



SPOKANE
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LAB NUMBER

HEMATOPATHOLOGY EXAMINATION REQUEST

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 # _____ **PATIENT BIRTHDATE** _____

Please write N/A if SSN is unavailable

COPY TO: _____
 First Name _____ Last Name _____ Location/Fax _____

INSURED'S NAME (Attach Copy of Insurance Card) _____

POLICY # _____ **GROUP # / EMPLOYER** _____

RELATIONSHIP TO PATIENT:
 Self Spouse
 Child Other

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)

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)
 (BTCF-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, V617 is absent)
 JAK2 exon 12 mutation (If JAK2, V617 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 _____

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
 FISH IgH/CCND1 (to exclude mantle cell lymphoma if needed)
- Prognostic: FISH CLL panel CLL IGHV mutation analysis
 Karyotype

Paryoxysmal 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 V617 is absent)
 MPL mutations (if JAK2 V617 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