

PLEASE PRINT
COMPLETE ALL PATIENT
INFORMATION OR ATTACH
DEMOGRAPHIC SHEET AND/OR
COPY OF INSURANCE CARD(S)
(BOTH SIDES)

Name _____	Name _____	Name _____
DOB or MRN _____	DOB or MRN _____	DOB or MRN _____
Source _____	Source _____	Source _____

PATIENT	Patient Name (Last, First, MI)		Primary Insurance Name		
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Telephone	Primary Insurance Policy ID	Group Number
	Social Security Number		Medical Record Number	Primary Medical Claims Address, City, State, Zip	
	Mailing Address		Secondary Insurance Name		
INSURANCE	City, State, Zip		Secondary Insurance Policy ID	Group Number	
	Provider Performing Procedure (Last, First)		Secondary Medical Claims Address, City, State, Zip		
	Clinician Office/Clinic/Hospital Name		Copy to Clinician Name (Last, First, & Office Location)		
	Collection Date & Time	Requisition completed by	<input type="checkbox"/> Correlation with previous or concurrent case: _____		

CASE PRIORITY: <input type="checkbox"/> ROUTINE <input type="checkbox"/> Next Business Day Rapid (will call office) <input type="checkbox"/> Next Day Rapid (will call provider on weekends and holidays) Provider contact # required _____	LOCATION OF COLLECTION: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Emergency Room <input type="checkbox"/> Endoscopy <input type="checkbox"/> Inpatient Floor <input type="checkbox"/> OR <input type="checkbox"/> Outpatient/Lab <input type="checkbox"/> Physician office patient <input type="checkbox"/> Radiology/Ultrasound/CT <input type="checkbox"/> _____
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SPECIMEN TYPE:
 Peripheral Blood Lymph Node (specify source) _____ Other (specify source) _____
 Bone Marrow CSF Mediastinal Mass Body Fluids _____

PERTINENT CLINICAL INFORMATION:

Diagnosis / History: _____ Background: New Diagnosis Staging Follow up Patient on protocol

Check if any are present: Blasts in peripheral blood Lymphocytosis Monoclonal gammopathy
 Pancytopenia / Cytopenia Eosinophilia Monocytosis / Leukocytosis
 Lymphadenopathy Mass / nodule

Evaluate for: Lymphoma Leukemia MGUS / Myeloma
 MDS Myeloproliferative disorder Other _____

COMPREHENSIVE HEMATOPATHOLOGY CONSULTATION
 *Based upon specimen adequacy, clinical indication and initial results, hematopathologists may add, delete or modify orders if needed to obtain a diagnosis

<p><input type="checkbox"/> FLOW CYTOMETRY <input type="checkbox"/> Reflex to FISH if indicated</p> <p>Call 941-8282 prior to sending these specimens and include CBC for blood and bone marrows.</p> <p><input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Acquired Immunodeficiency (CD4/CD8) <input type="checkbox"/> Lyme Disease (CD57/CD3) <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) <input type="checkbox"/> Fetal Hemoglobin <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> BONE MARROW SPECIMENS</p> <p>Note: A recent CBC and peripheral smear should accompany this request.</p> <p>Location: <input type="checkbox"/> Rt. Iliac <input type="checkbox"/> Lt. Iliac <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Aspirate Smear # Crush Slides _____ # Push Slides _____</p> <p><input type="checkbox"/> Core Biopsy # Touch Prep _____</p> <p><input type="checkbox"/> Clot</p> <p>Bone Marrow Obtained by _____</p>	<p><input type="checkbox"/> CHROMOSOME ANALYSIS / CYTOGENETICS</p> <p>ADDITIONAL TESTING</p> <p><input type="checkbox"/> NGS per guideline (NCCN, WHO)</p> <p><input type="checkbox"/> Other _____</p> <p>Molecular Studies (purple top tube)</p> <p><input type="checkbox"/> PML-RARA (15;17)</p> <p><input type="checkbox"/> Other _____</p>	<p>FISH PANELS AND PROBES</p> <p><input type="checkbox"/> Hematopathologist to select FISH panel as needed for diagnosis <input type="checkbox"/> FISH Follow-up - FISH Panel will be selected based on previous abnormal <input type="checkbox"/> Individual Probes: _____</p> <p><input type="checkbox"/> MM - Multiple myeloma panel <input type="checkbox"/> Only run if >5% plasma cells</p> <p><input type="checkbox"/> AML - Acute myeloid leukemia panel <input type="checkbox"/> Only run if >10% blasts</p> <p><input type="checkbox"/> MDS - Myelodysplastic syndrome panel <input type="checkbox"/> APL - t(15;17) only</p> <p><input type="checkbox"/> ALL - Acute lymphoblastic leukemia panel <input type="checkbox"/> CLL - Chronic lymphocytic leukemia panel</p> <p><input type="checkbox"/> CML - BCR/ABL t(9;22) only <input type="checkbox"/> Chronic Eosinophilia panel</p> <p>Non-Hodgkin Lymphoma (NHL) <input type="checkbox"/> High grade lymphoma panel <input type="checkbox"/> Follicular lymphoma - t(14;18) <input type="checkbox"/> Mantle cell lymphoma - t(11;14) <input type="checkbox"/> MALT lymphoma - MALT1</p> <p>For a list of probes included in a panel, please call 941-8228 or 941-8207</p> <p>NOTES:</p>
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SPECIMEN REQUIREMENTS

Specimen Type	Cytogenetics / FISH	Flow Cytometry	Morphology	Molecular ★	Storage & Transport
Bone Marrow Aspirate ☆	1-2ml (min 0.5ml) marrow in white label black-capped tube. 0.5cc marrow in pink label black-capped tube. Invert several times.	Green Top (Sodium Heparin) 1 mL minimum 2-3 mL preferred	Direct push smears, Particle crush smears, Clot in B Plus	Purple Top (EDTA) 1 mL minimum 2-3 mL preferred (Store Refrigerated)	Ambient Temperature
Peripheral Blood	Green Top (Sodium Heparin) preferred	Purple Top (EDTA) or Green Top (Sodium Heparin) 2-5 mL	Purple Top (EDTA) 2-5 mL	Purple Top (EDTA) 2-5 mL (Store Refrigerated)	Ambient Temperature
Bone Marrow Biopsy ☆		1 cm Core if Dry Tap ★	1.5 cm minimum Core (length) in B+ Fixative Touch preps of core if no aspirate or a poor aspirate is obtained	N/A	Ambient Temperature
Surgical Biopsy	RPMI Flow Cytometry Media	RPMI Flow Cytometry Media	N/A	N/A	Store Refrigerated Ship Ambient
CSF	N/A	RPMI Flow Cytometry Media	N/A	N/A	Store Refrigerated Ship Ambient
Body Fluid	N/A	Fresh Fluid	N/A	N/A	Store Refrigerated Ship Ambient

☆ Required: Copy of CBC Results and Smear or Purple Top (EDTA)

★ Molecular needs to be stored refrigerated

★ Please Place in RPMI

PLEASE CALL 941-8282 FOR SUPPLIES AND NOTIFY US YOU ARE SENDING A SPECIMEN