CLARiENT
A GE Healthcare Company

Hematopathology Requisition

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(888) 443-3311 • Fax (888) 443-3345

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 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 ❑ GMCSF ❑ 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** ___________

❑ **COMPREHENSIVE CONSULTATION ONE-STEP HEMATOPATHOLOGY EVALUATION**†

†Based upon their judgment, Clarient hematopathologists will select clinically indicated tests.

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.**

FLOW CYTOMETRY

Global Flow Panels
❑ Myeloid, B-&T-Cell (Comprehensive)
❑ B-&T-Cell ❑ Plasma Cell
❑ PNH, High Sensitivity, FLAER, EDTA
Peripheral Blood Only (Additional tests will be ordered if medically necessary)

Technical-Only Flow Panels
❑ Myeloid, B-&T-Cell (Comprehensive)
❑ Hairy Cell Leukemia ❑ Hematagone
❑ T-Cell Receptor ❑ NK/T Cell
❑ CD5 ❑ CD10 ❑ B- & T-Cell
❑ PNH, High Sensitivity, FLAER, EDTA
Peripheral Blood Only (Additional tests will be ordered if medically necessary)
❑ Plasma Cell ❑ ZAP-70 ❑ Erythroid
❑ B-ALL ❑ T-ALL ❑ Lineage
❑ Megakaryocytes ❑ CLL/SLL
❑ Cytoplasmic Light Chain (Kappa)
❑ Cytoplasmic Light Chain (Lambda)

❑ **BONE MARROW MORPHOLOGY**

CHROMOSOME ANALYSIS
❑ Classical Cytogenetics ❑ Array-CGH
(Clinical indication required)

POLYMERASE CHAIN RECATION (PCR)
❑ Quantitative BCR/ABL, t(9;22) Major (p210) & Minor (p190) for CML & ALL
❑ Quantitative BCR/ABL, t(9;22) Major (p210) for CML
❑ Quantitative BCR/ABL, t(9;22) Minor (p190) for ALL
❑ ABL Kinase Mutation (Gleevec® resistance)
❑ PML/RARA, t(15;17) for APL monitoring
❑ JAK2 V617F Mutation Analysis for non-CML MPN
❑ JAK2 Exon 12 Mutation Analysis for non-CML MPN
❑ MPL Mutation Analysis non-CML MPN
❑ B-Cell Gene Rearrangement (B-Cell Clonality)
❑ T-Cell Gene Rearrangement (T-Cell Clonality)
❑ FLT3 ITD/D835 Mutation Analysis for AML
❑ NPM1 Mutation Analysis for AML
❑ CEBPA Mutation Analysis for AML
❑ KIT D816V Mutation Analysis for AML

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

For single probe, mark individual box. For all probes, check panel.

❑ APL Panel
- PML/RARA, t(15;17)
- RARA Rearrangement (17q21)

❑ AML Panel
❑ CBFB; inv(16), t(16;16))
❑ MLL Rearrangement (11q23)
❑ RUNX1/RUNX1T1 (AML/ETO) t(8;21)
❑ PML/RARA, t(15;17)

❑ MDS Panel
❑ 5q deletion (5q33-34)
❑ 7q deletion (7q31)
❑ Trisomy 8 (+8)
❑ 20q deletion (20q12)

❑ HES Panel
❑ FIP1L1/PDGFRA (4q12 deletion)
❑ PDGFRB Rearrangement (5q33)
❑ FGFR1 Rearrangement (8p21)

❑ CML
- BCR/ABL1, t(9;22)

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

❑ CLL/SLL Panel
❑ 11q deletion (ATM)
❑ 13q deletion (D13S319)
❑ 17p deletion (TP53)
❑ Trisomy 12 (+12)

❑ Plasma Cell/Myeloma Panel
❑ 13q deletion (D13S319)
❑ 17p deletion (TP53)
❑ IGH/CCND1, t(11;14)
❑ IGH/FGFR3, t(4;14)
❑ IGH/MAF, t(14;16) OPTIONAL

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

❑ 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)

❑ ALK Rearrangement (2p23)
❑ MALT Rearrangement (18q21)
❑ X/Y for Bone Marrow Transplant
❑ Other ________________

Authorized Signature: **Date:**

Clarient Use Only: **Date:**
❑ N/A ❑ Path Rep ❑ Slides _______
❑ Insurance ❑ Tubes______ ❑ Container_______ ❑ Smears_________

For solid tissue use IHC Requisition. For a complete list of our IHC tests, please visit **clarientinc.com/testmenu.**

JB13569USa 12/11

Clarient 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
- RUNX1/RUNX1T1 (AML/ETO) t(8;21)
- PML/RARA t(15;17)
- CBFB, inv(16), t(16;16)
- MLL Rearrangement (11q23)

PCR (for prognosis)
- FLT3 ITD/D835 Mutation Analysis
- NPM1 Mutation Analysis
- CEBPA Mutation Analysis
- KIT D816V Mutation Analysis

Chronic Lymphoid Leukemia (CLL)

Flow Cytometry
Array-CGH
FISH
- 11q deletion (ATM)
- Trisomy 12 (+12)
- 13q deletion (D13S319)
- 17p deletion (TP53)
- t(11;14) to exclude MCL

IHC (If needed to confirm diagnosis)

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)
- Trisomy 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 (TP53)
- 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, CD15, CD24, CD33, CD45, FLAER
RBC Reflex: add CD59, CD235a

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 Clarient FISH Probe Library for complete FISH probe/panel lisiting.