

FOR LAB USE ONLY:

LAB NUMBER: _____

MEDICAL RECORD NUMBER: _____

DATE/TIME RECEIVED: _____

PREVIOUS/RELEVANT CASES: _____

HEMATOPATHOLOGY REQUISITION

Hematopathology • Flow Cytometry • Cytogenetics • FISH • Molecular Testing

Patient Information

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

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

Address: _____

Signature: _____

Date/Time Collected: _____ Date Sent: _____ B5/formalin added @ _____

Bone Marrow: Green Top(s) _____ Purple Top(s) _____ Core Biopsy: _____ Clot: _____

Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Touch Prep: _____ Aspirate: _____

Paraffin Block(s): _____ Slides: _____ Smears: _____ Tissue Lymph Node

Site/Other: _____

Clinical Information

Differential Diagnosis(es): _____ ICD Code(s): _____

Clinical History/Symptoms: _____

Clinical Data: Pathology Report(s) attached CBC attached WBC: _____

Clinical Status:

New Diagnosis Relapse Staging Monitoring MRD Post/under therapy _____

Post BMT Male Donor Female Donor Other _____

HEMATOPATHOLOGY/CYTOGENETICS

Comprehensive Hematopathology Analysis: Morphology, Flow Cytometry, Cytogenetics with reflex to IHC, FISH and PCR as necessary with Pathology Consultation and Report.

Bone Marrow Morphology Flow Cytometry Cytogenetics (Chromosome Analysis) FISH

Bone Marrow/Lymph node consultation Microarray

Check all that apply

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
- Prognostic FISH Panels: CLL MM MPD MDS

Other _____

MOLECULAR

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

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

- Blood and Bone Marrow samples within 24 hours of collection.
- Contact laboratory below that will perform test for further information.
- 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 heparinized green top tubes and one EDTA tube (two unstained smears may be substituted for EDTA tube) and a recent CBC with differential and platelet count, if available.
- Bone Marrow: One heparinized green top tube and at least two bone marrow aspirate slides and a recent CBC with platelet count, if available.
- Solid Tissue: Paraffin block or 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 for analysis. H&E stained slide and unstained touch prep slides of lymph nodes are useful. Also include a Pathology Report.
- Body Fluids: (Do not need to be resuspended in RPMI.) Send in original/sterile transfer container.
- **All the above are to be 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 Section and Biopsy (Site and Time of collection required) in one of the following: 10% formalin or B5/37% formalin.
- Transported at Room Temperature.

Cytogenetics: 315-464-4716

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

Molecular Oncology: 315-464-6806

- Anticoagulated (EDTA) Peripheral Blood (minimum 10-20 mL), if Lymphocyte Count (1-2 K/ μ L) Volume dependent on absolute lymphocyte count 20 x 10⁶ lymphocytes recommended.
- Anticoagulated (EDTA) Bone Marrow (minimum 1 mL)
- Fresh Tissue Biopsy (3-5 mm³) Type: _____
- Formalin Fixed Paraffin Embedded Tissue biopsy (Please send block) Type: _____
- Transported at Room Temperature.