

HEMATOLOGY/ONCOLOGY REQUISITION FORM

PATIENT INFORMATION

Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Patient ID/MRN/SSN
Address		City	State	ZIP	Phone () -

PHYSICIAN INFORMATION

Physician and Ordering Facility (Name, Address, Phone and Fax)

Copy report to additional Physician Phone () -

Physician Name

Fax () -

BILLING INFORMATION

Bill To

- Insurance (Please attach copy of insurance card)
 Medicare Hospital/Direct Bill Patient Self-Pay

Patient Status

- Hospital Inpatient (>24 hour stay)
 Discharge date: _____
 Hospital outpatient Non-Hospital patient

Hospital Name

Patient's Next Appointment

Date: ___/___/___
 Time: ___:___ AM PM



Please attach a copy of the patient's CBC and clinical history.

CLINICAL INFORMATION

Copy of CBC and patient's history is required.

Signs/Symptoms (include as many as applicable)

ICD-10 CODES

Refer to the back of the requisition for common ICD-10 codes.

1.	2.
3.	4.

CLINICAL STATUS

- New Diagnosis Monitoring Under Therapy Post Therapy Staging MRD

SPECIMEN INFORMATION

- Bone Marrow Peripheral Blood Other: _____
 Fresh Tissue: _____ Tissue Source Fluid: _____ Fluid Source/Volume

Collection Date:

Time of Collection:

___/___/___ ___:___ AM PM

CLINICAL INDICATION

- Acute Myelogenous Leukemia (AML)
- Acute Promyelocytic Leukemia (APL)
- Burkitt Lymphoma (BL)
- Chronic Lymphocytic Leukemia (CLL)
- Chronic Myelogenous Leukemia (CML)
- Diffuse Large B-Cell Lymphoma (DLBCL)
- Essential Thrombocythemia (ET)
- Follicular Lymphoma (FL)
- Lymphoplasmacytic Lymphoma (LPL)
- Lymphoproliferative Disorder (LPD)
- MALT Lymphoma (MALToma)
- Mantle Cell Lymphoma (MCL)
- Marginal Zone Lymphoma (MZL)
- Myelodysplastic Syndrome (MDS)
- Myeloproliferative Neoplasm (MPN)
- Multiple Myeloma (MM)
- Polycythemia Vera (PV)
- Waldenström Macroglobulinemia
- Other: _____

TEST(S) REQUESTED



Comprehensive Assessment

Includes: Clinical history review and morphologic assessment. Medically necessary tests will be ordered by an expert pathologist. Tests may include IHC, flow cytometry, Chromosome Analysis, FISH and/or molecular testing. A summary with correlation of all testing technologies will be incorporated into one final diagnostic Omnia™ report.

If not ordering Omnia™, please indicate tests below:

- Smear Morphology
- Biopsy Workup
- Flow Cytometry
 - PNH Flow Cytometry w/FLAER
- FISH
 - BCR/ABL (Qualitative)
 - Panel based on clinical indication (details on back)
 - Other: _____
- Karyotype Chromosome Analysis
- Molecular
 - B-Cell Gene Rearrangement
 - BCR/ABL (Quantitative)
 - HemeScreen™ for AML (IDH1, IDH2, KIT, FLT3, NPM1, CEBPA)
 - HemeScreen™ for CLL (IgVH)
 - HemeScreen™ for MPN (JAK2 Exons 12, 13, 14, CALR, MPL)
 - MYD88 with reflex to CXCR4
 - T-Cell Gene Rearrangement
- Next Generation Sequencing
 - NGS-177 Hematologic Malignancies Panel

COMMENTS

(Please specify additional tests, notes, requests, etc.)

Physician Signature: _____

Date: ___/___/___

- I would like the Hematopathologist to call me to discuss this case at this number: () -

Molecular Panels

HemeScreen™ AML	IDH1/IDH2, KIT, FLT3, NPM1, CEBPA	HemeScreen™ CLL	IgVH	HemeScreen™ MPN	JAK2 Exons 12 - 14, CALR, MPL
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NGS Hematologic Malignancies Panel

This test is designed to profile the molecular abnormalities in various leukemias, lymphoma and myeloma. The assay is used for stratifying patients and determining prognosis and selecting therapy. This assay is excellent for confirming the diagnosis of MDS and differentiating it from CCUS, ICUS and CHIP. GTC-Liquid Biopsy, Hematology test is the same, but performed on cfDNA in peripheral blood plasma. GTC-Hematology Plus combine expression and fusion and provide complete profiling for abnormalities in hematologic neoplasms including the diagnosis of Ph- and Ph-like acute lymphoblastic leukemia, double and triple hit DLBCL, as well as classification of DLBCL as GCB or ABC.

FISH Panels

Acute Myeloid Leukemia	CBFβ (16q22) RUNX1/RUNX1T1 t(8;21)	PML/RARA t(15;17) MLL (11q23)	Acute Promyelocytic Leukemia	PML/RARA t(15;17)	Chronic Myeloid Leukemia	BCR/ ABL1 t(9;22)
Chronic Lymphocytic Leukemia	P53 (17p13.1) ATM (11q22.3) Trisomy 12	13q14.3 Deletion CCND1/IGH t(11;14)	Diffuse Large B-Cell Lymphoma	MYC (8q24) IGH/BCL2 t(14;18) BCL6 (3q27)	MALT Lymphoma	BIRC3/MALT1 t(11;18q21)
Essential Thrombocythemia (ET)	13q14.3 Deletion Trisomy 8 Chromosome 1 Rearrangement	Trisomy 9 P53 (17p13.1) MAFB (20q12)	Follicular Lymphoma	MYC (8q24) IGH/BCL2 t(14;18) BCL6 (3q27)	Burkitt Lymphoma	MYC (8q24) MYC/IGH t(8;14)
Myelodysplastic Syndrome	5q31~33 Deletion/Monosomy 5 7q31 Deletion/Monosomy 7 Inversion (17q) RPN1/MECOM (3q26)	Trisomy 8 MLL (11q23) MAFB (20q12) ETV6 (12p13.2) Trisomy/Deletion 19	Marginal Zone Lymphoma	BIRC3/MALT1 t(11;18q21) RPN1/MECOM (3q26) 7q31 Deletion/Monosomy 7 CCND1/IGH t(11;14)	(LPL) Waldenström	BCL6 (3q27) MYB (6q23.3) MYC (8q24) IGH/BCL2 t(14;18)
Multiple Myeloma	CCND1/IGH t(11;14) 13q14.3 Deletion Trisomy 9 Chromosome 1 Rearrangement P53 (17p13.1)	Reflex to: FGFR3/IGH t(4;14) IGH/MAF t(14;16) IGH Rearrangement	Polycythemia Vera	13q14.3 Deletion Trisomy 8 MAFB (20q12) Trisomy 9 Chromosome 1 Rearrangement	Mantle Cell Lymphoma	CCND1/IGH t(11;14)

Specimen Requirements and TAT

Test Type	Specimen Type	Preservative	Instructions	Volume	Temperature	Stability	TAT
Morphology & Special Stains	Core Biopsy	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	3-4days
	Blood Clot	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	3-4days
	Aspirate Slides	N/A	Unstained, unfixed	5 Slides	Room Temperature	N/A	48hrs
IHC & ISH	Core Biopsy	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	48hrs
	Blood Clot	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	48hrs
	FFPE Tissue	N/A	Formalin fixed paraffin embedded tissue	N/A	Room Temperature	N/A	48hrs
Flow Cytometry & FISH	Bone Marrow& Peripheral Blood	Green Top or Lavender Top Tube	N/A	2-3mL	Room Temperature	48hrs	48hrs
	Fluid	N/A	Fluid in sterile container with no preservative	2mL	Refrigerate - Do Not Freeze	48hrs	48hrs
	Fresh Tumor	RPMI	1-5cm ³ marble -sized piece of fresh tumor	1-5cm ³	Refrigerate - Do Not Freeze	48hrs	48hrs
Chromosome Analysis	Bone Marrow	Green Top Tube	N/A	2mL	Room Temperature	48hrs	7 days
Molecular (PCR)	Bone Marrow& Peripheral Blood	Green Top or Lavender Top Tube	N/A	2mL	Room Temperature	72 hrs	7-14 days
	Fluid	N/A	Fluid in sterile container with no preservative	2mL	Refrigerate - Do Not Freeze	48hrs	7-14 days
	Fresh Tumor	RPMI	1-5cm ³ marble-sized piece of fresh tumor	1-5cm ³	Refrigerate - Do Not Freeze	48hrs	7-14 days
HemeScreen™	Bone marrow/ Peripheral blood	Lavender Top Tube	N/A	1-2mL	Room Temperature	48-72 hrs	2 -7days
NGS (Hematologic tumors)	Bone marrow/ Peripheral blood	Lavender Top Tube	N/A	1-2mL	Room Temperature	48-72 hrs	7 -10days

Additional Notes

Specimens should be sent within 24 hours of draw. Include CBC, clinical history, and prior test results if available. Clearly label each tube, slide and container with patient initials. Allow slides to air dry completely before placing them in slide holders provided. Please store all RPMI in refrigerator prior to use. DO NOT use RPMI if it appears cloudy, yellow, or beyond expiration date. For questions or assistance please call customer service at 203.787.1717.

Specimen Shipping

Ship at room temperature. In warm weather place the specimen kit into a climate control bag* and include a cool pack. DO NOT allow cool pack to be in direct contact with sample. DO NOT EXPOSE PATIENT NAME OR OTHER IDENTIFYING INFORMATION ON THE SHIPPER. HIPAA regulations prohibit disclosure of confidential patient information. Use our App: Precipio or call Customer Service at 203.787.1717 to schedule a specimen pickup. *Please contact your Precipio sales manager to obtain more information about our climate control bags.

Reporting of Results

A final report will be available to the requesting physician on iLab Connect™ at www.precipiodx.com and our App: Precipio.

Common ICD-10 Codes

C81.90 Hodgkin Lymphoma, unspecified	C81.90 Hodgkin Lymphoma, unspecified	061.818 Other pancytopenia
C85.80 Non-Hodgkin Lymphoma, unspecified	C85.80 Non-Hodgkin Lymphoma, unspecified	D64.9 Anemia, unspecified
C90.00 Multiple Myeloma	C90.00 Multiple Myeloma	D69.6 Thrombocytopenia, unspecified
C90.10 Plasma Cell Leukemia	C90.10 Plasma Cell Leukemia	D70.9 Neutropenia, unspecified
C91.00 Acute Lymphoid Leukemia (ALL)	C91.00 Acute Lymphoid Leukemia (ALL)	D75.819 Leukopenia, unspecified
C91.10 Chronic Lymphocytic Leukemia (CLL) of B-cell type	C91.10 Chronic Lymphocytic Leukemia (CLL) of B-cell type	D72.829 Leukocytosis
C92.00 Acute Myeloblastic Leukemia (AML)	C92.00 Acute Myeloblastic Leukemia (AML)	J91.8 Pleural effusion in other conditions classified elsewhere
C92.10 Chronic Myeloid Leukemia (CML), BCR/ABL positive	C92.10 Chronic Myeloid Leukemia (CML), BCR/ABL positive	R22.0 localized swelling of mass in head
C92.40 Acute Promyelocytic Leukemia	C92.40 Acute Promyelocytic Leukemia	R22.1 localized swelling of mass in neck