

<p>PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)</p> <p>Last Name _____ First _____ MI _____</p> <p>Address _____ Birth Date _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>City _____ SS # _____</p> <p>State _____ Zip _____ Home Phone _____</p> <p>Hospital/Physician Office Patient ID # _____ Accession # _____</p> <p>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.</p> <p>INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)</p> <p>BILL TO: <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below) <input type="checkbox"/> Patient</p> <p>PATIENT STATUS: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____</p> <p>WORKERS COMP: <input type="checkbox"/> Yes <input type="checkbox"/> No DOI: _____</p> <p>PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p>Subscriber Last Name _____ First _____ MI _____</p> <p>Beneficiary / Member # _____ Group # _____</p> <p>Claims Address _____ City _____ State _____ Zip _____</p> <p>SECONDARY: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please attach) ABN: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____</p> <p>CLINICAL INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CLIENT INFORMATION</p> <p>ORDERING PHYSICIAN CONTACT</p> <p>Physician Name _____</p> <p>Physician NPI# _____</p> <p>Physician Phone _____</p> <p>Physician Email _____</p> <p><input type="checkbox"/> Call results to phone number: (_____) _____</p> <p><input type="checkbox"/> Fax report to: (_____) _____</p> <p>SPECIMEN INFORMATION</p> <p>Please indicate number of tubes, vials, slides, tissue blocks provided.</p> <p>Collection Date: ____/____/____ Time: _____</p> <p>Body Site: _____ Specimen ID (#): _____</p> <p><input type="checkbox"/> Bone Marrow Biopsy*: Core _____ Clot _____ <i>*Must Provide CBC/WBC Differential and Pathology Report</i></p> <p><input type="checkbox"/> Bone Marrow Aspirate: Green top(s) _____ Purple top(s) _____ Other _____</p> <p><input type="checkbox"/> Peripheral Blood: Green top(s) _____ Purple top(s) _____ Other _____</p> <p><input type="checkbox"/> Smears: Air dried _____ Fixed _____ Stained (type of stain) _____</p> <p><input type="checkbox"/> Fluids: CSF _____ Pleural _____ FNA _____ Other _____</p> <p><input type="checkbox"/> Fresh Tissue: Tumor _____ or Lymph Node _____</p> <p><input type="checkbox"/> Paraffin blocks: Tissue block(s) _____ Cell block(s) _____</p> <p><input type="checkbox"/> Slides: Unstained _____ Stained _____</p>
<p>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.</p> <p><input type="checkbox"/> 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.</p>	
<p>INDIVIDUAL DIAGNOSTIC TESTS</p> <p>FLOW CYTOMETRY</p> <p><input type="checkbox"/> Leukemia/Lymphoma Panel RLLIIP</p> <p><input type="checkbox"/> Lymphoma Panel for Tissue/Fluid RLLYMP</p> <p><input type="checkbox"/> PNH, High Sensitivity, FLAER, Peripheral Blood Only PNHPNL</p> <p>CHROMOSOME ANALYSIS</p> <p>Chromosome Analysis, Bone Marrow</p> <p><input type="checkbox"/> Reflex to AML FISH CHRAML</p> <p><input type="checkbox"/> Reflex to MDS FISH CHRMDS</p> <p><input type="checkbox"/> Reflex to Microarray BMCHFX</p> <p>Cytogenetic Analysis</p> <p><input type="checkbox"/> Bone Marrow CHRBMH</p> <p><input type="checkbox"/> Leukemic Blood CHRBLL</p> <p><input type="checkbox"/> Lymph Node CHRSOL</p> <p>FLUORESCENCE IN SITU HYBRIDIZATION (FISH) <i>(SEE BACK FOR COMPLETE LISTING)</i></p> <p><input type="checkbox"/> FISH for Aggressive B-Cell Lymphoma FABCFP</p> <p><input type="checkbox"/> FISH for AML Panel FAMLPN</p> <p><input type="checkbox"/> FISH for B-ALL Panel FSHBLI</p> <p><input type="checkbox"/> FISH for CLL Panel (peripheral blood only) CLLFSH</p> <p><input type="checkbox"/> FISH for MDS Panel FSHMDS</p> <p><input type="checkbox"/> FISH for MPN Panel MPNFSH</p> <p><input type="checkbox"/> FISH for Myeloma Panel FSHPCM</p> <p><input type="checkbox"/> BCR/ABL1, t(9;22) BCRFSH</p> <p><input type="checkbox"/> IGH/CCND1, t(11;14) FSHMCL</p> <p><input type="checkbox"/> PML/RARA, t(15;17) APLFSH</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>MOLECULAR TESTING</p> <p>CC-SIGN® NEXT-GENERATION SEQUENCING PANELS</p> <p>PLEASE SELECT ONLY ONE NGS PANEL.*</p> <p>Acute Leukemia NGS Panel, 63-gene (DNA) and 107-gene (RNA)</p> <p><input type="checkbox"/> Marrow HDMNGS</p> <p><input type="checkbox"/> Peripheral Blood HDPNGS</p> <p><input type="checkbox"/> Other HDONGS</p> <p>Chronic Myeloid NGS Panel, 56-gene (DNA)</p> <p><input type="checkbox"/> Marrow MYNGSM</p> <p><input type="checkbox"/> Peripheral Blood MYNGSP</p> <p><input type="checkbox"/> Other MYNGSO</p> <p>Hematologic Neoplasm Fusion NGS Panel, 107-gene (RNA)**</p> <p><input type="checkbox"/> Marrow HFMMNGS</p> <p><input type="checkbox"/> Peripheral Blood HFPNGS</p> <p><input type="checkbox"/> Other HFONGS</p> <p>AML/MDS</p> <p><input type="checkbox"/> CEBPA Mutation CEBPA</p> <p><input type="checkbox"/> FLT3 ITD/D835 Mutation F3ITDM</p> <p><input type="checkbox"/> NPM1 Mutation NPM1</p> <p>CLL</p> <p><input type="checkbox"/> IGVH Sequencing IGVH</p> <p>HEMOGLOBINOPATHY</p> <p><input type="checkbox"/> Alpha Thalassemia Gene Deletions ATHALS</p> <p>LYMPHOMA</p> <p><input type="checkbox"/> B-Cell Clonality (IGH and IGK Gene Rearrangement) BCBMD</p> <p><input type="checkbox"/> Immunoglobulin Heavy Chain (IGH) only IGHM</p> <p><input type="checkbox"/> Immunoglobulin Kappa Chain (IGK) only IGKM</p> <p>Chronic LPD NGS Panel, 7-gene (DNA)*</p> <p><input type="checkbox"/> Bone Marrow LPMMNGS</p> <p><input type="checkbox"/> Peripheral Blood LPPNGS</p> <p><input type="checkbox"/> Other LPONGS</p> <p><input type="checkbox"/> MYD88 L265P Mutation Detection MYD88</p> <p><input type="checkbox"/> T-Cell Clonality (TCRB and TCRG Gene Rearrangement) TCBMD</p> <p><input type="checkbox"/> T-Cell Receptor Beta (TCRB) only TCBMDM</p> <p><input type="checkbox"/> T-Cell Receptor Gamma (TCRG) only TCRGM</p> <p>MYELOPROLIFERATIVE NEOPLASMS</p> <p>MPN NGS Panel, 3-Gene (DNA)* – includes JAK2, CALR, MPL</p> <p><input type="checkbox"/> Marrow MPNM</p> <p><input type="checkbox"/> Peripheral Blood MPNP</p> <p><input type="checkbox"/> JAK2 V617F Mutation Detection JAK2</p> <p><input type="checkbox"/> JAK2 Exon 12-16 Sequencing JAKNON</p> <p><input type="checkbox"/> Calreticulin (CALR) Exon 9 Mutation Analysis CALR</p> <p><input type="checkbox"/> MPL Mutation Analysis MPL</p> <p><input type="checkbox"/> KIT (D816V) Mutation KITMST</p> <p>BCR/ABL1</p> <p><input type="checkbox"/> BCR/ABL1, Qualitative – includes p190 & p210 BCRQL</p> <p><input type="checkbox"/> BCR/ABL1 p210, Quantitative P210PB</p> <p><input type="checkbox"/> BCR/ABL1 p190 RT-PCR, Quantitative P190PB</p> <p><input type="checkbox"/> BCR/ABL1 Kinase Domain Mutation Analysis KINASE</p> <p><small>*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.</small></p>

NEXT-GENERATION SEQUENCING (NGS) PANELS & INTENDED USE

Please order **only one** 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
Chronic LPD	LPMNGS (M) LPPNGS (PB) LPONGS (O)	Known or suspected Chronic Lymphoproliferative Disorders (LPDs)	7 (DNA)	DNA: SNVs, Insertions, Deletions
MPN	MPNM (M) MPNP (PB)	Known or suspected Myeloproliferative Neoplasms (MPNs) – includes <i>JAK2</i> , <i>CALR</i> , <i>MPL</i>	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 <i>PDGFRA</i> , <i>PDGFRB</i> or <i>FGFR1</i> ; <i>BCR-ABL1</i> -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
FISH for B Lymphoblastic Leukemia (B-ALL)	t(9;22), KMT2A (MLL), t(12;21), 4/10 cen	FSHLL	FSBLLM	
FISH for Chronic Lymphocytic Leukemia*	17p13 (TP53), 11q22 (ATM), 12 cen, 13q34 (D13S319, LAMP1), 11;14 (IgH/CCND1)	CLLFSH		
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) <i>If an IgH translocation is present that is not IgH/CCND1, then will reflex to IgH/MMSET (4;14) and IgH/MAF (14;16).</i>	FSHPCM		
FISH for Myeloproliferative Neoplasms	t(9;22), 4q12 (PDGFRA), 5q33 (PDGFRB), 8p12 (FGFR1)	MPNFSH	MPNFSM	

*Peripheral blood only **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	<i>BCL2</i>	18q21	BCL2FH	BCL2FM	BCL2FT
FISH for BCL6	<i>BCL6</i>	3q27	BCL6FH	BCL6FM	BCL6FT
FISH for BCR/ABL1	<i>BCR/ABL1</i>	t(9;22)	BCRFSH	BCRFSM	
FISH for BIRC3/MALT1	<i>BIRC3/MALT1 (API2/MALT1)</i>	t(11;18)			T1118
FISH for CBF/ MYH11	<i>CBFB</i>	inv(16)	INV16F	INV16M	
FISH for CCND1	<i>CCND1</i>	11q13	CCND1F	CCND1M	CCND1T
FISH for del (5q)	<i>EGR1</i>	5q31	5QFSH	5QFSBM	
FISH for del (7q)	<i>D7S486</i>	7q31	FISH7Q	FSH7QM	
FISH for DUSP22/IRF4	<i>DUSP22/IRF4</i>	6p25.3			DUIRFH
FISH for ETV6/RUNX1	<i>ETV6/RUNX1 (TEL/AML1)</i>	t(12;21)	1221FH	1221FM	
FISH for FGFR1	<i>FGFR1</i>	8p12	FGFR1F	FGFR1M	
FISH for IGH/BCL2	<i>IGH/BCL2</i>	t(14;18)	FSHFCL	FSFCLM	T1418
FISH for IGH/CCND1	<i>IGH/CCND1</i>	t(11;14)	FSHFCL	FSMCLM	T1114
FISH for IGH/MYC/CEP8	<i>IGH/MYC</i>	t(8;14)	814FSH	814FSM	T814
FISH for MALT1	<i>MALT1</i>	18q21			MALT1
FISH for MLL	<i>MLL</i>	11q23	MLLFSH	MLLFBM	
FISH for MYC(8q24)	<i>MYC</i>	8q24	MYCFSH	MYCFSM	MYC
FISH for PDGFRA	<i>PDGFRA</i>	4q12	PDGFRA	PGFRAM	
FISH for PDGRRB	<i>PDGRRB</i>	5q33	PDGFRB	PDGFBM	
FISH for PML/RARA	<i>PML/RARA</i>	t(15;17)	APLFSH	APLFBM	
FISH for RARA	<i>RARA</i>	17q21	RARFSH	RARFSM	
FISH for 8;21 Translocation for AML	<i>RUNX1/RUNX1T1 (AML1/ETO)</i>	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	<i>TP63</i>	3q28			TP63FH