

Accession # _____

Date: _____ Time: _____

PATIENT INFORMATION

Name (Last, First)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.
Address	Social Security #	Phone ()
Med. Rec. No. / Patient No. / Specimen		

BILLING INFORMATION (ATTACH FACE SHEET AND A COPY OF FRONT AND BACK OF INSURANCE CARD)

Bill: Insurance Medicare – Part B Patient Hospital / Institution
Patient Status: Inpatient Outpatient Non-Hospital patient

Pre-Authorization # _____

Medicare # _____ See Attached Billing Info

Healthplan _____ See Attached Billing Info

Address _____

Policy / Cert. # _____ Group / Plan # _____

Medical Group _____

Employer's Name _____

Name of Insured _____ Ins. Phone () _____

Relationship to Insured _____

Secondary Insurance Yes No (If Yes, Please Attach)

Medicare will only reimburse for tests which meet Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

CLIENT INFORMATION

Client: _____

Address _____

Ordering Physician _____ NPI # _____

Phone () _____ Fax () _____

Email _____

Treating Physician _____ NPI # _____

Phone () _____ Fax () _____

Email _____

SPECIMEN INFORMATION

<input type="checkbox"/> Peripheral Blood ___green top ___purple top <input type="checkbox"/> Other _____ <input type="checkbox"/> Bone Marrow ___green top ___purple top <input type="checkbox"/> Core Biopsy ___Clot ___Other _____ <input type="checkbox"/> Smears: ___air dried ___fixed ___stained Type of stain: _____ <input type="checkbox"/> Fluid: <input type="checkbox"/> CSF <input type="checkbox"/> Pleural <input type="checkbox"/> Other _____ <input type="checkbox"/> Urine <input type="checkbox"/> Tissue ___FFPE ___Block ___Section <input type="checkbox"/> Other _____	Collection Date _____ Collection Time _____ Body Site _____
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CLINICAL INFORMATION

Diagnosis or Signs/Symptoms (ICD-9 or Narrative, see reverse side for ICD-9 codes): _____

TREATMENT STATUS
 New Diagnosis Follow Up MRD Relapse Monitoring
 Remission

THERAPY
 Current Type: _____
 Prior (>1 month ago) Rituxan® Campath® Gleevec®
 Mylotarg® Velcade®
 Chemotherapy Radiotherapy EPO GCSF GMCSF
 Other _____

Bone Marrow Transplant: Type: Autologous Allogeneic Sex Mismatch

Acute Leukemia AML APL ALL
 Anemia Pancytopenia Other _____
 Myeloproliferative Neoplasms
 CML Polycythemia vera (PV) Essential thrombocytosis (ET)
 Primary Myelofibrosis (PMF) Other _____
 Myelodysplastic Syndrome (MDS) CML
 Lymphoproliferative Disorders
 Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)
 Mantle cell lymphoma (MCL)
 Follicular lymphoma (FL) Hairy cell leukemia (HCL)
 Diffuse large B-cell lymphoma (DLBCL)
 Burkitt's lymphoma Marginal zone lymphoma Hodgkin's lymphoma
 T-cell lymphoma
 Multiple Myeloma (MM)/MGUS
 Plasma Cell Neoplasm
 Other _____

COMPREHENSIVE TECHNOLOGIES

Based on the diagnosis under consideration, CGI will perform a comprehensive evaluation including bone marrow/ blood morphology, flow cytometry, cytogenetics and/ or FISH, and Molecular Pathology as determined necessary by a CGI Hematopathologist and Technical Directors.

Σ SUMMATION BLOOD EVALUATION: _____
 Σ SUMMATION BONE MARROW EVALUATION: _____
 CLL COMPLETESM

INDIVIDUAL TECHNOLOGIES

MORPHOLOGY <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood	MOLECULAR PATHOLOGY <input type="checkbox"/> B Cell Clonality (IGH) (Lymphoma) <input type="checkbox"/> BCR/ABL Qualitative (CML) <input type="checkbox"/> BCR/ABL Quantitative (CML) <input type="checkbox"/> Major (p210) <input type="checkbox"/> Minor (p190) <input type="checkbox"/> BCR/ABL Kinase Domain Mutation (CML) <input type="checkbox"/> FLT3 Mutation (AML) <input type="checkbox"/> IGHV Mutation (CLL) <input type="checkbox"/> JAK2 V617F Mutation (MPNW/Reflex) <input type="checkbox"/> JAK2 Exon 12 Mutation (MPN) <input type="checkbox"/> MPL 515/505 Mutation (MPN)	<input type="checkbox"/> NPM1 Mutation (AML) <input type="checkbox"/> T Cell Clonality (TCRβ) (Lymphoma) <input type="checkbox"/> T Cell Clonality (TCRγ) (Lymphoma) <input type="checkbox"/> TP53 Mutation (CLL) ARRAY CGH <input type="checkbox"/> MatBA™-CLL <input type="checkbox"/> SLL <input type="checkbox"/> MatBA™-DLBCL Tumor cell >70% SOLID TUMOR – Tumor cell >20% <input type="checkbox"/> KRAS Mutation (CRC, NSCLC) <input type="checkbox"/> BRAF Mutation (CRC) <input type="checkbox"/> EGFR Mutation (CRC, NSCLC) <input type="checkbox"/> NRAS Mutation (CRC)
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OTHER _____

PHYSICIANS SIGNATURE _____

FISH PANELS

Acute Lymphocytic Leukemia (ALL) B-Cell ADULT <ul style="list-style-type: none"> • 11q23 MLL • 17p13 (TP53) • t(9;22) (BCR/ABL) • 4cen • 10cen 	Acute Myeloid Leukemia (AML) <ul style="list-style-type: none"> • t(8;21) (ETO/AML1) [M2] • t(15;17) (PML/RARA) [M3] • inv(16) (CBFB) [M4,Eos] • 11q23 MLL [MO-M7] 	Chronic Lymphocytic Leukemia (CLL) <ul style="list-style-type: none"> • t11q22.3 (ATM)/17p13 (TP53) • 12cen • 13q14/13q34 • 6q23 (c-MYB) • t(11;14)(CCND1/IGH)
Non-Hodgkin's Lymphoma (NHL) <ul style="list-style-type: none"> • DLBCL: 3q26 (BCL6) • Burkitt: t(8;14) (MYC/IGH) • Mantle: t(11;14)(CCND1/IGH) • Follicular: t(14;18) (IGH/BCL2) • IGH Break Apart 	Myelodysplastic Syndrome (MDS) <ul style="list-style-type: none"> • 5p15.2/5q31 • 7cen/7q31 • 20q12 • 8cen • MLL 	Multiple Myeloma (MM) <ul style="list-style-type: none"> • t(11;14) (CCND1/IGH) • t(4;14) (FGFR3/IGH) • t(14;16) (IGH/MAF) • 13q14/13q34 • 17p13 (TP53) • 1p/1q • 5p15.2/5q31 • 9cen
MM FISH [Enriched Plasma cells] <ul style="list-style-type: none"> • t(11;14) (CCND1/IGH) • t(4;14) (FGFR3/IGH) • t(14;16) (IGH/MAF) • 13q14/13q34 • 17p13 (TP53) • 1p/1q • 5p15.2/5q31 • 9cen 	Chronic Myelogenous Leukemia (CML) <ul style="list-style-type: none"> • t(9;22) (BCR/ABL) • 8cen • 17p13 (TP53) 	UroVysion® PathVysion® (Her-2/neu)

SPECIMEN REQUIREMENTS

TEST	PERIPHERAL BLOOD		BONE MARROW				TISSUE
	BLOOD	SMEAR	ASPIRATE	SMEAR	CORE	CLOT	
Σ SUMMATION BLOOD EVALUATION	2 Green (NaHeparin) tubes (3-5mL) Room Temp. AND 1 Purple (EDTA) tube (3-5ml) Room Temp.	1 Purple (EDTA) tube (3-5ml) Room Temp.					
Σ SUMMATION BONE MARROW EVALUATION		1 Purple (EDTA) tube (3-5ml) Room Temp.	2 Green (NaHeparin) tubes (3-5ml) Room Temp. AND 1 Purple (EDTA) tube (3-5ml) Room Temp.	4-8 bedside smears	>1 cm (length) in formalin jar	>1 cm (length) in formalin jar	
FLOW CYTOMETRY	1 Green (NaHeparin) tube (3-5ml) Room Temp. OR 1 Purple (EDTA) tube (3-5ml) Room Temp.		1 Green (NaHeparin) tube (3-5ml) Room Temp. OR 1 Purple (EDTA) tube (3-5ml) Room Temp.				Tissue/FNA/ Lymph nodes in RPMI media refrigerated
CYTOGENETICS FISH	1 Green (NaHeparin) tube (3-5ml) Room Temp.		1 Green (NaHeparin) tube (3-5ml) Room Temp.				
MOLECULAR PATHOLOGY	1 Purple (EDTA) tube (3-5ml) Room Temp.		1 Purple (EDTA) tube (3-5ml) Room Temp.				Formalin Fixed or Paraffin embedded tissue block or 3-5x 10-micron Paraffin Sections
 MatBA™ - CLL	1 Purple (EDTA) tube (3-5ml) Room Temp.		1 Purple (EDTA) tube (3-5ml) Room Temp.				
HISTOPATHOLOGY							Fresh Tissue

ICD-9 CODES

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|--|---|---|
| <input type="checkbox"/> 204.0 Acute Lymphoid Leukemia
<input type="checkbox"/> 205.1 Chronic Eosinophilic Leukemia
<input type="checkbox"/> 245.2 Chronic Lymphocytic Thyroiditis
<input type="checkbox"/> 204.1 Chronic Lymphoid Leukemia
<input type="checkbox"/> 288.5 Decreased white blood cell count
<input type="checkbox"/> 785.6 Enlargement of lymph nodes
<input type="checkbox"/> 289.6 Erythrocytosis
<input type="checkbox"/> 238.71 Essential Thrombocythemia (ET)
<input type="checkbox"/> 191.90 Glioblastoma, unspecified site
<input type="checkbox"/> 245.2 Hashimoto's Disease
<input type="checkbox"/> 287.31 Immune thrombocytopenic purpura (ITP)
<input type="checkbox"/> 202.40 Hairy Cell, Leukemic
<input type="checkbox"/> 288.50 Leukocytopenia, unspecified
<input type="checkbox"/> 288.51 Lymphocytopenia
<input type="checkbox"/> 288.61 Lymphocytosis (symptomatic)
<input type="checkbox"/> 273.1 Monoclonal Gammopathy / Monoclonal paraproteinemia (MGUS)
<input type="checkbox"/> 203.0 Multiple Myeloma
<input type="checkbox"/> 238.75 Myelodysplastic Syndrome, unspecified (MDS)
<input type="checkbox"/> 238.76 Myelofibrosis with Myeloid Metaplasia | <input type="checkbox"/> 238.79 Myeloproliferative Disease (MPD)
<input type="checkbox"/> 201.9 Non Hodgkin's Disease, unspecified
<input type="checkbox"/> 202.8 Other Lymphomas
<input type="checkbox"/> 284.1 Pancytopenia
<input type="checkbox"/> 203.1 Plasma cell leukemia
<input type="checkbox"/> 238.6 Plasma cells
<input type="checkbox"/> 238.40 Polycythemia vera (PV)
<input type="checkbox"/> 135.00 Sarcoidosis
<input type="checkbox"/> 287.5 Thrombocytopenia, unspecified
<input type="checkbox"/> 435.9 Transient Ischemic attack (TIA)/ Unspecified transient cerebral ischemia
<input type="checkbox"/> 205.9 Unspecified Myeloid Leukemia
<input type="checkbox"/> 285.9 Anemia
<input type="checkbox"/> 280.9 Anemia, microcytic
<input type="checkbox"/> 281.9 Anemia, macrocytic
<input type="checkbox"/> 288.0 Neutropenia
<input type="checkbox"/> 288.00 Neutropenia, unspecified
<input type="checkbox"/> 288.2 Neutrophilia
<input type="checkbox"/> 288.3 Eosinophilia
<input type="checkbox"/> 288.63 Monocytosis (symptomatic) | <input type="checkbox"/> 288.65 Basophilia
<input type="checkbox"/> 273.2 Paraproteinemia
<input type="checkbox"/> 202.0 Lymphoma, Follicular
<input type="checkbox"/> 202.8 Lymphoma, Large B Cell
<input type="checkbox"/> 200.2 Lymphoma, Burkitt's
<input type="checkbox"/> 200.4 Lymphoma, Mantle cell
<input type="checkbox"/> 202.1 Lymphoma, T-Cell
<input type="checkbox"/> 200.6 Lymphoma, Large cell anaplastic
<input type="checkbox"/> 202.8 Non-Hodgkin's Lymphoma
<input type="checkbox"/> 200.7 Large Cell Lymphoma
<input type="checkbox"/> 273.3 Waldenstrom's Syndrome
<input type="checkbox"/> 273.0 Waldenstrom's purpura, hypergammaglobulinemia
<input type="checkbox"/> 202.1 Mycosis, mycotic fungoides
<input type="checkbox"/> 117.9 Mycosis, mycotic
<input type="checkbox"/> 202.2 Sezary's Syndrome
ICD-9: _____ |
|--|---|---|

ICD-9 codes are listed as a convenience. Ordering physicians should report the code that best describes the reason for ordering the test and are not required to use the codes provided.