

800-959-2846 | Fax: 949-418-7287

HEMATOLOGY-ONCOLOGY

CLIENT INFORMATION

PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: TC ONLY GLOBAL CONSULTATION

PATIENT INFORMATION (Pink highlighted sections are required information)

Please attach patient face sheet and front and back of primary and secondary insurance card: See Attached

In Patient Out Patient

Name (Last, First): _____

Date of Birth: ___/___/___ Sex: M F SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Medical Record #: _____

CLINICAL INFORMATION

CBC Report Enclosed

Disease Differential: _____

Clinical History: _____

ICD 10: _____

New Diagnosis Staging Minimal Residual Disease Monitoring

Therapy: _____

Bone Marrow Transplant (Type and Gender of Donor): _____

BILLING INFORMATION

Primary: Medicare Medicaid Insurance Patient Client

Insurance: _____ Policy #: _____ Group #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

Policy Holder: Self Spouse Child Other

I hereby authorize the release to EmeritusDX of any medical and insurance information necessary to process claims for services provided by EmeritusDX. I hereby authorize EmeritusDX to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX.

Patient Signature: _____

SPECIMEN INFORMATION

COLLECTION DATE: ___/___/___ **TIME:** _____ **BODY SITE:** _____

Peripheral Blood Bone Marrow Aspirate Bone Marrow Biopsy FFPE Tissue

Green Top(s) _____ Purple Top(s) _____ Green Top(s) _____ Purple Top(s) _____

Smears _____ Smears _____ Touch Preps _____

Stained (Type) _____ Stained (Type) _____ Stained (Type) _____

Have EmeritusDX Request for specimen Release Authorization Form

Specimen Location: _____ Specimen ID/Report: _____

Phone: _____ Fax: _____ Archive Retrieval Date: _____

TEST REQUEST

HEMATOLOGY (Bone Marrow/Blood)

SYNATRA™ Comprehensive summation of hematopathology diagnosis incorporating clinical, pathology, and molecular tests as deemed medically necessary by our hematopathologists with major relevant findings.

- BONE MARROW SYNATRA™
- PERIPHERAL BLOOD SYNATRA™
- Review and comparison with previous findings.
- MORPHOLOGY and IMMUNOHISTOCHEMICAL STAINS (IHC)

FLOW CYTOMETRY

- Standard AML LGL MM PNH ZAP70

CHROMOSOME ANALYSIS

- Cytogenetics

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

- AML CML MM-MGUS As Indicated
- ALL Eosinophilia MPN Selected:
- CLL MDS NHL

MOLECULAR: POLYMERASE CHAIN REACTION (PCR)

- CML**
- BCR/ABL1 Translocation t(9;22) Quantitative RT-PCR
- Reflex to ABL1 Kinase
- ABL1 Kinase Mutation for Gleevec Resistance

MPN

- JAK2 V617F Mutation Analysis MPL Mutation Analysis
- Reflex to JAK2 Exon 12-15 CALR Mutation Analysis
- JAK2 Exon 12-15 Mutation Analysis
- MPN Reflex Panel (JAK2 V617F > JAK2 Exon 12-24 > MPL > CALR)

NHL

- B-Cell Gene Rearrangement T-Cell Gene Rearrangement

AML

- AML 4 Gene: (FLT3 ITD/D835;NPM2; CEBPA; KIT D8116V)
- cKIT (D816V) Mutation Analysis MLL-PTD Mutation Analysis
- CEBPA Mutation Analysis NPM2 Mutation Analysis
- FLT3/NPM1 Mutation Analysis PML/RARA, t(15;17) Quantitative Analysis

CLL/SLL

- IgVH Hypermutation Analysis

OTHER: _____

NEXT-GENERATION SEQUENCING (Hematology)

- AML MDS Myeloid CLL MPN NHL ALL
- For selected disease of tests, please see reverse side for specifics.

CANCER RISK GENETICS (Blood)

- BRCA1/BRCA2 OTHER:

SOLID TUMOR (Tissue/Blocks)

IMMUNOHISTOCHEMICAL STAINS

- PD-1 PDL-1 OTHER: _____ (More on Bottom Reverse Side)

BREAST

- ER PR Ki-67
- HER2 IHC (1+; 2+; 3+) HER2 FISH
- Reflex to HER2 FISH if 2+

COLORECTAL

- BRAF Mutation Analysis KRAS Mutation Analysis (Exon 2, Exon 3, Exon 4)
- MSI Analysis by IHC Reflex to BRAF when KRAS is negative

LUNG (NSCLC)

- EGFR Mutation Analysis Expanded KRAS Mutation Analysis (Exon 2, Exon 3, Exon 4)
- ALK FISH EGFR FISH
- ROS1 FISH FGFR1 - Squamous (FISH)
- MET FISH

MELANOMA

- Cobas BRAF V600
- Reflex to BRAF, NRAS, c-KIT when Cobas BRAF is negative
- OTHER TUMOR TYPE: _____ SELECTED TESTS: _____
- TUMOR OF UNKNOWN ORIGIN BY GENOTYPING: _____

NEXT-GENERATION SEQUENCING (Solid Tumor Tissue/Block)

- Breast
- Colon
- Lung
- Other Cancer Type: _____
- Standard Hot Spot Gene Panel
- Selected Cancer Genes: _____
- SECOND OPINION CONSULTATION
- Stained Slides
- Unstained Slides
- Block

Please Discard Extra Labels

1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

Name: _____ DOB: _____ Peripheral Blood	Name: _____ DOB: _____ Peripheral Blood	Name: _____ DOB: _____ Bone Marrow	Name: _____ DOB: _____ Bone Marrow
Name: _____ DOB: _____ Clot	Name: _____ DOB: _____ Clot	Name: _____ DOB: _____ Other:	Name: _____ DOB: _____ Other:

***For your reference, subject to updates and changes

Fluorescence In Situ Hybridization (FISH)

Acute Lymphocytic Leukemia (ALL) Panel

(BCR/ABL1 t(9;22), MLL (11q23), ETV6(TEL)/RUNX1(AML1) t(12;21))

Acute Myeloid Leukemia (AML) Panel

(RUNX1T1/RUNX1 t(8;21), PML/RARA t(15;17), inv(16) (CBFB), 11q23 (MLL))

Chronic Lymphocytic Leukemia (CLL) Panel

(11q22.3 ATM, 13q14.3/D13S25, 17p13.1 P53, CEP12, t(11;14) CCND1/IGH, 6q23.3 MYB)

Chronic Myeloid Leukemia (CML)

(BCR/ABL1/ASS1 t(9;22))

Multiple Myeloma Panel

(D5S23, CEP9, CEP15, CEP11, TP53, 13q14.3/D13S25, IGH)

Multiple Myeloma Reflex Panel

(CCND1 (BCL1)/IGH, FGFR3/IGH, IGH/MAF)

Myelodysplastic Syndrome (MDS) Panel

(EGR1, 7q31/del7q, CEP8, 20q12, MLL)

Non-Hodgkin Lymphoma (NHL) Panel

(ALK, IGH, BCL6, MYC, CCND1/IGH, IGH/BCL2, BIRC3/MALT1, IGH/MALT1)

Flow Cytometry

Acute B-Lymphoblastic Leukemia (B-ALL)

CD10, CD19, CD20, CD34, CD45, CD79a, TdT, cCD22

Acute Erythroid / Megakaryoblastic Leukemia (M6/M7) Panel

CD34, CD41a, CD61, CD71, CD117, CD235a, HLA-DR, CD45

Acute Myeloid Leukemia (AML)

CD33, CD34, CD117, CD123, HLA-DR, cMPO, CD45

Acute T-Lymphoblastic Leukemia (T-ALL)

CD1a, CD5, CD7, CD10, CD34, CD45, TdT, cCD3

CD4/CD8 Ratio Panel (BAL / Tissue)

CD3, CD4, CD8

Chronic Lymphocytic Leukemia (CLL)

CD5, CD19, CD20, CD23, CD38, CD49d, CD200, CD45

Follicular Cell Lymphoma (FCL)

CD10, CD19, CD20, CD45, cKappa, Lambda, c-BCL2

Hairy Cell Leukemia

CD11c, CD20, CD25, CD103, CD45

Multiple Myeloma (MM)

CD38, CD138, CD56, CD117, CD19, CD20, CD45, cKappa, cLambda

T-Cell Clonality Panel

TRBC1, CD3, CD4, CD5, CD7, CD8, CD45

T-Cell Receptor (TCR) αβ / γδ Panel (LGL Evaluation)

TCR αβ, TCR γδ, CD2, CD3, CD4, CD5, CD7, CD8, CD56, CD57, CD45

Comprehensive Leukemia Lymphoma Panel

Kappa, Lambda, CD5, CD200, CD34, CD38, CD20, CD19, TCRγδ, CD4, CD2, CD56, CD7, CD8, CD3, CD45, CD16, CD10, CD64, CD14, HLA-DR, CD11b, CD15, CD123, CD117, CD13, CD33, and CD38

B&T Panel (tissue, fluid, CSF)

Kappa, Lambda, CD5, CD10, CD200, CD34, CD38, CD20, CD19, TCRγδ, CD4, CD2, CD56, CD7, CD8, CD3, CD45

Synatra™ Integrated Diagnostic Evaluation

Flow, Cytogenetic, FISH, PCR, Histology/Cytology

Immunohistochemistry (IHC)

Cytokeratins / Epithelial

AE1/AE3, CAM5.2, CK5/6, CK7, CK19, CK20, CK HMW (CK903/34BE12), Ber-EP4, Epithelial Membrane Antigen (EMA), E-Cadherin

Lymphoid / Hematopathology

CD1a, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD19, CD20, CD21, CD22, CD23, CD25, CD30, CD31, CD34, CD35, CD38, CD43, CD44, CD45RO, CD56, CD57, CD61, CD68, CD79a, CD99, BCL-1 (Cyclin D1), BCL-2, BCL-6, c-MYC, MUM1, TdT, TIA-1, Granzyme-B, Ki-67

Immunoglobulins / Plasma Cell

Immunoglobulin A (IgA), Immunoglobulin D (IgD), Immunoglobulin G (IgG), Immunoglobulin M (IgM), Kappa, Lambda

Breast / Hormone Receptors

Estrogen Receptor (ER) – Quantitative, Progesterone Receptor (PR) – Quantitative, Androgen Receptor, HER2/neu, Mammaglobin, GATA3

Genitourinary / Prostate

Prostate Specific Antigen (PSA), Prostatic Specific Acid Phosphatase (PSAP), P504S, PIN4 (CK5/14/p63/P504S)

Gastrointestinal / Hepatic

CDX2, HepPar1, Glypican-3, MUC1, MUC2, MUC5AC, MUC6, Villin

Lung / Mesothelial

TTF-1, Napsin A, Calretinin, D2-40, WT-1, Thrombomodulin

Melanoma

S100, SOX10, SOX11, MART-1 / Melan-A, HMB-45, MITF, Tyrosinase

Soft Tissue / Muscle

Desmin, Myogenin, MyoD1, Smooth Muscle Actin (SMA), Caldesmon, Calponin

Neuroendocrine

Chromogranin A, Synaptophysin, Neuron-Specific Enolase (NSE)

Predictive / Molecular

PD-L1 (22C3), PD-L1 (28-8), PD-L1 (SP142), EGFR, PTEN, p53

Infectious Disease

CMV, HSV I/II, Adenovirus, Varicella Zoster Virus (VZV), Toxoplasma gondii, Spirochetes, Helicobacter pylori

Tumor / Miscellaneous

AFP, CA-125, CA-19.9, Calcitonin, Galectin-3, ERG, PAX-5, PAX-8, Glycophorin-A, Inhibin Alpha

Amyloid / Protein Deposition Amyloid A, Amyloid P

Protease / Enzyme Markers

Alpha-1 Antitrypsin (AAT), Alpha-1 Antichymotrypsin

Molecular / PCR Testing

BRAF Mutation Analysis (V600E, V600K, V600D, V600R, V600M)

JAK2 Exon 12, 13, 14 and 15 Mutation

JAK2 V617F

KRAS Mutation Analysis (G12D, G12V, G12c)

KRAS Mutation Analysis with Reflex to BRAF

BCR-ABL1 t(19;22) p210

Next Generation Sequencing (NGS)

Myeloid Neoplasm Panel

Comprehensive genomic profiling for myeloid malignancies including:

- Acute Myeloid Leukemia (AML)
- Myelodysplastic Syndromes (MDS)
- Myeloproliferative Neoplasms (MPN)

Hematologic Malignancy Comprehensive Panel

Solid Tumor Panel

Genes Included:

Full gene list available on the EmeritusDX NGS Panel Gene List document.

Lymphoid Malignancy Panel

Targeted sequencing panel for evaluation of:

- Chronic Lymphocytic Leukemia (CLL)
- B-cell lymphomas
- T-cell lymphomas
- Other lymphoid neoplasms