

LAB NUMBER: _____

MEDICAL RECORD NUMBER: _____

DATE/TIME RECEIVED: _____

PREVIOUS/RELEVANT CASES: _____

HEMATOPATHOLOGY REQUISITION

Hematopathology • Flow Cytometry • Cytogenetics • FISH • Molecular Testing

Patient Name: _____ Date of Birth: _____ Sex: M F

Ordering Physician (Please print): _____ Phone/Fax: _____

Address: _____

Signature: _____

Differential Diagnosis: _____ ICD Code(s): _____

Clinical History/Symptoms: _____ Pathology Report attached

Current CBC attached or CBC with Differential needs to be ordered (billed separately)

Clinical Status: New Diagnosis Staging Monitoring Relapse Post/under therapy _____

Post BMT Male Donor Female Donor

Date/Time Collected: _____ Date Sent: _____ Time formalin added _____

Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Smears: _____

Bone Marrow: Green Top(s) _____ Purple Top(s) _____ 2nd Core biopsy in RPMI _____

Core Biopsy: _____ Touch Preps: _____ Clot: _____ Aspirate: _____

Lymph Node / Tissue / Site: _____ Smears: _____

FNA/ Site: _____ Core Biopsy/ Site: _____

Fluid / Type: _____

Paraffin Block(s): _____ Slides: _____

COMPREHENSIVE HEMATOPATHOLOGY ANALYSIS: May include Morphology, Flow Cytometry, Cytogenetics, FISH, and Molecular testing (as medically necessary-additional charges apply) with Pathology Report.

INDIVIDUAL TESTING ONLY: Bone Marrow/Lymph Node Consultation Flow Cytometry with Professional Interpretation

SPECIFIC TESTS: Check all that apply

CYTOGENETICS

- Karyotype
- Karyotype (reflex to FISH)

FISH

- BCR/ABL t(9;22) CML/ALL/AML - New Diagnosis
- PML/RARA t(15;17) - APL - New Diagnosis
- IgH/CCND1 t(11;14) - Mantle Cell Lymphoma
- IgH/MYC t(8;14) - Burkitt's Lymphoma
- IgH/BCL2 t(14;18) - Follicular Lymphoma
- MYC (8q24) - B-cell Lymphoma
- BCL6 (3q27)

Prognostic FISH Panels:

- CLL MM MPD MDS Eosinophilia
- MYC, BCL2, BCL6 – High-grade lymphoma
- Other _____

MOLECULAR

- Quantitative BCR/ABL1 (p210) – Monitoring
- Quantitative BCR/ABL1 (p190) – Monitoring
- Quantitative PML/RARA t(15;17) - Monitoring
- B-cell Clonality T-cell Clonality
- FLT3 NPM1
- CEBPA IDH1/2
- C-Kit
- BRAF
- MYD88 (L265P)
- JAK-2 (V617F)
 - reflex to CALR/MPL - ET, PMF
 - reflex to JAK-2 Exon 12/13 - P. vera
- Other _____

Procedures include Professional Interpretation unless otherwise requested. No Professional Interpretation.

***Refer to Specimen Transport and Specimen Requirements on the back of this form.**

BILLING INFORMATION: Attach a copy of Insurance Card and Authorization. Insurance Billing requires Patient/Insured Signature.

B/C B/S Indemnity Medical Group/PA HMO
 PPO Network Medicare (copy of card required)
 Medicaid (copy of card required) Self-pay
Policy #: _____ Group #: _____
Insurance Company Name: _____
Network Name: _____

Claims Address: _____
City, State, Zip: _____
Telephone: _____
Name of Insured: _____
Relation to Insured: ___ Self ___ Spouse ___ Child ___ Other
Authorization/Referral #: _____

I hereby authorize SUNY Upstate medical University to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to SUNY Upstate Medical University. I understand that I am responsible for any amount not paid by insurance for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient/Responsible Party Signature: _____ Date: _____

NOTE: FISH (Fluorescence in situ hybridization) has not been cleared or approved by the U.S. Food and Drug Administration (FDA), but the FDA has determined that such approval is not necessary. The tests have been validated and authorized for clinical use by the New York State Department of Health (NYS DOH).

SPECIMEN TRANSPORT

- Fresh samples within 24 hours of collection.
- Label **all** specimens and slides with patient name and date.

SPECIMEN REQUIREMENTS

Flow Cytometry: 315-464-6767

All referral specimens should be accompanied by:

- Peripheral Blood: Two dark green (sodium heparin) tubes and one lavender (EDTA) tube. Two unstained smears may be substituted for lavender tube and a recent CBC with differential, if available.
- Bone Marrow: One dark green (sodium heparin) tube (minimum 3 mL) and 1-2 bone marrow aspirate slides and a recent CBC with differential. In the event of a Dry Tap, a second Core Biopsy in approximately 5 mL RPMI is acceptable.
- Solid Tissue: Fresh tissue in RPMI. All tissues should be cut into pieces no larger than 1 cm and placed into RPMI media immediately to ensure viable cells. H&E stained slide and unstained touch prep slides of lymph nodes are useful. Also, include a Pathology Report, if available.
- Body Fluids: Send in original/sterile transfer container.
- **Transported at 2-8°C.**

Bone Marrow Morphology (Hematopathology): 315-464-6810

- Aspirate Smears: 5-10 slides
- Touch Prep: at least 4 slides
- Peripheral Blood Films: at least 4 slides
- Copy of CBC, reticulocyte count (if available)
- Aspirate Clot and Biopsy (site and time of collection required) in 10% formalin or B5/37% formalin.
- **Transported at Room Temperature.**

Cytogenetics: 315-464-4716

- Peripheral Blood: One dark green (sodium heparin) tube. Adults: 3-5 mL, Infants and children: 2-3 mL.
- Bone Marrow: Submit 1-2 mL of the FIRST aspirate in a dark green (sodium heparin) tube.
- **Transported at Room Temperature.**

Molecular Oncology: 315-464-6806

- Peripheral Blood: One lavender (EDTA) tube if lymphocyte count >2 K/ μ L. Two lavender (EDTA) tubes if lymphocyte count <1-2 K/ μ L.
- Bone Marrow: One lavender (EDTA) tube (minimum 1 mL)
- Fresh Tissue Biopsy (3-5 mm³) Type: _____
- Formalin Fixed Paraffin Embedded Tissue biopsy (Please send block) Type: _____
- **Transported at Room Temperature.**