genes, 370 Mutations Including Sequence Confirmation on all Positive Results)
<input type="checkbox"/> 5590	T and B Cell Gene Rearrangement	Clonality

## Hematologic Malignancy Test Requisition

FISH Panels			
Test Code	Test Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7010	ALL Panel	ETV6/RUNX1 BCR/ABL + ASS MLL CEP 4/CEP 10/ CEP 17 E2A IGH	t(12;21) (prev. known as TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement
<input type="checkbox"/> 8021	ALL Aneuploidy	CEP 4/CEP 10/ CEP 17	+4, +10, and +17
<input type="checkbox"/> 7014	AML Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 MLL BCR/ABL + ASS PML/RARA ETO/AML1 CBFB	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16) or t(16;16)
<input type="checkbox"/> 7061	Burkitt Panel	IGH/MYC/CEP 8 MYC break apart	t(8;14) 8q24 rearrangement
<input type="checkbox"/> 7100	CLL/SLL Panel	IGH/CCND1 ATM TP53 D13S319/13q34 CEP 12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel	IGH/CCND1 IGH/BCL2 MYC BCL6	t(11;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
<input type="checkbox"/> 7210	Fanconi Anemia Panel	1p/1q EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel BCL6 /CEP 3	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q
<input type="checkbox"/> 7190	Hypereosinophilia Panel	FIP1L1/CHIC2/PDGFR PDGFRB FGFR1	CHIC2 deletion (FIP1L1/PDGFR fusion) 5q33 rearrangement 8p12 rearrangement
<input type="checkbox"/> 7270	Glioma Panel	1p36, 1q25 19q13, 19p13 EGFR, CEP 7 PTEN, CEP 10	deletion 1p deletion 19q EGFR amplification Deletion 10q, monosomy 10
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel	BCL6/CEP 3 AP12/MALT1 IGH/MALT IGH CEP 7/CEP 18	3q27 rearrangement and +3 t(11;18) t(14;18) 14q32 rearrangement +18
<input type="checkbox"/> 7520	Multiple Myeloma Panel	TP53 D13S319/RB1 IGH/FGFR3 IGH/CCND1 IGH/MAF	TP53 deletion -13/13q deletion t(4;14) t(11;14) t(14;16)
<input type="checkbox"/> 8022	Multiple Myeloma Aneuploidy	D5S23/D5S21/CEP 9/ CEP 15	+5, +9 and +15
<input type="checkbox"/> 7500	MDS Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel MLL TP53	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion

## Hematologic Malignancy Test Requisition

### Single Gene Assays For Hematologic Malignancies

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4042	BAALC RNA Quantitation	<input type="checkbox"/> 4400	ERG RNA Quantitaton
<input type="checkbox"/> 4070	B-Cell Gene Rearrangement (Clonality)	<input type="checkbox"/> 4450	FLT3 ITD Mutation Analysis, Qualitative
<input type="checkbox"/> 4080	BCR-ABL RNA PCR, Quantitative	<input type="checkbox"/> 4460	FLT3 ITD Mutation Analysis, Quantitative
<input type="checkbox"/> 4083	BCR-ABL Quant. w/ Reflex to Nested PCR	<input type="checkbox"/> 4736	JAK2 Exon 12 Mutation Analysis
<input type="checkbox"/> 4084	BCR-ABL Nested PCR, Qualitative	<input type="checkbox"/> 4730	JAK2 V617F Mutation Analysis, Qualitative
<input type="checkbox"/> 4020	BCR-ABL Kinase Domain Mutations, Qualitative	<input type="checkbox"/> 4734	JAK2 V617F Mutation Analysis, Quantitative
<input type="checkbox"/> 4078	BCR-ABL Kinase Domain Mutations, Quantitative	<input type="checkbox"/> 5010	MPL Mutation Analysis
<input type="checkbox"/> 4150	CEBPA Mutation Analysis	<input type="checkbox"/> 5080	NPM1 (Nucleophosmin) Mutation Analysis
<input type="checkbox"/> 4208	cKIT for Mastocytosis (High Sensitivity) (Exon 17)	<input type="checkbox"/> 5592	T-Cell Gene Rearrangement (Clonality)
<input type="checkbox"/> 4206	cKIT for AML (Exons 8 & 17)	<input type="checkbox"/> 5850	WT1 RNA Quantitation
<input type="checkbox"/> 4250	DNMT3A Mutation Analysis		

### FISH Assays

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 8018	ALK breakapart	<input type="checkbox"/> 8218	FGFR1
<input type="checkbox"/> 8020	AML/ETO t(8;21)	<input type="checkbox"/> 8230	FOXO1
<input type="checkbox"/> 8025	AP12/MALT1 t(11;18)	<input type="checkbox"/> 8250	FUS
<input type="checkbox"/> 8027	ATM	<input type="checkbox"/> 8274	1p/19q glioma
<input type="checkbox"/> 8040	BCL2 breakapart	<input type="checkbox"/> 8300	HER-2 / neu amplification
<input type="checkbox"/> 8050	BCL6 (3q)	<input type="checkbox"/> 7359	IGH/BCL2 (14Q32) breakapart
<input type="checkbox"/> 7040	BCR/ABL +/- ASS t(9;22)	<input type="checkbox"/> 7360	IGH/BCL2 t(14;18)
<input type="checkbox"/> 8075	CBFB inv 16 or t(16;16)	<input type="checkbox"/> 7090	IGH/CCND1 t(11;14)
<input type="checkbox"/> 8080	CEP X and Y status post transplant	<input type="checkbox"/> 8338	IGH/FGFR3 t(4;14)
<input type="checkbox"/> 8087	8 centomere	<input type="checkbox"/> 8340	IGH/MAF t(14;16)
<input type="checkbox"/> 8090	CHIC 2 (FIP1L1-PDGFR)	<input type="checkbox"/> 8341	IGH/MALT1 t(14;18)
<input type="checkbox"/> 8091	12 centromere	<input type="checkbox"/> 8342	IGH/MYC t(8;14)
<input type="checkbox"/> 8092	CHOP	<input type="checkbox"/> 8490	MALT1
<input type="checkbox"/> 8098	C-MYC	<input type="checkbox"/> 8498	MDM2
<input type="checkbox"/> 8100	COL1A-PDGFB Fusion (Dermatofibrosarcoma Protuberans)	<input type="checkbox"/> 8500	MET amplification
<input type="checkbox"/> 8105	CSF1R (5q)	<input type="checkbox"/> 8503	MLL
<input type="checkbox"/> 8115	Cyclin D1 (CCND-1)(11q)	<input type="checkbox"/> 8546	1p36 neuroblastoma
<input type="checkbox"/> 8125	D138S25 (13q)	<input type="checkbox"/> 8580	N-myc
<input type="checkbox"/> 8127	D13S319/13q34	<input type="checkbox"/> 8615	p16 (9p21)
<input type="checkbox"/> 8129	C20S108 (20Q12)/20p telomere	<input type="checkbox"/> 8618	P53
<input type="checkbox"/> 8130	D7S486 (7q)	<input type="checkbox"/> 8625	PDGFRB
<input type="checkbox"/> 8132	D7S522(7q)	<input type="checkbox"/> 8636	PML/RARA t(15;17)
<input type="checkbox"/> 8175	E2A (19p)	<input type="checkbox"/> 8642	PTEN
<input type="checkbox"/> 8180	EGFR	<input type="checkbox"/> 8670	6q21, MYB (6q23)
<input type="checkbox"/> 8182	EGR1 (5q)	<input type="checkbox"/> 8692	RB1/D13S319
<input type="checkbox"/> 8794	ETV6/RUNX1 t(12;21); formerly TEL/AML1	<input type="checkbox"/> 8774	SS18 breakapart (18q11.2; formerly SYT)
<input type="checkbox"/> 8795	ETV6 breakapart	<input type="checkbox"/> 8950	X & Y
<input type="checkbox"/> 8200	EWSR1		

### Post-Transplant Engraftment (Chimerism) Tests

Test Code	Test Name
<input type="checkbox"/> 4380	Pre-Transplant, Donor (Extraction)
<input type="checkbox"/> 4382	Pre-Transplant, Recipient (Extraction)
<input type="checkbox"/> 4386	Engraftment, First Post Transplant
<input type="checkbox"/> 4386	Post Transplant Engraftment (Chimerism)
<input type="checkbox"/> 4390	Post Transplant Engraftment, Sorted Cell Chimerism ( Select Antibody Below)
	<input type="checkbox"/> CD3
	<input type="checkbox"/> CD19
	<input type="checkbox"/> CD33
	<input type="checkbox"/> CD34
	<input type="checkbox"/> Other: _____

### Chromosome Studies

Test Code	Test Name
<input type="checkbox"/> 6066	Bone Marrow Chromosome Analysis
<input type="checkbox"/> 6300	Hem/Onc Blood Chromosome Analysis
<input type="checkbox"/> 6810	Tissue Chromosome Analysis
<input type="checkbox"/> 6076	Breakage Study (Bone Marrow or Tumor)

\*Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected. FISH testing will be billed separately.