Cleveland Clinic Laboratories

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Cleveland, OH 44106
216.444.5755 or 800.628.6816

HEMATOPATHOLOGY REQUISITION

<<FORM_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name | First | MI

Address | Birth Date (MM/DD/YYYY) | Sex ☐ M ☐ F

City | SS # | International Patient? ☐ Yes ☐ No

State | Zip | Home Phone

Hospital/Physician Office Patient ID # | Accession #

CLIENT INFORMATION

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call results to phone number: (_____) _____

☐ Fax report to: (_____) _____

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO: ☐ Client/Institution ☐ Medicare ☐ Insurance (Complete insurance information below) ☐ Patient

PATIENT STATUS: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient Hospital discharge date: ____/____/____ (MM / DD / YYYY)

WORKERS COMP: ☐ Yes ☐ No DOI: _____

PRIMARY: ☐ Medicare ☐ Medicaid (Ohio only) ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First | MI

Beneficiary / Member # | Group #

Claims Address | City | State | Zip

SECONDARY: ☐ No ☐ Yes (if yes, please attach) **ABN:** ☐ Yes ☐ No

SPECIMEN INFORMATION

Please indicate number of tubes, vials, slides, tissue blocks provided.

Collection Date: ____/____/____ (MM/DD/YYYY) Time: _____

Body Site: _____ Specimen ID (#)s: _____

☐ Bone Marrow Biopsy*: Core _____ Clot _____
Must Provide CBC/WBC Differential and Pathology Report

☐ Bone Marrow Aspirate: Green top(s)_____ Purple top(s)_____ Other _____

☐ Peripheral Blood: Green top(s)_____ Purple top(s)_____ Other _____

☐ Smears: Air dried _____ Fixed _____ Stained (type of stain) _____

☐ Fluids: CSF_____ Pleural_____ FNA_____ Other _____

☐ Fresh Tissue: Tumor _____ or Lymph Node _____

☐ Paraffin blocks: Tissue block(s)_____ Cell block(s)_____
Decalcified specimens will be rejected.

☐ Slides: Unstained_____ Stained_____

DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____

CLINICAL INFORMATION

_____

_____

_____

_____

_____

COMPREHENSIVE SERVICES

The Cleveland Clinic Hematopathologist is authorized to add other testing as needed to assist in evaluation. REQUIRED: Copy of most recent WBC/CBC, peripheral blood smears, two 4 ml green top tubes and one 4 ml lavender top for bone marrow aspirate.

☐ **Comprehensive Primary Bone Marrow Diagnostic Analysis** (Hematopathologist Directed) Includes clinical history review, morphology/microscopy, flow cytometry, cytogenetic analysis & summary report with correlation of all findings. May include FISH and/or molecular testing as medically necessary.

INDIVIDUAL DIAGNOSTIC TESTS

FLOW CYTOMETRY

☐ Leukemia/Lymphoma Panel *RLLLIP*

☐ Lymphoma Panel for Tissue/Fluid *RLLYMP*

☐ PNH, High Sensitivity, FLAER, Peripheral Blood Only *PNHPNL*

CHROMOSOME ANALYSIS

Chromosome Analysis, Bone Marrow

☐ Bone Marrow *CHRBMH*

☐ Reflex to AML FISH *CHRAML*

☐ Reflex to MDS FISH *CHRMDS*

☐ Reflex to Microarray *BMCHF*

Chromosome Analysis

☐ Leukemic Blood *CHRBLL*

☐ Solid Tumor *CHRSOL*

☐ Neoplastic Tissue *CHRNPT*

FLUORESCENCE *IN SITU* HYBRIDIZATION (FISH)

(SEE BACK FOR OTHER FISH PROBES)

FISH for Aggressive B-Cell Lymphoma

☐ Blood *FABCFP*

☐ Bone Marrow *FABCBM*

FISH for Acute Myeloid Leukemia

☐ Blood *FAMLPN*

☐ Bone Marrow *FAMLPM*

FISH for B Lymphoblastic Leukemia

☐ Blood *FSHBLL*

☐ Bone Marrow *FSBLLM*

FISH for Chronic Lymphocytic Leukemia

☐ Blood *CLLFSH*

☐ Bone Marrow *CLLFSM*

FISH for Myeloproliferative Neoplasms

☐ Blood *MPNFSH*

☐ Bone Marrow *MPNFSM*

☐ FISH for Myeloma Panel *FSHPCM*

IgH/CCND1

☐ Blood *FSHMCL*

☐ Bone Marrow *FSMCLM*

PML/RARA

☐ Blood *APLFSH*

☐ Bone Marrow *APLFBM*

☐ Other _____

☐ Other _____

MOLECULAR TESTING

CC-SIGN® NEXT-GENERATION SEQUENCING PANELS

*PLEASE SELECT ONLY **ONE** NGS PANEL**

Acute Leukemia NGS Panel, 63-gene (DNA) and 107-gene (RNA)

☐ Marrow *HDMNGS*

☐ Peripheral Blood *HDPNGS*

☐ Other *HDONGS*

Chronic Myeloid NGS Panel, 63-gene (DNA)

☐ Marrow *MYNGSM*

☐ Peripheral Blood *MYNGSP*

☐ Other *MYNGSO*

Hematologic Neoplasm Fusion NGS Panel, 107-gene (RNA)**

☐ Marrow *HFMNGS*

☐ Peripheral Blood *HFPNGS*

☐ Other *HFONGS*

NGS panels overlap; please **order only one. Refer to the NGS Panel Table at the top of Page 2 for intended use.*

***For selected indications only; refer to Page 2 for intended use.*

AML/MDS

☐ *FLT3* ITD/D835 Mutation *F3ITDM*

CLL

☐ IGVH Sequencing *IGVH*

HEMOGLOBINOPATHY

☐ Alpha Thalassemia Gene Deletions *ATHALS*

LYMPHOMA

B-Cell Clonality Using BIOMED-2 PCR Primers

☐ Blood *BCBMD*

☐ Bone Marrow *BCBMDM*

☐ Other *BCBMDO*

Immunoglobulin Heavy Chain Using Biomed-2 PCR Primers

☐ Blood *IGHPCR*

☐ Bone Marrow *IGHM*

Immunoglobulin Kappa Chain using Biomed-2 PCR Primers

☐ Blood *IGKPCR*

☐ Bone Marrow *IGKM*

MYD88 L265P Mutation Analysis

☐ Blood *MYD88*

☐ Bone Marrow *MYD88M*

T-Cell Clonality Using Biomed-2 PCR Primers

☐ Blood *TCBMD*

☐ Bone Marrow *TCBMDM*

☐ Other *TCBMDO*

T-Cell Receptor Beta Biomed-2 PCR

☐ Blood *TCRB*

☐ Bone Marrow *TCRBM*

☐ Other *TCRBO*

TCR-G (PCR)

☐ Blood *TGAMMA*

☐ Bone Marrow *TCRGM*

☐ Other *TCRGO*

MYELOPROLIFERATIVE NEOPLASMS

MPN NGS Panel, 3-Gene (DNA)* – includes *JAK2, CALR, MPL*

☐ Marrow *MPNM*

☐ Peripheral Blood *MPNP*

JAK2 V617F Mutation Detection

☐ Blood *JAK2*

☐ Bone Marrow *JAK2M*

KIT D816V Mutation Detection

☐ Blood *K816PB*

☐ Bone Marrow *K816BM*

BCR/ABL1

BCR/ABL1 p210 and p190 Diagnostic PCR

☐ Blood *BCRPB1*

☐ Bone Marrow *BCRBM1*

BCR/ABL1 p210 Quantitative PCR

☐ Blood *P210PB*

☐ Bone Marrow *P210BM*

BCR/ABL1 p190 Quantitative PCR

☐ Blood *P190PB*

☐ Bone Marrow *P190BM*

☐ *BCR/ABL1* Kinase Domain Mutation Analysis *KINASE*

NEXT-GENERATION SEQUENCING (NGS) PANELS & INTENDED USE

Please order **only <u>one</u>** NGS panel at a time. For a full list of interrogated genes, please refer to the Test Directory on clevelandcliniclabs.com.

Panel Name	Order Code, (Specimen Type)	Intended Use	Gene Number (Variants Type)	Variants Detected
Acute Leukemia	**HDMNGS** (M) **HDPNGS** (PB) **HDONGS** (O)	Known or suspected **Acute Leukemias** (e.g. Acute Lymphoblastic Leukemia – ALL, Acute Myeloid Leukemia – AML, Acute Promyelocytic Leukemia – APL)	**63** (DNA) **107** (RNA)	**DNA:** SNVs, Insertions, Deletions **RNA:** Gene fusions, Structural Variants
SUBPANELS				
Chronic Myeloid	**MYNGSM** (M) **MYNGSP** (PB) **MYNGSO** (O)	Known or suspected **Chronic Myeloid Neoplasms** (e.g. MPNs, MDS)	**56** (DNA)	**DNA:** SNVs, Insertions, Deletions
MPN	**MPNM** (M) **MPNP** (PB)	Known or suspected **Myeloproliferative Neoplasms** (MPNs) – includes *JAK2, CALR, MPL*	**3** (DNA)	**DNA:** SNVs, Insertions, Deletions
Hematologic Neoplasm Fusion	**HFMNGS** (M) **HFPNGS** (PB) **HFONGS** (O)	**Fusion-Only Targeted Analysis** (e.g. **myeloid and lymphoid neoplasms** with eosinophilia and abnormalities of *PDGFRA, PDGFRB* or *FGFR1; BCR-ABL1*-negative CML); or, **ALLs with insufficient specimen** for combined DNA & RNA NGS testing	**107** (RNA)	**RNA:** Gene fusions, Structural Variants

(M) = Marrow (PB) = Peripheral Blood (O) = Other: FFPE, Clot sections SNV = Single Nucleotide Variant(s)

FLUORESCENCE *IN SITU* HYBRIDIZATION (FISH) PANELS

Panel Name	Probes	Blood Order Code	Bone Marrow Order Code	Tissue Order Code
FISH for Acute Myeloid Leukemia	t(15;17), t(8;21), inv(16), KMT2A (MLL)	FAMLPN	FAMLPM	
FISH for Aggressive B-Cell Lymphoma	BCL2 (18q21), BCL6 (3q27), c-MYC (8q24) and (8;14)(q24;q32)	FABCFP	FABCBM	FABCEL
Anaplastic Large Cell Lymphoma Panel	TP63, DUSP22/IRF4			DUIRFH
FISH for B Lymphoblastic Leukemia (B-ALL)	t(9;22), *KMT2A* (MLL), t(12;21), 4/10 cen, *CRLF2, CRLF2/IGH*	FSHBLL	FSBLLM	
FISH for Chronic Lymphocytic Leukemia	17p13 (TP53), 11q22 (ATM), 12 cen, 13q34 (D13S319, LAMP1), 11;14 (IgH/CCND1)	CLLFSH	CLLFSM	
FISH for Myelodysplastic Syndrome	5q31 (EGR1), 7q31 (D7S486), 8 cen, 20q12 (D20S108)	FSHMDS	FSMDSM	
FISH for Myeloma*	13q, 17p, 1p/1q, CEP9/CEP15, IgH, IgH/CCND1 (11;14) *If an IgH translocation is present that is not IgH/CCND1, then will reflex to IgH/MMSET (4;14) and IgH/MAF (14;16).*		FSHPCM	
FISH for Myeloproliferative Neoplasms	t(9;22), 4q12 (PDGFRA), 5q33 (PDGFRB), 8p12 (FGFR1)	MPNFSH	MPNFSM	

**Plasma cells only*

FISH PROBES *(For a full list of FISH probes, please refer to the Test Directory on clevelandcliniclabs.com)*

Test Name	Gene(s)	Location	Blood Order Code	Bone Marrow Order Code	Tissue Order Code
FISH for BCL2	*BCL2*	18q21	BCL2FH	BCL2FM	BCL2FT
FISH for BCL6	*BCL6*	3q27	BCL6FH	BCL6FM	BCL6FT
FISH for BCR/ABL1	*BCR/ABL1*	t(9;22)	BCRFSH	BCRFSM	
FISH for BIRC3/MALT1	*BIRC3/MALT1 (API2/MALT1)*	t(11;18)			T1118
FISH for CBFB/MYH11	*CBFB*	inv(16)	INV16F	INV16M	
FISH for CCND1	*CCND1*	11q13	CCND1F	CCND1M	CCND1T
FISH for CRLF2 Rearrangement	*CRLF2*	Xp22.33/Yp11.32	CRLF2B	CRLF2M	
FISH for IGH::CRLF2 Rearrangement	*CRLF2, IGH*	Xp22.33/Yp11.32 and 14q32.33	CRIGHB	CRIGHM	
FISH for del (5q)	*EGR1*	5q31	5QFSH	5QFSBM	
FISH for del (7q)	*D7S486*	7q31	FISH7Q	FSH7QM	
FISH for DUSP22/IRF4	*DUSP22/IRF4*	6p25.3			DUIRFH
FISH for ETV6/RUNX1	*ETV6/RUNX1 (TEL/AML1)*	t(12;21)	1221FH	1221FM	
FISH for FGFR1	*FGFR1*	8p12	FGFR1F	FGFR1M	
FISH for IGH/BCL2	*IGH/BCL2*	t(14;18)	FSHFCL	FSFCLM	T1418
FISH for IGH/CCND1	*IGH/CCND1*	t(11;14)	FSHMCL	FSMCLM	T1114
FISH for IGH/MYC/CEP8	*IGH/MYC*	t(8;14)	814FSH	814FSM	T814
FISH for MALT1	*MALT1*	18q21			MALT1
FISH for MLL	*MLL*	11q23	MLLFSH	MLLFBM	
FISH for MYC(8q24)	*MYC*	8q24	MYCFSH	MYCFSM	MYC
FISH for PDGFRA	*PDGFRA*	4q12	PDGFRA	PGFRAM	
FISH for PDGRRB	*PDGRRB*	5q33	PDGFRB	PDGFBM	
FISH for PML/RARA	*PML/RARA*	t(15;17)	APLFSH	APLFBM	
FISH for RARA	*RARA*	17q21	RARFSH	RARFSM	
FISH for 8;21 Translocation for AML	*RUNX1/RUNX1T1 (AML1/ETO)*	t(8;21)	AMLFSH	AMLFBM	
FISH for Trisomy 4, 10	Trisomy 4/10	4 cen, 10 cen	FHT410	FT410M	
FISH for Trisomy 8, del(20q)	Trisomy 8/D20S108	8 cen, 20q12	20Q8FH	20Q8BM	
FISH for TP63	*TP63*	3q28			TP63FH