



(PLEASE PRINT USING CAPITALS- FIELDS IN RED ARE REQUIRED)

(1) Patient Last Name		First Name		Middle Name		(13) ADDITIONAL REPORT COPIES NEEDED?  Please check this box <input type="checkbox"/> AND Enter the clinician's name and address on the back of this form	
(2) Name Change- Former Last Name							
(3) Patient Address							
(4) City		State		Zip			County of Residence
(5) Date of Birth		(6) Age		(7) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		(14) Ordering Provider	
(8) Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		(9) <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> Black/African Amer <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			
(10) Chart #/ Patient ID Number		(11) Submitter Specimen ID Number				(15) NPI # _____	
(16) Attached copies of front and back of insurance card(s)				(17) Medicare generally does not cover routine screening tests. ABN attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(18) <input type="checkbox"/> MEDICAID# _____		<input type="checkbox"/> PRIVATE INSURANCE# _____		<input type="checkbox"/> MEDICARE# _____		<input type="checkbox"/> Bill to Submitter	
(20) Please write the letter corresponding to the appropriate ICD-10 Code to the left of the test name below (where applicable)							
(A) ICD-10 Code _____		(B) ICD-10 Code _____		(C) ICD-10 Code _____		(D) ICD-10 Code _____	
(E) ICD-10 Code _____							
(21) Date of collection		(22) Time of collection					
Specimen Source <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood <input type="checkbox"/> Tumor/Lymph Node (tissue type _____)							
<input type="checkbox"/> Paraffin Section (tissue type _____) Fixative Used: _____ Fixation Time: <input type="checkbox"/> <6 hours <input type="checkbox"/> 6 - 48hrs <input type="checkbox"/> >48 hrs							
Reason for Referral (please provide in addition to ICD-10 code):							

**CHROMOSOME ANALYSIS**

- 811 Chromosome Analysis, Unstimulated Blood, for Hematologic Disorders
- 812 Chromosome Analysis, Bone Marrow, for Hematologic Disorders
- 836 Chromosome Analysis, Tumor/Pleural Effusion/ Ascites fluid, for Neoplastic Disorders

**MOLECULAR ANALYSIS**

- 887M31 RT-PCR for BCR/ABL1 Fusion Transcript, t(9;22) (q34;q11.2)
- 887M35 RT-PCR for PML/RARA Fusion Transcript, t(15;17) (q24;q21)
- 893M51 Quantitative PCR for BCR/ABL1, t(9;22)(q34;q11.2) Major breakpoint
- 893M52 Quantitative PCR for BCR/ABL1, t(9;22)(q34;q11.2) minor breakpoint
- 840C41 Qualitative BRAF V600E [BRAF]
- 840C42 Qualitative PCR for Calreticulin [CALR]
- 840C43 EGFR Polymorphism Analysis [EGFR]
- 840C44 Quantitative PCR for JAK2 (V617F) [JAK2]
- 840C45 KRAS Polymorphism Analysis [KRAS]
- 840C46 Microsatellite Instability Analysis [MSI]
- 840C47 STR Engraftment- Unseparated Lineages, Bone Marrow [STREBM]
- 840C48 STR Engraftment- Unseparated Lineages, Blood [STREWB]
- 840C49 STR Engraftment- Separated Lineages, (CD3 (STRCD3)/, CD33 (STRCD33)) [STRSEP]
- 840C40 Cancer Mutation Panel (50 Genes) [CANPNL]
- 840C50 RAS/RAF Targeted Gene Mutation Panel (BRAF, KRAS, HRAS, NRAS) [RASRAF]
- 840C51 RAS/RAF/PIK Targeted Gene Mutation Panel (BRAF, KRAS, NRAS, PIK3CA) [RRPIK]
- 840C52 Lung Cancer Mutation Panel (BRAF, KRAS, EGFR, ERBB2) [LCMP]
- 840C53 B-Cell Clonality IGH and IGK [BCELLC]
- 840C54 T-Cell Clonality Gamma with reflex to Beta [TCELLC]
- 840C55 IDH1 and IDH2 Mutation Analysis [IDH-M]

**FISH ANALYSIS PARAFFIN SECTIONS (FFPE)**

- 883 ERBB2 (HER2) Gene Amplification Status
- 886F5 Deletion 1p36 for glial neoplasia
- 886F6 Deletion 19q13 for glial neoplasia  
\* see marked tests in column at right for other FFPE tests

**FISH ANALYSIS (PANELS)**

- MYELOMA PANEL: includes 881F62, 870F40, 870F43, 870F47, 870F55, 882F82, 881F69, 881F70, 881F72
- MYELOMA HYPERDIPLOIDY PANEL: includes 870F45, 870F42
- MDS PANEL: includes 870F45, 870F42, 870F41, 870F44
- AML PANEL: includes 870F45, 870F42, 881F63, 882F80, 882F84
- CLL PANEL: includes 870F43, 870F51, 870F40, 870F47
- PEDIATRIC ALL PANEL: includes 881F67, 881F61, 870F48, 870F49, 870F50, 882F84

**FISH ANALYSIS**

- 870F40 11q22 Deletion/Duplication, ATM gene
- 870F41 Trisomy 8, D8Z2
- 870F42 Deletion 7q31, D7S522
- 870F43 Deletion 13q14, D13S319
- 870F44 Deletion 20q, D20S108
- 870F45 Deletion 5q31, EGR1
- 870F46 Deletion 9p21, P16
- 870F47 Deletion 17p13.1, TP53
- 870F48 Trisomy 4, CEP4
- 870F49 Trisomy 10, CEP10
- 870F50 Trisomy 17, D17Z1
- 870F51 Trisomy 12, D12Z3
- 870F52 X and Y sex chromosomes
- 870F55 Gain 1q21 for myeloma
- 881F60 AP12/MALT1 Fusion, t(11;18)(q21;q21)
- 881F61 BCR/ABL1 Fusion, t(9;22)(q34;q11.2)
- 881F62 CCND1/IGH Fusion, t(11;14)(q13;q32)
- 881F63 RUNX1T1/RUNX1 Fusion, t(8;21)(q22;q22)
- 881F64 IGH/BCL2 Fusion, t(14;18)(q32;q21)\*
- 881F65 MYC/IGH Fusion, t(8;14)(q24;q32)\*
- 881F66 PML/RARA Fusion, t(15;17)(q24;q21)

- 881F67 ETV6/RUNX1 Fusion, t(12;21)(p13;q22)
- 881F68 IGH/MALT1 Fusion, t(14;18)(q32;q21)
- 881F69 FGFR3/IGH Fusion, t(4;14)(p16;q32)
- 881F70 IGH/MAF Fusion, t(14;16)(q32;q23)
- 881F71 BCR/ABL1+ASS Tri-color Fusion, t(9;22)
- 881F72 IGH/MAFB t(14;20)(q32;q12)
- 882F80 CBFb Gene Rearrangement, 16q22
- 882F81 EWSR1 Gene Rearrangement, 22q12.2 \*
- 882F82 IGH Gene Rearrangement, 14q32 \*
- 882F83 MALT1 Gene Rearrangement, 18q21 \*
- 882F84 KMT2A (MLL) Gene Rearrangement, 11q23
- 882F85 MYC Gene Rearrangement, 8q24 \*
- 882F86 SS18 Gene Rearrangement, 18q11.2 \*
- 882F87 ALK Gene Rearrangement, 2p23 \*
- 882F88 BCL6 Gene Rearrangement, 3q27 \*
- 882F89 PIP1L1-CHIC2-PDGFRa Gene Rearr., 4q12
- 882F90 PDGFRb Gene Rearrangement, 5q33
- 882F91 TRA/D Gene Rearrangement, 14q11.2
- 882F92 RARA Gene Rearrangement, 17q21
- 882F93 FGFR1 Gene Rearrangement, 8p11
- 882F94 DDTIT3 (CHOP) Gene Rearr., 12q13 \*
- 882F95 FUS Gene Rearrangement, 16p11 \*
- Other \_\_\_\_\_

A sample processing fee is charged for blood and bone marrow samples that have only FISH analysis

Check all that apply