

Client Information			Billing Information (Attach face sheet & front and back of Insurance Card)		
Client:			Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare - Part B <input type="checkbox"/> Patient <input type="checkbox"/> Hospital/Institution		
Address:			Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital patient		
			Pre-Authorization # _____		
			Medicare # _____ <input type="checkbox"/> See attached billing info		
			Healthplan _____ <input type="checkbox"/> See attached billing info		
Ordering Physician		UPIN # _____	NPI# _____	Address _____	
Phone () _____		Fax () _____		Policy / Cert. # _____ Group / Plan # _____	
Email _____			Medical Group _____		
Treating Physician		UPIN # _____	NPI# _____	Employer's Name _____	
Phone () _____		Fax () _____		Name of Insured _____ Ins. Phone () _____	
Email _____			Relationship to Insured _____		
			Secondary Insurance <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
Patient Information					
Name (Last, First)			Social Security # _____		D.O.B. _____
Address _____			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
			Med. Rec. No. / Patient No. _____		Phone () _____
Flow Cytometry Assays		Chromosome Analysis		Individual FISH Probes	
<input type="checkbox"/> Plasma Cell Panel (CD19, CD38, CD45, CD56, CD117, CD138, cKappa, cLambda) <input type="checkbox"/> ZAP-70 Panel (CD3, CD5, CD19, C45, ZAP-70) <input type="checkbox"/> HCL Panel (CD103, CD11c, CD14, CD25, CD45) <input type="checkbox"/> AML Panel (cMPO, cCD3, CD45, CD79a) <input type="checkbox"/> AML-M6 Panel (GLY-A, CD45, CD71) <input type="checkbox"/> AML-M7 Panel (CD41-FITC, CD61-PE, CD45) <input type="checkbox"/> MCL Panel (CD5, CD23, CD45, CD19, CD38) <input type="checkbox"/> LGL Panel (CD57, CD3, CD45, CD16, CD56) <input type="checkbox"/> T-ALL Panel (TdT, cCD3, CD45, CD1a) <input type="checkbox"/> B-ALL Panel (TdT, CD19, CD45, CD34, CD10) <input type="checkbox"/> T-Cell Panel (TCR α/β , TCR γ/δ , CD45, CD1a, CD2) <input type="checkbox"/> Cytoplasmic light chain (cKappa, cLambda, CD45, CD19, CD10) <input type="checkbox"/> Other _____		<input type="checkbox"/> Array-CGH <input type="checkbox"/> Classical Cytogenetics <div style="background-color: #D9E1F2; padding: 2px; text-align: center; font-weight: bold; margin: 5px 0;">FISH Panels</div> <input type="checkbox"/> CLL/SLL FISH Panel <ul style="list-style-type: none"> • ATM (11q22 deletion) • D13S319 (13q deletion) • p53 (17p deletion) • Trisomy 12 (+12) <input type="checkbox"/> MDS FISH Panel <ul style="list-style-type: none"> • 5q33-34 (5q deletion) • 7q31 (7q deletion) • Trisomy 8 (+8) • 20q12 (20q deletion) <input type="checkbox"/> Plasma Cell/Myeloma FISH Panel <ul style="list-style-type: none"> • D13S319 (13q deletion) • p53 (17p deletion) • IGH/CCND1; t(11;14) • IGH/FGFR3; t(4;14) • IGH/MAF; t(14;16) - Optional <input type="checkbox"/> NHL Panel <ul style="list-style-type: none"> • IGH/CCND1; t(11;14) • MYC Rearrangement (8q24) • BCL2 Rearrangement (18q21) • BCL6 Rearrangement (3q27) • IGH Rearrangement (14q32) <div style="background-color: #D9E1F2; padding: 2px; text-align: center; font-weight: bold; margin: 5px 0;">AML-Related FISH Probes</div> <input type="checkbox"/> AML1/ETO; t(8;21) <input type="checkbox"/> PML/RARA; t(15;17) <input type="checkbox"/> CBF β ; inv(16), t(16;16) <input type="checkbox"/> MLL Rearrangement (11q23) <input type="checkbox"/> 5q33-34 (-5/5q-) <input type="checkbox"/> 7q31 (-7/7q-) <input type="checkbox"/> Trisomy 8 (+8) <input type="checkbox"/> 20q12 (20q deletion)		<input type="checkbox"/> IGH/CCND1; t(11;14) for MCL, PCN (subset) <input type="checkbox"/> IGH/BCL2; t(14;18) for FL, DLBCL (subset) <input type="checkbox"/> BCL2 Rearrangement (18q21) for FL, DLBCL (subset) <input type="checkbox"/> IGH/MYC; t(8;14) for BL, DLBCL (subset) <input type="checkbox"/> MYC Rearrangement (8q24) for BL, DLBCL (subset) <input type="checkbox"/> BCL6 Rearrangement (3q27) for DLBCL (subset) <input type="checkbox"/> IGH Rearrangement (14q32) <input type="checkbox"/> AP12/MALT1; t(11;18) for MZBCL (subset) <input type="checkbox"/> MALT Rearrangement (18q21) for MZBCL (subset) <input type="checkbox"/> GH/FGFR3; t(4;14) for PCN (subset) <input type="checkbox"/> IGH/MAF; t(14;16) for PCN (subset) <input type="checkbox"/> ATM (11q22 deletion) <input type="checkbox"/> D13S319 (13q deletion) <input type="checkbox"/> p53 (17p deletion) <input type="checkbox"/> Trisomy 12 (+12) <input type="checkbox"/> AML1/ETO; t(8;21) for AML (subset) <input type="checkbox"/> PML/RARA; t(15;17) for APL <input type="checkbox"/> RARA Rearrangement; t(17q12-21) for APL <input type="checkbox"/> CBF β Rearrangement; inv(16), t(16;16) for AML (subset) <input type="checkbox"/> MLL Rearrangement (11q23) for AML (subset) <input type="checkbox"/> 5q33-34 (-5/5q-) <input type="checkbox"/> 7q31 (-7/7q-) <input type="checkbox"/> Trisomy 8 (+8) <input type="checkbox"/> 20q12 (20q deletion) <input type="checkbox"/> BCR/ABL; t(9;22) for CML, ALL <input type="checkbox"/> FIP1L1/PDGFR α (4q12 deletion) <input type="checkbox"/> PDGFRB Rearrangement; t(5;12) <input type="checkbox"/> X,Y for Bone Marrow Transplant <input type="checkbox"/> Other _____	
<div style="background-color: #D9E1F2; padding: 2px; text-align: center; font-weight: bold; margin: 5px 0;">PCR Assays</div> <input type="checkbox"/> BCR/ABL, Quantitative, t(9;22) for CML, ALL <input type="checkbox"/> BCR/ABL Major (p210; b2a2 or b2a3) <input type="checkbox"/> BCR/ABL Minor (p190; e1a2) <input type="checkbox"/> B-Cell (IGH) Gene Rearrangement, B-Cell Clonality <input type="checkbox"/> T-Cell (TCR) Gene Rearrangement, T-Cell Clonality <input type="checkbox"/> IGH/BCL2, t(14;18) for FL, DLBCL (subset) <input type="checkbox"/> PML/RARA, t(15;17) for APL monitoring <input type="checkbox"/> FLT3 mutation analysis for AML <input type="checkbox"/> KIT mutation analysis for AML <input type="checkbox"/> NPM1 mutation analysis for AML <input type="checkbox"/> JAK2 mutation analysis for PV, ET, IMF <input type="checkbox"/> MPL mutation analysis for ET, IMF <input type="checkbox"/> FIP1L1/PDGFR α (4q12 deletion)		Please check each test to be performed and fax back to 888-443-3345			
Authorized Signature: _____		Date: _____		Clarient Use Only: <input type="checkbox"/> N/A <input type="checkbox"/> Path Rep <input type="checkbox"/> No. of Paraffin Block(s) _____	
				<input type="checkbox"/> Insurance <input type="checkbox"/> Slides _____ unstained _____ stained _____ H&E	