H

PROPATH
A Sonic Healthcare Anatomic Pathology Practice

1355 RIVER BEND DRIVE
DALLAS, TX 75247
P 214.638.2000
P 800.258.1253
F 214.237.1731
www.ProPath.com

REFERRED BY

PATIENT INFORMATION - PLEASE PRINT: PATIENT NAME (LAST) (FIRST) (M.I.)

ADDRESS | APT#

CITY | STATE | ZIP

(AREA CODE) PHONE | BIRTH DATE | SEX

PATIENT S.S. # | PATIENT I.D.#

BILL TO: ☐ **Account** ☐ **Patient (Self Pay)** ☐ **Medicare** ☐ **Medicaid**
☐ **Insurance** ⁎**Please submit a copy of ID card (front and back)**
(Check one) ☐ **Inpatient (Discharge Date _____)** ☐ **Outpatient**
PLEASE NOTE: Technical Component of services for Hospital-registered Medicare, Medicaid, and Tricare patients will be billed to the Hospital

INSURANCE COMPANY NAME (attach card) | EMPLOYER NAME

NAME OF INSURED | POLICY / MEMBER ID # | GROUP #

RELATIONSHIP TO INSURED: ☐SELF ☐SPOUSE ☐DEPENDENT

MAIL CLAIM TO

ADDRESS

CITY/STATE/ZIP

Referring Physician: _____ NPI: _____

DATE COLLECTED
☐☐☐☐ AM PM

Send Duplicate Report to: _____
Name: _____
Address: _____
City/State/Zip: _____

DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

DIAGNOSIS CODE	DIAGNOSIS CODE	DIAGNOSIS CODE

PHYSICIAN ACKNOWLEDGEMENT (Required)

Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. ***Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.***

Physician's Signature: _____ **Date Ordered:** _____

HEMATOPATHOLOGY REQUISITION

SPECIMEN / CLINICAL INFORMATION

COPY OF CBC AND PATIENT HISTORY SHOULD BE PROVIDED

Clinical History / Diagnosis (Please attach recent summary of patient history or notes from recent clinic visit) _____

Indicate type of specimen and # of tubes below
Blood Green Top(s):_____ Purple Top(s):_____ Smears:_____ Bone Marrow Green Top(s):_____ Purple Top(s):_____ Core Biopsy:_____ Clot:_____ Smears:_____ Touch Preps:_____
Other: _____

☐ ProPath Comprehensive Evaluation

Includes blood/bone marrow morphology, flow cytometry, cytogenetics, FISH, molecular diagnostics, and special and immunohistochemical stains as the ProPath hematopathologist deems medically necessary for a comprehensive diagnosis. PLEASE MAKE SURE ALL THREE ANTICOAGULANT TUBES CONTAIN SUFFICIENT (2-3 ml/tube) MARROW ASPIRATE.

INDIVIDUAL TESTS

Morphology
- ☐ Bone Marrow Morphology
- ☐ Hematopathology Consultation for second opinion

Flow Cytometry
- ☐ Comprehensive Leukemia/Lymphoma
- ☐ PNH, with FLAER

Molecular Diagnostics
- ☐ JAK2 V617F
- ☐ JAK2 V617F reflex to JAK2 Exon 12
- ☐ JAK2 V617F reflex to JAK2 Exon 12, MPL and CALR
- ☐ JAK2 Exon 12
- ☐ MPL W515L/K Mutation Detection
- ☐ CALR
- ☐ FLT3
- ☐ NPM1
- ☐ KIT D816 (Mastocytosis)
- ☐ c-KIT (AML)
- ☐ CEBPA
- ☐ MYD88
- ☐ T-Cell Clonality Assessment by TCR-Gamma PCR
- ☐ B-cell Clonality Assessment by IgH PCR
- ☐ IgVH Immunoglobulin Heavy-chain Variable-region (CLL)
- ☐ IDH 1/2
- ☐ BCR/ABL1 t(9;22) Quantitative Assay for CML

Cytogenetics/FISH
- ☐ Cytogenetics, Karyotyping
- ☐ Cytogenetics with reflex FISH as necessary (indicate probes below)
- ☐ FISH (Indicate probes below)

For single probe(s), check the individual probe boxes. For all probes in a panel, check the panel box.

☐ **MDS/AML Panel**
- ☐ Deletion 5q/Monosomy 5
- ☐ Deletion 7q/Monosomy 7
- ☐ t(8;21), trisomy 8 - RUNX1T1/RUNX1
- ☐ KMT2A (MLL) Rearrangement - 11q23
- ☐ t(15;17) - PML/RARα
- ☐ inv(16) - CBFβ
- ☐ 17p13.1 - TP53
- ☐ Deletion 20q

☐ **Eosinophilia Panel**
- ☐ FIP1L1/CHIC2/PDGFRA, Deletion 4q12
- ☐ PDGFRB Rearrangement - 5q33
- ☐ FGFR1 Rearrangement - 8q21
- ☐ JAK2 – 9p24.1
- ☐ BCR/ABL1

Chronic Myeloid Leukemia
- ☐ BCR/ABL1 rearrangement - t(9;22)

☐ **Large B-Cell Lymphoma Panel**
- ☐ BCL6 Rearrangements - 3q27
- ☐ MYC Rearrangements - 8q24
- ☐ MYC/IGH t(8;14)
- ☐ BCL2 Rearrangements - 18q21
  Reflex to IGH/BCL2 - t(14;18)

☐ **CLL Panel**
- ☐ Deletion 6q - MYB
- ☐ Deletion 11q22.3 - ATM
- ☐ Trisomy 12
- ☐ Deletion 13q/Monosomy 13
- ☐ IGH rearrangement - 14q32; reflex to CCND1/IGH, IGH/BCL2
- ☐ 19q13.2 rearrangements - BCL3
- ☐ 17p13.1 - TP53

☐ **Myeloma Panel**
- ☐ Deletion 1p/1q Gain
- ☐ Trisomy 5, 9, 15
- ☐ Deletion 13q/Monosomy 13
- ☐ IGH rearrangement - 14q32; reflex to FGFR1/IGH, CCND1/IGH
  If 1st reflex neg, reflex to IGH/MAF, CCND3/IGH, IGH/MAFB
- ☐ 17p13.1 - TP53

ALL Panel
- ☐ Trisomy 4, 10, 17
- ☐ BCR/ABL1 rearrangement - t(9;22)
- ☐ KMT2A (MLL) rearrangement - 11q23
- ☐ ETV6/RUNX1 (TEL/AML1) - t(12;21)
- ☐ GH rearrangement - 14q32

Additional FISH Probes
- ☐ ALK - t(2;5) and variants
- ☐ CDKN2A (p16) - 9p21
- ☐ CCND1/IGH
- ☐ FGFR3/IGH
- ☐ MECOM- 3q26
- ☐ BIRC3 (API)/MALT1 - t(11;18)
- ☐ X/Y for Bone Marrow Transplant
- ☐ IGH/BCL2

V 58 11/22

Please include the diagnosis code(s) at the highest level of specificity as documented in the patient medical record for this requisition date of service.

SPECIMEN REQUIREMENTS – TO SEND A SPECIMEN CALL 800.258.1253 or 214.638.2000

ADDITIONAL NOTES

Specimens should be sent as soon as possible after draw and kept at room temperature.

Always include CBC and clinical history.

Clearly label each tube with patient name and SS# or birth date.

Clearly label each slide with the patient name and date in pencil. Allow slides to air-dry completely before placing in slide holder(s) provided.

SPECIMEN STORAGE

Store at room temperature. **DO NOT** freeze specimens.

SPECIMEN SHIPPING

Ship at room temperature in Call ProPath Call ProPath special mailer.

Please provide only one patient per mailer.

DO NOT INCLUDE PATIENT IDENTIFYING INFORMATION ON THE MAILER. HIPAA regulations prohibit disclosure of confidential patient information.

TEST/ TECHNOLOGY	PERIPHERAL BLOOD	PERIPHERAL BLOOD SMEAR	BONE MARROW ASPIRATE	BONE MARROW SMEAR	BONE MARROW TREPHINE IMPRINT	BONE MARROW FIXED CLOT	BONE MARROW FIXED CORE	BONE MARROW FRESH CORE	LYMPH NODES / FRESH TISSUE
Blood Morphology **1**		2 bedside blood smears (Air Dried Only)							
Bone Marrow Morphology **1**		2 bedside blood smears (Air Dried Only)		6 bedside marrow smears (Air Dried Only)	2 air dried imprint preparations from fresh bone marrow core biopsy specimen	In Formalin **4**	Optimal length: 2.0 cm in Formalin **4**		
Blood or Marrow Flow Cytometry **2,3**	7-10 ml in green top (sodium heparin) tube		2-3 ml in green top (sodium heparin) tube					**Call ProPath**	**Call ProPath**
Blood or Marrow Cytogenetics/ FISH **2,3**	7-10 ml in green top (sodium heparin) tube		2-3 ml in green top (sodium heparin) tube					**Call ProPath**	**Call ProPath**
Blood or Marrow Molecular Diagnostics **2,3**	2-3 ml in purple top (EDTA) tube		2-3 ml in purple top (EDTA) tube					**Call ProPath**	**Call ProPath**

1. Smears should be made from non-anticoagulated blood or marrow. FRESH (<1 hour) EDTA (purple top) specimens may be used. SMEARS SHOULD **NEVER** BE MADE FROM HEPARINIZED SPECIMENS AS HEPARIN ADVERSELY AFFECTS MORPHOLOGY.
2. May use fresh core in case of "dry tap" (NO ASPIRATE).
3. May be performed on blood specimen IF blood involved by leukemic cells. Pathologist at ProPath can make this determination.
4. Place Formalin bottles with samples in **SEALED** plastic baggy (included) before putting in the special mailer.

Complete Test Requisition Form. Include patient insurance information and appropriate clinical data. Retain the bottom copy for your records.
To send specimen, call ProPath at 800.258.1253 or 214.638.2000 for pick-up.

ProPath, 1355 River Bend Drive, Dallas, TX 75247 **Client Services: Ph: 800.258.1253 or 214.638.2000, Fax: 214.237.1731** **www.propath.com**

FLUORESCENCE IN SITU HYBRIDIZATION (FISH) TESTS

Acute Myeloid Leukemia (AML) / Myelodysplastic Syndromes (MDS) FISH Panel

Detects deletions and other aberrations of chromosomes 5, 7 and 11 (MLL), gain of chromosome 8, deletions in the long arm of 20 and TP53 gene, inv(16) and the t(8;21) and t(15;17) rearrangements.

Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma (CLL) FISH Panel

Detects deletions of MYB gene (chromosome 6), ATM gene (chromosome 11), long arm of chromosome 13 and TP53 gene, gain of chromosome 12 and the t(11;14) and t(14;18) rearrangements.

Multiple Myeloma (MM) FISH Panel

Detects gains of chromosomes 5, 9 and 15, deletions of the long arm of chromosome 13 and TP53 gene and the t(11;14) rearrangement.