



Highlighted areas are required information.

Client Information

Client: _____
Address: _____

Ordering Physician UPIN # _____ NPI# _____
Phone () _____ Fax () _____
Treating Physician UPIN # _____ NPI# _____
Phone () _____ Fax () _____

Billing Information (Attach face sheet & front and back of Insurance Card)

Bill: Insurance Medicare - Part B Patient Hospital/Institution
Patient Status: Inpatient Outpatient Non-Hospital patient
Hospital Discharge Date: _____
Pre-Authorization # _____
Healthplan _____ See attached billing info
Address _____
Policy / Cert. # _____ **Group / Plan #** _____
Medical Group _____
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.

Patient Information

Name (Last, First) _____ **Social Security #** _____ **Sex** Male Female **D.O.B.** _____
Address _____ **Med. Rec. No. / Patient No.** _____ **Phone** () _____

Specimen Information (Required)

Bone Marrow Biopsy: Core _____ Clot _____
Must Provide CBC and Pathology Report
 Bone Marrow Biopsy Aspirate: Green top(s) _____ Purple top(s) _____ Other _____
 Peripheral Blood: Green top(s) _____ Purple top(s) _____ Other _____
 Smears: _____ Air dried _____ Stained (type of stain) _____
 Fluids: CSF _____ Pleural _____ Other _____
 Fresh Tissue either Tumor or Lymph node (required)
 FFPE Tissue: Block(s) _____ Unstained Slides _____ Other _____

Diagnosis or Signs/Symptoms (ICD-9 or Narrative): _____
Collection Date & Time _____
Body Site _____
Specimen ID # (s) _____
 Test Bone Marrow - use blood as back-up Test All Tubes

Clinical Information

Clinical History _____

New Diagnosis Staging Minimal Residual Disease Monitoring

THERAPY Current (type) _____ Prior (>1 month ago)
 Rituxan® Campath® Gleevec® Mylotarg® Velcade® Chemotherapy
 Radiotherapy EPO GCSF GM-CSF Other _____

Bone Marrow Transplant Type: Autologous Allogeneic Sex Mismatch
Gender of the Donor Required Male Female

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 lymphoma Hodgkin lymphoma Marginal zone lymphoma T-cell lymphoma

Myeloproliferative Neoplasms CML Polycythemia vera (PV) Essential thrombocytosis (ET) Primary Myelofibrosis (PMF) Other _____

Plasma Cell Neoplasms
 Multiple Myeloma (MM)
 Plasma Cell Dyscrasia

Myelodysplastic Syndrome (MDS) MDS CMML Other _____

Acute Leukemias AML APL ALL Anemia Pancytopenia Other _____

SYNOPSIS® COMPREHENSIVE CONSULTATION ONE-STEP HEMATOPATHOLOGY EVALUATION†

†Based upon their judgment, Clarient hematopathologists will select the necessary test components. You will be provided with a diagnosis and a summary report (Synopsis) based upon the tests performed. The tests may include bone marrow, flow cytometry, cytogenetics, PCR and/or FISH or A-CGH.

INDIVIDUAL TEST ANALYSIS

Only perform testing on the submitted specimen(s) using the specific individual test components listed below. An interpretation report is not a component of "Technical Only" testing.

<p>FLOW CYTOMETRY</p> <p><input type="checkbox"/> Global Flow Cytometry (with interpretation)</p> <p><input type="checkbox"/> PNH, High Sensitivity, FLAER, EDTA Peripheral Blood Only (Additional tests will be ordered if medically necessary)</p> <p>Other _____</p> <p>CHROMOSOME ANALYSIS</p> <p><input type="checkbox"/> Classical Cytogenetics <input type="checkbox"/> Array-CGH (Required clinical indication)</p> <p><input type="checkbox"/> BONE MARROW MORPHOLOGY</p> <p><input type="checkbox"/> CIRCULATING TUMOR CELL ANALYSIS</p>	<p>POLYMERASE CHAIN REACTION (PCR)</p> <p><input type="checkbox"/> Quantitative BCR/ABL, t(9;22) Major (p210) & Minor (p190) for CML & ALL</p> <p><input type="checkbox"/> Quantitative BCR/ABL, t(9;22) Major (p210) for CML</p> <p><input type="checkbox"/> Quantitative BCR/ABL, t(9;22) Minor (p190) for ALL</p> <p><input type="checkbox"/> ABL Kinase Mutation (Gleevec® resistance)</p> <p><input type="checkbox"/> PML/RARA, t(15;17) for APL monitoring</p> <p><input type="checkbox"/> JAK2 V617F Mutation Analysis for non-CML MPN</p> <p><input type="checkbox"/> JAK2 Exon 12 Mutation Analysis for non-CML MPN</p> <p><input type="checkbox"/> MPL Mutation Analysis non-CML MPN</p> <p><input type="checkbox"/> B-Cell Gene Rearrangement (B-Cell Clonality)</p> <p><input type="checkbox"/> T-Cell Gene Rearrangement (T-Cell Clonality)</p> <p><input type="checkbox"/> FLT3 ITD/D835 Mutation Analysis for AML</p> <p><input type="checkbox"/> NPM1 Mutation Analysis for AML</p> <p><input type="checkbox"/> CEBPA Mutation Analysis for AML</p> <p><input type="checkbox"/> KIT D816V Mutation Analysis for AML</p> <p><input type="checkbox"/> Other _____</p>	<p>FLUORESCENCE IN SITU HYBRIDIZATION (FISH) FISH Panels</p> <p><input type="checkbox"/> APL Panel <input type="checkbox"/> AML Panel <input type="checkbox"/> MDS Panel <input type="checkbox"/> HES Panel</p> <p><input type="checkbox"/> CML <input type="checkbox"/> ALL Panel <input type="checkbox"/> CLL/SLL Panel <input type="checkbox"/> Plasma Cell Neoplasm/Myeloma Panel</p> <p><input type="checkbox"/> NHL Panel <input type="checkbox"/> Burkitt Panel <input type="checkbox"/> DLBCL Panel</p> <p>INDIVIDUAL FISH ASSAYS</p> <p><input type="checkbox"/> PML/RARA, t(15;17) for APL • RARA Rearrangement (17q21)</p> <p><input type="checkbox"/> CBFB, Rearrangement inv(16), t(16;16)</p> <p><input type="checkbox"/> ANL1/ETO, [RUNX1/RUNX1T1] t(8;21)</p> <p><input type="checkbox"/> MLL Rearrangement (11q23)</p> <p><input type="checkbox"/> BCR/ABL, t(9;22) for CML, ALL</p> <p><input type="checkbox"/> IGH/CCND1, t(11;14) for MCL, PCN (subset)</p> <p><input type="checkbox"/> IGH/BCL2, t(14;18) for FL, DLBCL (subset)</p> <p><input type="checkbox"/> BCL6 Rearrangement (3q27) for DLBCL (subset)</p> <p><input type="checkbox"/> IGH/MYC, t(8;14) for FL, DLBCL (subset) • MYC Rearrangement (8q24)</p> <p><input type="checkbox"/> X/Y for Bone Marrow Transplant</p> <p><input type="checkbox"/> Other _____</p>
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* See Clarient FISH Probe Library or reverse side of requisition for complete FISH probe listing

Authorized Signature: _____ **Date:** _____ **Clarient Use Only:** _____ **Date:** _____

Clariant Panel Descriptions

DISEASE-STATE WORKUPS

Acute Lymphoid Leukemia (ALL)

Flow Cytometry
Cytogenetics
FISH
MLL Rearrangement (11q23)
BCR/ABL, t(9;22)

Acute Myeloid Leukemia

Flow Cytometry
Cytogenetics
FISH
AML1/ETO t(8;21)
PML/RARA t(15;17)
CBFB, inv(16), t(16;16)
MLL Rearrangement (11q23)
PCR (If needed to confirm diagnosis)
FLT3 ITD/D835 Mutation Analysis
NPM1 Mutation Analysis
CEBPA Mutation Analysis

Chronic Lymphoid Leukemia (CLL)

Flow Cytometry
Array-CGH
FISH
11q deletion (ATM)
Chrom. 12 (+12)
13q deletion (D13S319)
17p deletion (p53)

PCR
IgVH Mutation Analysis
IHC (If needed to confirm diagnosis)
t(11;14) to exclude MCL

Chronic Myeloid Leukemia (CML)

Flow Cytometry
Cytogenetics
FISH
BCR/ABL, t(9;22)
PCR (If needed for MRD or to confirm diagnosis)
Quantitative BCR/ABL, t(9;22)

Myelodysplastic Syndromes (MDS)

Flow Cytometry
Cytogenetics
A-CGH
FISH
5q deletion (5q33-34)
7q deletion (7q31)
Chrom. 8 (+8)
20q deletion (20q12)

Myeloproliferative Neoplasms (MPN) other than CML

Flow Cytometry
Cytogenetics
FISH: t(9;22)(to R/O CML)
PCR
JAK2 V617F & Exon 12 Mutation Analysis
MPL Mutation Analysis

Hodgkin Disease/Hodgkin Lymphoma

Cytogenetics
IHC: CD15, CD30, CD45, EBV
ISH: EBER

Plasma Cell Myeloma/Multiple Myeloma (MM)

Flow Cytometry
Cytogenetics/A-CGH
FISH
IGH/CCND1, t(11;14)
IGH/FGFR3, {t(4;14)}
13q deletion (D13S319)
17p deletion (p53)
IGH/MAF, t(14;16) {optional}
IHC: IHC for CD138 on core biopsy

Non-Hodgkin Lymphoma (NHL)

Flow Cytometry
Cytogenetics
FISH
IGH/CCND1, t(11;14)
MYC Rearrangement (8q24)
BCL2 Rearrangement (18q21)
BCL6 Rearrangement (3q27)
IGH Rearrangement (14q32)
PCR (If needed for MRD or to confirm diagnosis)
B-Cell Lymphoma
T-Cell Lymphoma
IHC (If needed for subclassification)

FLOW CYTOMETRY PANELS

Myeloid, B- & T- Cell Panel Analysis:

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD11c, CD13, CD14, CD15, CD16, CD19, CD20, CD33, CD34, CD38, CD45, CD56, CD64, CD117, Kappa, Lambda, HLA-DR

B- and T-Cell Panel Analysis:

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11c, CD13, CD14, CD16, CD19, CD20, CD22, CD23, CD38, CD45, CD56, Kappa, Lambda, FMC7

Plasma Cell Panel Analysis:

CD19, CD38, CD45, CD56, CD117, CD138, cKappa, cLambda

CLL/SLL ZAP-70 Panel Analysis:

ZAP-70, CD3, CD5, CD19, CD45

PNH Panel Analysis:

CD14, CD33, CD45, CD55, CD59, FLAER

FISH PANELS

Chronic Lymphocytic Leukemia (CLL/SLL)

11q deletion (ATM)
Chrom. 12 (+12)
13q deletion (D13S319)
17p deletion (p53)

ALL Panel

BCR/ABL1, t(9;22)
MLL Rearrangement (11q23)

CML

BCR/ABL1, t(9;22)

Burkitt Panel

IGH/MYC, t(8;14)
MYC Rearrangement (8q24)

DLBCL Panel

IGH/BCL2, t(14;18)
BCL6 Rearrangement (3q27)
IGH/MYC, t(8;14)
MYC Rearrangement (8q24)

HES Panel

FIP1L1/PDGFR4 (4q12 deletion)
PDGFRB Rearrangement (5q33)
FGFR1 Rearrangement (8p21)

APL Panel

PML/RARA, t(15;17)
RARA Rearrangement (17q21)

Non-Hodgkin Lymphoma (NHL)

IGH/CCND1, t(11;14)
MYC Rearrangement (8q24)
BCL2 Rearrangement (18q21)
BCL6 Rearrangement (3q27)
IGH Rearrangement (14q32)

Plasma Cell Neoplasm/Multiple Myeloma (MM)

IGH/CCND1, t(11;14)
IGH/FGFR3 {t(4;14)}
13q deletion (D13S319)
17p deletion (p53)
IGH/MAF, t(14;16) {optional}

Acute Myeloid Leukemia (AML)

RUNX/RUNX1T1, t(8;21) [AML1/ETO]
PML/RARA, t(15;17)
CBFB, inv(16), t(16;16)
MLL Rearrangement (11q23)

Myelodysplastic Syndromes (MDS)

5q deletion (5q33-34)
7q deletion (7q31)
Chrom. 8 (+8)
20q deletion (20q12)

INDIVIDUAL FISH ASSAYS

5q deletion [5q33-34] for MDS
7q deletion [7q31] for MDS
11q deletion [ATM] for CLL/SLL
13q deletion [D13S319]
17p deletion [p53]
20q deletion [20q12] for MDS
ALK Rearrangement [2p23] for ALCL
API2/MALT1, t(11;118) for MZBCL (subset)
BCL2 Rearrangement [18q21]
BCL6 Rearrangement [3q27] for DLBCL (subset)
BCR/ABL, t(9;22) for CML, ALL
CBFB Rearrangement, inv(16) for AML (subset)
FIP1L1/PDGFR4 [4q12], CHIC2 for HES
IGH Rearrangement [14q32]
IGH/CCND1, t(11;14) [BCL1] for MCL, PCN (subset)
IGH/BCL2, t(14;18) [BCL2] for BL, DLBCL (subset)
IGH/FGFR3, t(4;14) for PCN (subset)
IGH/MAF, t(14;16) for MM (subset)
IGH/MYC, t(8;14) for BL, DLBCL (subset)
MALT1 Rearrangement [18q21] for MALT lymphoma
MLL Rearrangement [11q23] for AML (subset)
MYC Rearrangement [8q24] for BL, DLBCL (subset)
PML/RARA, t(15;17) for APL
RARA Rearrangement [17q21] for APL
RUNX1/RUNX1T1, t(8;21) [AML1/ETO] for AML (subset)
TEL/AML1, t(12;21)
TOPO IIA [Topoisomerase IIA]
Trisomy 8 (+8) for MDS
Trisomy 12 (+12) for CLL/SLL
X/Y for Bone Marrow Transplant
Other _____

PCR ASSAYS

Quantitative BCR/ABL, t(9;22) Major and Minor for CML & ALL
Quantitative BCR/ABL, t(9;22) Major for CML
Quantitative BCR/ABL, t(9;22) Minor for ALL
ABL Kinase Mutation (Gleevec® resistance)
JAK2 V617F Mutation Analysis for non-CML MPN
JAK2 Exon 12 Mutation Analysis for non-CML MPN
MPL Mutation Analysis for non-CML MPN
B-Cell (IGH) Gene Rearrangement, B-Cell Clonality
T-Cell (TCR) Gene Rearrangement, T-Cell Clonality
FLT3 ITD/D835 Mutation Analysis for AML
NPM1 Mutation Analysis for AML
CEBPA Mutation Analysis for AML

Only the minimum number of markers necessary to arrive at a final diagnosis will be used and are determined by the suspected diagnosis, histology and working diagnosis.

See Clariant FISH Probe Library for complete FISH probe/panel listing.