



**PATIENT INFORMATION**

Patient Last Name First Name Middle Initial Sex: M F  
Date of Birth Hospital/ID # INPATIENT OUTPATIENT

**REFERRED BY**

PHYSICIAN FACILITY  
Address Address  
Phone FAX Phone FAX  
Email

**BILLING**

Medicare will only pay for tests that meet Medicare coverage criteria, and are reasonable and necessary to treat or diagnose an individual patient, or claims may be denied (see NCD190.3).

Bill charges to: Patient Insurance\* Hospital Physician/Clinic \* Attach billing information

**SIGNS, SYMPTOMS, DIAGNOSIS, AND ICD10 CODES**

**REQUIRED FOR SPECIMEN PROCESSING (PLEASE DO NOT USE "RULE OUT")**

In addition to the studies requested, I authorize the laboratory to perform FISH (fluorescence *in situ* hybridization) if indicated by the patient's clinical history or cytogenetic results.

Physician/Authorized Signature:

**SPECIMEN COLLECTION**

Date Collected Time AM PM Amount Collected

**SPECIMEN INFORMATION**

Bone marrow aspirate Peripheral blood  
Bone marrow core biopsy Lymph node  
Solid tumor (source): FFPE slides (4 micron on Plus Slides)  
(source):  
Other (specify):

CML Myelodysplasia  
AML B-cell lymphoma  
ALL T-cell lymphoma  
Myeloma CLL  
Other:

**Transplant Information**

Is the patient post transplant? Yes If Yes, sex of donor: M F

**STUDIES REQUESTED**

**Chromosome analysis**

**FISH Studies for:**

BCR/ABL1 t(9;22) ALL Panel \*  
Chimerism (for BMT patients) APL Panel\* (Stat results)  
EGFR AML Panel\*  
IGH (BAP) Contact CGL if stat results are needed  
KMT2A (MLL)(11q23) Eosinophilia Panel\*  
MECOM (EVI1) MDS Panel \*  
PCM1-JAK2 MPN Panel \*  
PML/RARA t(15;17) Myeloma panel \*  
PTEN Myeloma panel \*  
TP53 (17p13.1) plus reflex MYC; IGH/MYC  
1p36/1q25 deletion Ph-like ALL panel\*  
19q13 / 19p13 deletion  
Screen for prior abnormal clone  
Other (specify):

Initial CLL Panel (ATM; 12; 13q14; IGH/CCND1;TP53)  
Follow-up CLL Panel (ATM; 12; 13q14; TP53)  
Diffuse Large B cell Lymphoma Panel (MYC; IGH/MYC; IGH/BCL2; BCL6; IGH)  
High Grade B cell Lymphoma Panel (BCL6; MYC; IGH/MYC; BCL2)  
MALT Lymphoma Panel (BCL6 for +3; MALT1; BIRC3/MALT1)  
Marginal Zone Lymphoma Panel (BCL6 for +3; 7/7q; TP53)  
Neuroblastoma Panel (MYCN/2cen; 1p36; ATM)  
Medulloblastoma Panel (MYCN; MYC; SEC63/6cen)  
Ependymoma Panel (1p36/1q25; CDKN2A; EGFR)  
IGH/CCND1  
IGH/BCL2  
IGH/MYC & MYC (BAP)

PATIENT LABEL HERE

Additional FISH studies available.

\*Please see our website for complete FISH Test list and Oncology FISH panels or call the laboratory.