

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) \_\_\_\_\_ 2<sup>nd</sup> 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, Cytogenomics, and Molecular testing with finalized Hematopathology Report (as medically necessary-additional charges apply).

**Flow Cytometry with Professional Interpretation**

**Consultation:** \_\_\_ Bone Marrow \_\_\_ Lymph Node \_\_\_ Tissue

### **SPECIFIC TESTS: Check all that apply**

#### **CYTOGENETICS**

- Karyotype
- Karyotype with reflex to FISH

#### **FISH**

- BCR::ABL* t(9;22) CML/ALL/AML - New Diagnosis
- PML::RARA* t(15;17); *RARA* rearrangement - APL New Diagnosis
- IgH::CCND1* t(11;14)
- IgH::MYC* t(8;14)
- IgH::BCL2* t(14;18)
- MYC* (8q24) rearrangement
- BCL6* (3q27) rearrangement

#### **Prognostic FISH Panels:**

- CLL  MM  MPD  MDS  Eosinophilia
- MYC*, *BCL2*, *BCL6* rearrangements – 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*  *IDH1/2*  *CEBPA*
- C-Kit*  *BRAF*  *MYD88* (L265P)
- JAK-2* (V617F)
  - reflex to *CALR/MPL* - ET, PMF
  - reflex to *JAK-2* Exon 12/13 - Polycythemia Vera
- NGS Myeloid Panel (Dx required below):
  - Acute Myeloid Leukemia  Myelodysplastic Syndrome
  - Myeloproliferative Neoplasm
  - Myelodysplastic/Myeloproliferative Neoplasm

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: \_\_\_\_\_

**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, one lavender (EDTA) 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: Submit one dark green (sodium heparin) tube.
  - Adults: 3-5 mL
  - Infants and children: 1-3 mL.
- Bone Marrow: Submit 1-2 mL in a dark green (sodium heparin) tube.
- Lymph Node (fresh specimen; not fixed/frozen): Submit in 500 mL RPMI.
- **Transported at Room Temperature.**

**Molecular Oncology: 315-464-6806**

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

Type: \_\_\_\_\_

Type: \_\_\_\_\_