

CLIENT INFORMATION	
ORDERING PHYSICIAN	NPI #
TREATING PHYSICIAN	NPI #
PHYSICIAN/AUTHORIZED SIGNATURE	

PATIENT INFORMATION	
Name (LAST, FIRST, MI):	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
City, State, Zip:	
Phone Number:	
Med. Rec. # / Patient #:	

BILLING INFORMATION (attach face sheet and copy of insurance card – both sides)	
Bill: <input type="checkbox"/> My Account <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Workers Comp	
Patient Hospital Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient	
Insurance Information: <input type="checkbox"/> See attached Authorization #	
PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
INSURANCE CARRIER*	INSURANCE CARRIER*
ID #	ID #
GROUP #	GROUP #
INSURANCE ADDRESS	INSURANCE ADDRESS
NAME OF INSURED PERSON	NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT	RELATIONSHIP TO PATIENT
EMPLOYER NAME	EMPLOYER NAME
*IF MEDICAID STATE	PHYSICIAN'S PROVIDER #
	WORKERS COMP <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIMEN INFORMATION	
Collection Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Specimen ID #(s):	
Body Site/Descriptor:	
Fixative: <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Other:	Hours Fixed:
Specimen Type:	Smears:
<input type="checkbox"/> BM Aspirate <input type="checkbox"/> Fluid:	<input type="checkbox"/> Peripheral Blood #
<input type="checkbox"/> BM Clot <input type="checkbox"/> FNA:	<input type="checkbox"/> BM Touch Preps #
<input type="checkbox"/> BM Core <input type="checkbox"/> CSF:	<input type="checkbox"/> BM Aspirate #
<input type="checkbox"/> Dry Tap <input type="checkbox"/> Lymph Node:	<input type="checkbox"/> Effusion #/Source
<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Slides #	<input type="checkbox"/> Fresh Tissue #/Site
If Block Procurement required, indicate below:	
Facility Name:	
Address:	
Phone Number: Fax Number:	

CLINICAL INDICATION FOR STUDY (attach clinical history and pathology reports)		
Narrative Diagnosis/Clinical Data (Attach previous test results, if applicable):		
All diagnoses should be provided by the ordering physician or an authorized designee. Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)		
ICD-CM	ICD-CM	ICD-CM
<input type="checkbox"/> Acute Lymphoblastic Leukemia <input type="checkbox"/> B-cell <input type="checkbox"/> T-cell <input type="checkbox"/> Lineage Uncertain <input type="checkbox"/> Acute Myeloid Leukemia <input type="checkbox"/> Anemia <input type="checkbox"/> Chronic Lymphocytic Leukemia <input type="checkbox"/> Chronic Myelogenous Leukemia	<input type="checkbox"/> Hodgkin Lymphoma <input type="checkbox"/> Leukemia, Unspecified <input type="checkbox"/> Leukocytosis, Unspecified <input type="checkbox"/> Leukopenia <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Monoclonal Gammopathy <input type="checkbox"/> Myeloma, Plasma Cell	<input type="checkbox"/> Myelodysplastic Syndrome <input type="checkbox"/> Myeloproliferative Neoplasm <input type="checkbox"/> Non-Hodgkin Lymphoma <input type="checkbox"/> Polycythemia <input type="checkbox"/> Suspected malignant neoplasm <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Thrombocytosis
Disease Stage/Clinical Course: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other:		
Post Treatment: <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> BM Transplantation Donor: <input type="checkbox"/> M <input type="checkbox"/> F		

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.
Symbols Legend
@ = Subject to Medicare medical necessity guidelines
^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.

Name _____ Name _____ Name _____ Name _____

Name _____ Name _____ Name _____ Name _____

SPECIMEN LABEL INSTRUCTIONS
1. Complete the requisition with all requested information.
2. Label specimen with two unique identifiers.
3. Remove the required number of labels from the front of this sheet.
4. Place one (1) label on each specimen container (not on the lid).

Please dispose of unused labels.

COMPREHENSIVE HEMATOPATHOLOGY ANALYSIS (Peripheral Blood or Bone Marrow)		
DIAGNOSTIC:		
<input type="checkbox"/> Comprehensive Evaluation: Morphologic Evaluation, Flow Cytometry, Cytogenetics, and Other Relevant Diagnostic Tests Per Opinion of Reviewing Pathologist		
<input type="checkbox"/> Comprehensive Evaluation as above without Cytogenetics		
PROGNOSTIC (must be ordered with either Comprehensive Evaluation or Flow HNA):		
<input type="checkbox"/> Add Relevant Prognostic Tests Per IO Reflex Criteria (see reverse)		
MORPHOLOGIC EVALUATION (include a copy of CBC report)		
<input type="checkbox"/> Bone Marrow Morphology	<input type="checkbox"/> Peripheral Blood Morphology	
FLOW CYTOMETRY (see reverse for antibody list) ¹ Send to TN ² Send to NY		
<input type="checkbox"/> Hematolymphoid Neoplasia Assessment (HNA)	<input type="checkbox"/> BAL CD4:CD8 Assessment ¹	
<input type="checkbox"/> Add diagnostic tests based on HNA findings per IO Reflex Criteria (see reverse)	<input type="checkbox"/> ZAP70/CD38 Assessment	
<input type="checkbox"/> DNA Ploidy/S-Phase Assessment	<input type="checkbox"/> PNH \blacklozenge	
<input type="checkbox"/> Leukocyte Adhesion Deficiency Assessment \blacklozenge ¹	<input type="checkbox"/> Stem Cell Enumeration ¹	
	<input type="checkbox"/> CLL MRD ²	
CYTOGENETICS@		
<input type="checkbox"/> Cancer Cytogenetics	<input type="checkbox"/> Constitutional Cytogenetics [‡]	
FISH/TARGETGENE® (profiles listed by disease state)		
<input type="checkbox"/> ALL (Adult)	<input type="checkbox"/> ALL (Pediatric)	<input type="checkbox"/> AML
<input type="checkbox"/> BCR/ABL1, t(9;22)	<input type="checkbox"/> BCR/ABL1, t(9;22)	<input type="checkbox"/> PML/RARA, t(15;17)
<input type="checkbox"/> KMT2A (MLL)	<input type="checkbox"/> 4	<input type="checkbox"/> CBFB, inv(16)
<input type="checkbox"/> MYC	<input type="checkbox"/> 10	<input type="checkbox"/> RUNX1T1/RUNX1, t(8;21)
<input type="checkbox"/> 6	<input type="checkbox"/> 17	<input type="checkbox"/> 5q
<input type="checkbox"/> 21q	<input type="checkbox"/> KMT2A (MLL)	<input type="checkbox"/> 7q
	<input type="checkbox"/> CDKN2A (p16)	<input type="checkbox"/> KMT2A (MLL)
	<input type="checkbox"/> TCF3 (E2A)	
	<input type="checkbox"/> ETV6/RUNX1, t(12;21)	
<input type="checkbox"/> Aggressive B-cell Lymphoma	<input type="checkbox"/> MDS	<input type="checkbox"/> Multiple Myeloma
<input type="checkbox"/> BCL2	<input type="checkbox"/> 5q	<input type="checkbox"/> Monosomy 13/13q-
<input type="checkbox"/> BCL6	<input type="checkbox"/> 7q	<input type="checkbox"/> TP53 (17p-)
<input type="checkbox"/> MYC	<input type="checkbox"/> 20q	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 9
		<input type="checkbox"/> 15
<input type="checkbox"/> MPN/CML	<input type="checkbox"/> MPN with Eosinophilia	<input type="checkbox"/> CCND1/IGH, t(11;14)
<input type="checkbox"/> 20q	<input type="checkbox"/> FGFR1	<input type="checkbox"/> t(14;18)
<input type="checkbox"/> 8	<input type="checkbox"/> PDGFRA	<input type="checkbox"/> IGH/MYC, t(8;14)
<input type="checkbox"/> 9	<input type="checkbox"/> PDGFRB	<input type="checkbox"/> MALT1, t(11;18)
<input type="checkbox"/> 13q14 (DLEU)		<input type="checkbox"/> IGH/BCL2, t(11;14)
<input type="checkbox"/> BCR/ABL1, t(9;22)		<input type="checkbox"/> ALK
		<input type="checkbox"/> BCL6
		<input type="checkbox"/> CCND1/IGH, t(11;14)
		<input type="checkbox"/> IGH/BCL2, t(14;18)
		<input type="checkbox"/> IGH/MYC, t(8;14)
		<input type="checkbox"/> MALT1, t(11;18)
		<input type="checkbox"/> TRAF/D
		NHL (Select individual probes)
		<input type="checkbox"/> ALK
		<input type="checkbox"/> BCL6
		<input type="checkbox"/> CCND1/IGH, t(11;14)
		<input type="checkbox"/> IGH/BCL2, t(14;18)
		<input type="checkbox"/> IGH/MYC, t(8;14)
		<input type="checkbox"/> MALT1, t(11;18)
		<input type="checkbox"/> TRAF/D
		<input type="checkbox"/> TP53 (17p-)
		<input type="checkbox"/> 7
		<input type="checkbox"/> 9
		<input type="checkbox"/> 15
		<input type="checkbox"/> CCND1/IGH, t(11;14)
		<input type="checkbox"/> CKS1B (1q21)
		<input type="checkbox"/> FGFR3/IGH, t(4;14)
		<input type="checkbox"/> IGH/MAF, t(14;16)
		<input type="checkbox"/> JAK2 V617F Mutation: Qualitative <input type="checkbox"/> Quantitative
		if negative, reflex to:
		<input type="checkbox"/> CALR Mutation
		<input type="checkbox"/> JAK2 Exon 12-15 Mutation
		<input type="checkbox"/> MPL 515 Mutation
		<input type="checkbox"/> JAK2 Exon 12-15 Mutation
		<input type="checkbox"/> MPL 515 Mutation
		<input type="checkbox"/> CALR Mutation
		<input type="checkbox"/> Other – Specify: _____
MOLECULAR		
Reveal® SNP Microarray		
Note: If balanced translocations are a concern, cytogenetics and/or FISH analysis should be run.		
MM: If (SNP+FISH) is ordered, probes t(4;14), t(11;14), t(14;16) are performed.		
<input type="checkbox"/> SNP Microarray for ALL, AML, CLL, MDS and other Hematologic Malignancies		
Indication: _____		
<input type="checkbox"/> Multiple Myeloma Evaluation: SNP only	<input type="checkbox"/> Multiple Myeloma Evaluation: SNP + FISH	
IntelliGEN® Assay		
<input type="checkbox"/> IntelliGEN® Myeloid for AML, MDS, MPN		
Indication: _____		
Acute Leukemia	Lymphoid Neoplasms	MPN/CML
<input type="checkbox"/> FLT3 Mutation ⁺	<input type="checkbox"/> B- & T-cell Rearrangement*	<input type="checkbox"/> BCR/ABL1 Translocation Quantitative
<input type="checkbox"/> LeukoStrat® CDx	<input type="checkbox"/> B-cell Rearrangement IgH & IgK	<input type="checkbox"/> ABL Kinase Domain Mutation
<input type="checkbox"/> FLT3 Mutation ⁺	<input type="checkbox"/> IgH <input type="checkbox"/> IgK	<input type="checkbox"/> JAK2 V617F Mutation: Qualitative <input type="checkbox"/> Quantitative
<input type="checkbox"/> CEBPA Mutation	<input type="checkbox"/> T-cell Rearrangement TRG & TRB	if negative, reflex to:
<input type="checkbox"/> NPM1 Mutation	<input type="checkbox"/> TRG <input type="checkbox"/> TRB	<input type="checkbox"/> CALR Mutation
<input type="checkbox"/> PML/RARA	<input type="checkbox"/> BCL1 Rearrangement	<input type="checkbox"/> JAK2 Exon 12-15 Mutation
<input type="checkbox"/> (Quantitative)	<input type="checkbox"/> BCL2 Rearrangement	<input type="checkbox"/> MPL 515 Mutation
<input type="checkbox"/> cKIT Mutation	<input type="checkbox"/> IgVH Mutation [^]	<input type="checkbox"/> JAK2 Exon 12-15 Mutation
<input type="checkbox"/> IDH 1/2 Mutation	<input type="checkbox"/> p53 Mutation	<input type="checkbox"/> MPL 515 Mutation
	<input type="checkbox"/> BRAF Mutation	<input type="checkbox"/> CALR Mutation
	<input type="checkbox"/> MYD88 Mutation	
		<input type="checkbox"/> Other – Specify: _____
SOLID TUMOR		
BRCAssure® - Breast	Colorectal Cancer	Lung Cancer
<input type="checkbox"/> Comprehensive BRCA1/2 Analysis	<input type="checkbox"/> KRAS Mutation	<input type="checkbox"/> EGFR Mutation, Tissue
<input type="checkbox"/> BRCA1 Targeted Sequencing	<input type="checkbox"/> MSI (PCR)	<input type="checkbox"/> ALK (FISH)
<input type="checkbox"/> BRCA2 Targeted Sequencing	<input type="checkbox"/> BRAF Mutation	<input type="checkbox"/> KRAS Mutation
<input type="checkbox"/> BRCA1/2 Deletion/Duplication		<input type="checkbox"/> ROS1 (FISH)
<input type="checkbox"/> Ashkenazi Jewish BRCA Panel		<input type="checkbox"/> RET (FISH)
<input type="checkbox"/> HERmark®	Melanoma	<input type="checkbox"/> EGFR (FISH)
	<input type="checkbox"/> BRAF Mutation	
Submit Clinical Questionnaire with BRCA orders		

¹ Peripheral blood only ² Investigational Use Only
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B2A

Prognostic Test Reflex Criteria			
Disease Category	Timing	Findings (Morphology, Flow cytometry, FISH and/or karyotyping)	Tests to Perform
ALL	Initial Diagnosis	ALL	Pediatric FISH Profile (<22 years) or Adult FISH Profile (>22 years); Reveal® SNP Array
AML	Initial Diagnosis	AML or borderline AML	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
AML	Relapse	Findings indicative of relapse	NGS myeloid panel <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
CLL (peripheral blood/bone marrow)	Initial Diagnosis	CD5+ neoplasm with classic or variant CLL features; >5K/uL circulating monoclonal B-cells or 10% or more marrow based monoclonal B-cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), ZAP70/CD38 assay, and IgVH ^λ mutation analysis
CLL (peripheral blood/bone marrow)	Follow-up*	Features of refractory disease or disease progression/transformation	FISH probe for TP53 (17p-) deletion, TP53 mutation analysis, and SNP array
CML	Initial Diagnosis	Compatible or diagnostic findings for CML	Quantitative BCR/ABL1 assay and cytogenetics
CML	Follow-up*	Prior diagnosis of CML	Quantitative BCR/ABL1 assay; if features of progression, discuss addition of NGS myeloid panel with client or place comment in report
MPN	Initial Diagnosis	Morphologic features of MPN, but negative for JAK2 V617F, CALR, and MPL mutations	NGS myeloid panel
MPN	Follow-up*	History of MPN, currently with features of progression (increased blasts or dysplastic features)	Discuss addition of NGS myeloid panel with client or place comment in report
MDS	Initial Diagnosis	Morphologic diagnosis of MDS with normal cytogenetic karyotype	NGS myeloid panel
Plasma cell neoplasia	Initial Diagnosis	5% or more neoplastic plasma cells by morphology or 1% or more by flow cytometry	Myeloma FISH profile
Plasma cell neoplasia	Follow-up*	Features of disease progression	FISH probes for TP53 (17p-), CKS1B (1q21), Monosomy 1
SLL	Initial Diagnosis	SLL identified in tissue sample by flow cytometry with 10% or more neoplastic cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), IgVH ^λ mutation analysis

*recommendation for follow-up evaluation requires that prior material was evaluated in an IO facility

Diagnostic Test Reflex Criteria Based on Flow Cytometry or Surgical Pathology Consultation Findings			
Disease Category	Timing	Findings	Tests to Perform
AML	Initial Diagnosis	Diagnostic or suspicious for AML with RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17), acute myelomonocytic, or acute monocytic/monoblastic leukemia	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
B-cell lymphoma	Initial Diagnosis	Findings suspicious or diagnostic for B-cell lymphoma, but with equivocal findings with regard to subclassification (for tissue cases 5% or more abnormal B-cells by flow cytometry; for peripheral blood/bone marrow cases, 10% or more abnormal B-cells)	NHL FISH probes and molecular assays as indicated
Large B-cell lymphoma or Burkitt lymphoma	Initial Diagnosis	Abnormal B-cells diagnostic or suspicious for large B-cell lymphoma or Burkitt lymphoma	FISH probes for MYC, BCL6, and BCL2 translocations and cytogenetic karyotyping, as indicated; reflex to 11q FISH probe (BCL1 and ATM) for MYC, BCL6, BCL2 negative cases suspicious for Burkitt lymphoma, as indicated
Eosinophilia	Initial Diagnosis	Peripheral blood with 1.0K/uL or more eosinophils	FISH probes for PDGFRA, PDGFRB, and FGFR1
Hairy Cell Leukemia (HCL)	Initial Diagnosis	CD103+ monoclonal B-cells (5% or more) inconclusive for HCL	BRAF mutation
Lymphoplasmacytic Lymphoma (LPL)	Initial Diagnosis	Monoclonal B-cells (10% or more) with features indicating LPL in differential diagnosis	MYD88 mutation
Mantle cell lymphoma (MCL)	Initial Diagnosis	Monotypic B-cells (5% or more) diagnostic or suspicious of MCL	FISH probe for CCND1/IGH t(11;14)
Mastocytosis	Initial Diagnosis	Atypical mast cells by flow cytometry	c-KIT mutation analysis for mast cell disease
CML	Initial Diagnosis	Flow cytometric findings suspicious for CML	FISH for BCR/ABL1
MDS/MPN	Initial Diagnosis	Findings suspicious for MDS/MPN (CMML, aCML, etc.)	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
T-cell lymphoma/leukemia	Initial Diagnosis	Atypical T-cells diagnostic or suspicious for T-cell lymphoma/leukemia	TCR gene rearrangement; ALK FISH probe for CD30+ cases, as indicated; cytogenetic karyotyping if material adequate

*FLT3 Mutation Analysis performed by The Laboratory for Personalized Molecular Medicine (LabPMM®)

^Investigational Use Only

†Informed consent is required for non-oncology genetics testing for New York state patients.

Morphologic Evaluation Common Components (Please include patient CBC report)		
<ul style="list-style-type: none"> Peripheral Blood Interpretation (85060) Bone Marrow Aspirate Smear & Interpretation (85097) Clot (88305) 	<ul style="list-style-type: none"> Core (88305) Decalcification (88311) 	<ul style="list-style-type: none"> Additional Studies/Special Stains (88313) – Iron and Reticulin IHC Global marker number (88342) varies but typically 0-4

Flow Cytometry*		
Peripheral blood/bone marrow panel (HNA) 24 *[Ⓢ] antibodies CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD14, CD16, CD19, CD20, CD23, CD57, CD33, CD34, CD38, CD45, CD56, CD64, HLA-DR, kappa light chain, lambda light chain	Tissue/fluids panel (HNA) 21 *[Ⓢ] antibodies CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD19, CD20, CD23, CD30, CD38, CD43, CD45, CD56, CD57, FMC-7, HLA-DR, kappa light chain, lambda light chain	PNH Evaluation CD14, CD15, CD24, CD45, CD64, FLAER. CD59 and CD235a may be added at discretion of reviewing pathologist

*Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.

ⓈMarkers performed determined by testing facility.

BRCAAssure®		
Comprehensive BRCA1/2 Analysis Includes full gene sequencing of BRCA1/2 genes, duplication/deletion testing of BRCA1/2 genes	BRCA1 or BRCA2 Targeted Sequencing Includes sequencing of known familial mutation (one gene Exon only)	Ashkenazi Jewish BRCA Panel Includes screening for three known pathogenic variants; two in BRCA1 gene, one in BRCA2 gene

IntelliGEN®	
Gene Panel	Genes
IntelliGEN® Myeloid Assay	ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DNMT3A, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KMT2A, KRAS, MPL, NF1, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PML, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

Lab Locations		
Accupath Diagnostic Laboratories, Inc.		Esoterix Genetic Laboratories, LLC
201 Summit View Drive, Suite 100 Brentwood, TN 37027		521 West 57th Street, 6th Floor New York, NY 10019

Cobas® is a registered trademark of Roche Diagnostics Operations, Inc. LeukoStrat® is a registered trademark of Invivoscribe Technologies, Inc.

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