Inoyte DIAGNOSTICS
SPOKANE (509) 892-2700/(888) 814-6277
FAX (509) 892-2740
BELLEVUE (425) 646-0922/(888) 814-6277
FAX (425) 646-0925
RICHLAND (509)392-5920/(833) 369-7268
FAX (509) 866-5020

LAB NUMBER

HEMATOPATHOLOGY EXAMINATION REQUEST

CLIENT
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP
(509) 555-5555

Physician

CHART #/MRN | **DATE OF COLLECTION** | **SEX** ☐ M ☐ F

PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY **STATE** **ZIP** **PHONE**

PATIENT SOCIAL SECURITY #

Please write N/A if SSN is unavailable

PATIENT BIRTHDATE

COPY TO:

First Name Last Name Location/Fax

INSURED'S NAME (Attach Copy of Insurance Card)

RELATIONSHIP TO PATIENT: ☐ Self ☐ Spouse ☐ Child ☐ Other

POLICY # GROUP # / EMPLOYER

INSURANCE PLAN NAME OR PROGRAM NAME

☐ Bill Office/ Clinic ☐ VA Choice
☐ No Insurance ☐ Group Health ☐ Asuris ☐ Molina ☐ Aetna
☐ Medicare ☐ Regence of WA ☐ Premera ☐ CHPW ☐ Tricare
☐ United Healthcare ☐ Regence of ID ☐ First Choice (Group # Req.) _____
☐ Cigna (Group # Req.) ☐ Blue Cross ☐ Medicaid (State) _____
Other _____

ICD-10 CODE(S) REQUIRED PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE

PREAUTHORIZATION NUMBER

SPECIMEN: **Date Collected:** / / **Time Collected:** : **AM/PM**

PERIPHERAL BLOOD
☐ SMEAR
☐ EDTA
☐ NA HEPARIN
☐ COPY OF CBC

BONE MARROW
☐ CORE ☐ CLOT
☐ SMEAR ____
☐ TOUCH IMPRINTS ____
☐ ASPIRATE: EDTA ____ NA HEP ____

LOCATION
☐ LEFT
☐ RIGHT
☐ STERNUM

LAB USE
DATE RECEIVED
PREP _____

CLINICAL INFORMATION:

TEST MENU: ☐ (See test menu by disease on reverse side)

(BM2-COMP) ☐ **Comprehensive Evaluation Report:** Pathology consultation with morphologic interpretation and flow comprehensive panel. Ancillary studies including routine chromosome analysis, FISH and/or PCR if indicated by a pathologist.

MORPHOLOGY:
☐ Bone Marrow Morphology
☐ Peripheral Blood Morphology
☐ Other Studies as Indicated by Pathologist

FLOW CYTOMETRY:
(COMP-FLOW) ☐ Comprehensive Panel (ALL, AML, MDS, MPD, CLL)
If CLL, add:
☐ CLL/SLL FISH Panel
☐ CLL IGHV mutation analysis

(BTCP-FLOW) ☐ Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasm)
(PNH) ☐ PNH
(PLASC-FLOW) ☐ Myeloma Panel
(PBS-FLOW) ☐ Peripheral Blood Flow only
☐ Other Flow: (specify) _____

CYTOGENETICS:
(CGEN) ☐ Karyotype
☐ Other_____

FISH PANELS:
(CLL-SLL) ☐ CLL/SLL Panel
(MDS) ☐ MDS Panel
(PCN) ☐ Myeloma Panel (Plasma cell enriched)

INDIVIDUAL FISH ASSAYS:
(PML/RARA) ☐ PML/RARA, t(15;17) for APL
(F-BCR/ABL) ☐ BCR/ABL, t(9;22) for CML, ALL
(MYC) ☐ MYC gene rearrangement
☐ Other_____

PCR & MOLECULAR:
(BCR/ABL) ☐ Quantitative BCR/ABL for CML
(JAK2) ☐ JAK2 V617F mutation (PV, ET, MF)
☐ MPL mutations (If JAK2 V617F is absent)
☐ CALR mutation analysis (If JAK2 V617F is absent)
☐ JAK2 exon 12 mutation (If JAK2 V617F is absent)
(FLT3) ☐ FLT3 mutations (If karyotype is normal) - for AML
(NPM1) ☐ NPM1 mutation (If karyotype is normal) - for AML
☐ CEBPA mutation (If karyotype is normal) - for AML
☐ MRD (minimal residual disease) monitoring for myeloma - plasma cell enriched PCR for IgH
☐ CLL IGHV mutation analysis
☐ Other_____

Rev 04/2019 ID000115

TO AVOID IDENTIFICATION ERROR, PLEASE WRITE PATIENT'S NAME ON ALL SPECIMEN CONTAINERS

TEST MENU BY DISEASE

Chronic lymphocytic leukemia (CLL)

Sample: Blood or bone marrow

Diagnostic: ☐ Flow Comprehensive Panel (B & T Cell) or ☐ Flow B & T cell panel

Prognostic: ☐ FISH CLL panel ☐ CLL IGHV mutation analysis

☐ Karyotype

Paroxysmal nocturnal hemoglobinuria (PNH)

Sample: Blood

Diagnostic: ☐ Flow PNH panel

Chronic myeloproliferative neoplasms (PV, ET, MF)

Sample: Blood

Diagnostic: ☐ JAK2 V617F mutation

☐ JAK2 Exon 12 mutation (if JAK2 V617F is absent)

☐ MPL mutations (if JAK2 V617F is absent)

☐ CALR mutation analysis (if JAK2 V617F is absent)

☐ FISH BCR/ABL (if JAK2 or MPL mutation is present to exclude CML)

Sample: Bone marrow

Diagnostic: ☐ Flow Cytometry comprehensive panel

☐ Karyotype

Chronic myelogenous leukemia (CML)

Sample: Blood

Diagnostic: ☐ FISH BCR/ABL

Disease monitoring: ☐ Quantitative RT-PCR BCR/ABL

Sample: Bone marrow

Diagnostic: ☐ Karyotype

Multiple myeloma

Sample: Bone marrow

Diagnostic: ☐ Flow Myeloma panel or ☐ Comprehensive panel (preferred if ddx includes B-cell lymphoma)

☐ Karyotype

Prognostic: ☐ Plasma cell enriched FISH Myeloma panel

MRD: ☐ B-cell gene rearrangement (IgH, IgK if indicated)

Myelodysplastic syndrome (anemia, neutropenia, thrombocytopenia, pancytopenia)

Sample: Bone marrow

Diagnostic: ☐ Flow Cytometry comprehensive panel

☐ Karyotype

☐ FISH MDS panel

Acute myeloid leukemia

Sample: Blood

Diagnostic: ☐ Flow Cytometry comprehensive panel (omit if marrow is available)

Sample: Bone marrow

Diagnostic: ☐ Flow Cytometry comprehensive panel

☐ Karyotype

Prognostic: ☐ PCR FLT3, NPM1, CEPBA mutations

☐ IDH1/IDH2