Cleveland Clinic Laboratories
2119 E. 93rd / L15
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 | Sex ☐ M ☐ F

City | SS #

State | Zip | Home Phone

Hospital/Physician Office Patient ID # | Accession #

CLIENT INFORMATION

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: _____/_____/_____

ABN: ☐ Yes ☐ No **WORKERS COMP:** ☐ Yes ☐ No DOI: _____

PRIMARY: ☐ Medicare ☐ Medicaid ☐ 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)

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call results to phone number: (_____) _____

☐ Fax report to: (_____) _____

SPECIMEN INFORMATION

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

Collection Date: _____/_____/_____ 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)_____

☐ 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 tops for bone marrow aspirate.

☐ **Comprehensive Primary Bone Marrow Diagnostic Analysis** (Hematopathologist Directed) Includes clinical history review, morphology/microscopy, cytogenetic analysis & summary report with correlation of all findings. May include flow cytometry, 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, Reflex to AML FISH *CHRAML*
- ☐ Chromosome Analysis, Bone Marrow, Reflex to MDS FISH *CHRMDS*
- ☐ Chromosome Analysis, Bone Marrow, Reflex to Microarray *BMCHFX*
- ☐ Cytogenetic Analysis, Bone Marrow *CHRBMH*
- ☐ Cytogenetic Analysis, Leukemic Blood *CHRBLL*
- ☐ Cytogenetic Analysis Lymph Node *CHRSOL*

MOLECULAR TESTING

CC-SIGN™ NEXT-GENERATION SEQUENCING PANELS

- ☐ Hematologic Neoplasm NGS Panel 62-gene, Blood *HNPNGS*
- ☐ Hematologic Neoplasm NGS Panel 62-gene, Bone Marrow *HNMNGS*
- ☐ ALL NGS Panel 25-gene, Bone Marrow *ALLMRW*
- ☐ ALL NGS Panel 25-gene, Blood *ALLPBL*
- ☐ Myeloid NGS Panel 50-gene, Bone Marrow *MYMNGS*
- ☐ Myeloid NGS Panel 50-gene, Blood *MYPNGS*
- ☐ Chronic LPD NGS Panel 7-gene, Bone Marrow *LPMNGS*
- ☐ Chronic LPD NGS Panel 7-gene, Blood *LPPNGS*
- ☐ MPN NGS Panel 3-gene, Blood *MPNP*
- ☐ MPN NGS Panel 3-gene, Bone Marrow *MPNM*

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

(SEE BACK FOR COMPLETE LISTING)

- ☐ *BCR/ABL1*, t(9;22) *BCRFSH*
- ☐ FISH for Aggressive B-cell Lymphoma *FABCEL*
- ☐ FISH for AML Panel *FAMLPN*
- ☐ FISH for B-ALL Panel *FSHBLL*
- ☐ FISH for CLL Panel (peripheral blood only) *CLLFSH*
- ☐ FISH for MDS Panel *FSHMDS*
- ☐ FISH for MPN Panel *MPNFSH*
- ☐ FISH for Myeloma Panel *FSHPCM*
- ☐ *IGH/CCND1*, t(11;14) *FSHMCL*
- ☐ *PML/RARA*, t(15;17) *APLFSH*
- ☐ Other_____
- ☐ Other_____

ALL

- ☐ *B-ALL* Fusion Detection Full Panel, Multiplex RT-PCR *BALLFP*
- ☐ *BCR/ABL1 p190 RT-PCR*, Quantitative *190PCR*

AML/MDS

- ☐ *CEBPA* Mutation *CEBPA*
- ☐ *FLT3* ITD/D835 Mutation *FLT3*
- ☐ *NPM1* Mutation *NPM1*

CLL

- ☐ IGVH Sequencing *IGVH*

HEMOGLOBINOPATHY

- ☐ Alpha Thalassemia Gene Deletions *ATHALS*

LYMPHOMA

- ☐ B-Cell Clonality (*IGH* and *IGK* Gene Rearrangement) *BCBMD*
- ☐ *IGH* Gene Rearrangement *IGHPCR*
- ☐ *IGK* Gene Rearrangement *IGKPCR*
- ☐ MYD88 L265P Mutation Detection *MYD88*
- ☐ T-Cell Clonality (*TCRB* and *TCRG* Gene Rearrangement) *TCBMD*
- ☐ *TCRB* Gene Rearrangement *TCRB*
- ☐ *TCRG* Gene Rearrangement *TGAMMA*

MYELOPROLIFERATIVE NEOPLASMS

- ☐ *BCR/ABL* Kinase Domain Mutation Analysis *KINASE*
- ☐ *BCR/ABL1* Qualitative Multiplex RT-PCR *BCRQL*
- ☐ *BCR/ABL1 p210 RT-PCR*, Quantitative *BCRPCR*
- ☐ *CALR* Mutation Analysis *CALR*
- ☐ *JAK2* Exon 12-15 Sequencing *JAKNON*
- ☐ *JAK2* V617F Mutation Detection *JAK2*
- ☐ KIT D816V PCR *KITMST*
- ☐ *MPL* Mutation Sequencing *MPL*

<<FORM_ID>>

FISH PROBES AND SQ CODES

Test Name	Gene(s)	Location	SQ Acronym	Blood/ Marrow	Paraffin
FISH for BCL2	*BCL2*	18q21	BCL2FH	Y	Y
FISH for BCL6	*BCL6*	3q27	BCL6FH	Y	Y
FISH for BCR/ABL1	*BCR/ABL1*	t(9;22)	BCRFSH	Y	N
FISH for BIRC3/MALT1	*BIRC3/MALT1 (API2/MALT1)*	t(11;18)		N	Y
FISH for CBFB/MYH11	*CBFB*	inv(16)	INV16F	Y	N
FISH for CCND1	*CCND1*	11q13	CCND1F	Y	Y
FISH for del (5q)	*EGR1*	5q31	5QFSH	Y	N
FISH for ETV6/RUNX1	*ETV6/RUNX1 (TEL/AML1)*	t(12;21)	1221FH	Y	N
FISH for FGFR1	*FGFR1*	8p12	FGFR1F	Y	N
FISH for IGH	*IGH*	14q32		N	Y
FISH for IGH/BCL2	*IGH/BCL2*	t(14;18)	FSHFCL	Y	Y
FISH for IGH/CCND1	*IGH/CCND1*	t(11;14)	FSHMCL	Y	Y
FISH for IGH/MYC	*IGH/MYC*	t(8;14)	814FSH	Y	Y
FISH for MALT1	*MALT1*	18q21		N	Y
FISH FOR MLL	*KMT2A (MLL)*	11q23	MLLFSH	Y	N
FISH for MYC(8q24)	*MYC*	8q24	MYCFSH	Y	Y
FISH for PDGFRA	*PDGFRA*	4q12	PDGFRA	Y	N
FISH for PDGRRB	*PDGFRB*	5q33	PDGFRB	Y	N
FISH for PML/RARA	*PML/RARA*	t(15;17)	APLFSH	Y	N
FISH for RARA	*RARA*	17q21	RARFSH	Y	N
FISH for 8;21 Translocation for AML	*RUNX1/RUNX1T1 (AML1/ETO)*	t(8;21)	AMLFSH	Y	N
FISH for Trisomy 4, 10	Trisomy 4/10	4 cen, 10 cen	FHT410	Y	N

Panel Names:	Probes		SQ Acronymn	Blood/ Marrow?	Paraffin?
FISH for Acute Myeloid Leukemia	t(15;17), t(8;21), inv(16), MLL		FAMLPN	Y	N
FISH for B Lymphoblastic Leukemia (B-ALL)	t(9;22), MLL, t(12;21), 4/10 cen		FSHBLL	Y	N
FISH for Chronic Lymphocytic Leukemia	17p (TP53), 11q (ATM), 12 cen, 13q (D13S319,LAMP1)		CLLFSH	Y – peripheral blood only	N
FISH for Myelodysplastic Syndrome	5q (EGR1), 7q (D7S486), 8 cen, 20q (D20S108)		FSHMDS	Y	N
FISH for Myeloma (on plasma cells)	17p (TP53), 13q (RB1), 14q32 (IGH). If IGH pos, add t(11;14), t(4;14), t(14;16)		FSHPCM	Y	N
FISH for Myeloproliferative Neoplasms	t(9;22), 4q12 (PDGFRA), 5q33 (PDGFRB), 8p12 (FGFR1)		MPNFSH	Y	N