

LABORATORY USE ONLY	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital	BM tube(s) sent to Genoptix Green _____ Lavender _____ Heparinized Red _____	Blood tube(s) sent to Genoptix Green _____ Lavender _____
AMC Accession # _____			
ALBANY MEDICAL CENTER Pathology and Lab Medicine New Scotland Ave. Albany, NY 12208 FAX: (518) 262-8355 PATHOLOGY (518) 262-5454 CELLULAR IMMUNOLOGY (518) 262-5367 HEMATOLOGY (518) 262-3531 SPECIAL CHEMISTRY (518) 262-3519	Genoptix Account # _____	NAME: _____ DOB: _____ SEX: _____ <div style="text-align: center; font-size: 2em; color: #ccc;">Place Patient Label Here</div>	
		AMC Label	

DATE COLLECTED _____	TIME COLLECTED _____	INSURANCE PRIOR AUTHORIZATION # _____
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NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT:
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Required Information: Complete all information below. Site of Aspirate/Biopsy: _____ Signs and Symptoms: _____	ICD-10 Codes: _____ Clinical Diagnosis: _____ History: _____
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ADULT BONE MARROW / PERIPHERAL BLOOD	HEMATOLOGY / ONCOLOGY REQUISITION
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BONE MARROW: Green Tops _____ Purple Tops _____ Core Biopsy _____
BLOOD: Green Tops _____ Purple Tops _____ Blood to be used as Back-Up only

Heparinized Red Top _____ Peripheral Blood Smear _____

Bone Marrow Aspirate for Morphology (1-2 mL Na Hep green top) **HEM**
 (Includes Iron Stain)

Bone Marrow Biopsy for Histological Studies (B plus fixative) **HISTO**

FLOW Cytometry Panels for Leukemia/Lymphoma **FLOW**
 (Na heparin green top PREFERRED - heparinized red/EDTA lav top tube ok)

BLP B-Cell Lymphoma/CLL (CD10,23,19,DR,7,3,5,38,20,2,4,8,FMC7,22,sKappa / sLambda & 45)

TLP T-Cell Lymphoma (CD 10,23,19,DR,7,3,5,38,20,2,4,8,TCRa/b, TCRg/d,57,16/56 &45)

MYP Myeloma (CD10,23,19,DR,7,3,5,38,20,FMC7,22,138,56, cyKappa / cyLambda &45)

HCLPCI Hairy Cell Leukemia (CD10,23,19,DR,7,3,5,38,20,FMC7,25,103,11c, sKappa / sLambda &45)

ALP Acute Leukemia (CD10,117,19,DR,7,3,5,22,20,33,13,34,14,11b,4, TDT, MPO &45)

OTHER (list individual markers) _____

Bone Marrow Cultures for: (Two 1.5 mL Isolator tubes PREFERRED - Na Hep green ok) **MICRO**
 BCAF ACID FAST BACILLI FUNGC FUNGUS FLBCB BACTERIA

CYTOGENETIC TESTING **SPEC CHEM**

Orders as appropriate per AMC pathologist. _____
Pathologist Initials

CHROMOSOMES (Na heparin green or heparinized red top)

Culture and **HOLD** - Chromosomes

FISH Tech ONLY (Na heparin green top or heparinized red top)
 See reverse for individual probes

ALL Panel AML Panel B-NHL Panel
 BCR/ABL STAT New Dx ONLY PML/RARA STAT New Dx ONLY B-NHL High Grade (Looks for Double Hit)

ALL Panel (Ph-like) CLL Panel CML Panel
 Myeloma Panel (Enriched) MDS Panel (Standard) MDS Panel (Extended)

MPN Panel MPN Eosinophilia Panel

OTHER specify: _____
(see reverse for individual probes available)

Culture and **HOLD** - FISH

MOLECULAR TESTING (Separate Lav top tube) **SPEC CHEM**

Extract Nucleic Acid and **HOLD** - Molecular

Collect and **HOLD at AMC** for further studies

<input type="checkbox"/> ALL Fusion	<input type="checkbox"/> Lymphoid Molecular	<input type="checkbox"/> ABL1 Kinase	<input type="checkbox"/> BRAF	<input type="checkbox"/> JAK2 Exon 12-13	<input type="checkbox"/> JAK2 V617F	<input type="checkbox"/> FLT3/NPM1
<input type="checkbox"/> AML Molecular	<input type="checkbox"/> MPN Targeted	<input type="checkbox"/> B-Cell IgH	<input type="checkbox"/> CALR	<input type="checkbox"/> MPL	<input type="checkbox"/> JAK2 Exon 12-13	<input type="checkbox"/> FLT3 <small>New Dx AML, Order both</small>
<input type="checkbox"/> CLL Comprehensive	<input type="checkbox"/> Myeloid Molecular	<input type="checkbox"/> B-Cell Kappa	<input type="checkbox"/> IgVH	<input type="checkbox"/> MLL-PTD	<input type="checkbox"/> CALR	<input type="checkbox"/> AML NGS
<input type="checkbox"/> CLL Targeted		<input type="checkbox"/> BCR/ABL1 Quant	<input type="checkbox"/> KIT	<input type="checkbox"/> PML/RARA Quant	<input type="checkbox"/> MPL	
		<input type="checkbox"/> New Dx	<input type="checkbox"/> MYD88	<input type="checkbox"/> T-Cell Beta	Reflex to: Or choose reflex to:	
		<input type="checkbox"/> Monitoring		<input type="checkbox"/> T-Cell Gamma	<input type="checkbox"/> MPN Targeted (5 genes) by NGS	

I have been provided with a list of the custom panels available for the above testing. I have ordered only tests that are necessary. The diagnosis given supports the ordering of all tests within the custom panel. I am aware that individual tests or a less inclusive panel should be ordered when the diagnosis does not support the medical necessity of all tests within the custom panel.

Signature of Physician or other authorized person: _____
 (Print) _____ (Signature) _____

Attending Physician (check one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL FISH Profile	BCR/ABL1-ASS1(9;22)
	KMT2A (MLL)(11q23.3)
	ETV6/RUNX1 t(12;21)/(iAMP21)
	IGH (14q32.3)
	CDKN2A (9p21.3)
	TCF3/PBX1 t(1;19)
TP53 (17p13.1)	

ALL FISH Profile (Ph-like)	PDGFRB (5q32)
	BCR/ABL1-ASS1(9;22)
	JAK2 (9p24.1)
	EPOR (19p13.2)
CRLF2 (Xp22.33/Yp11.32)	

AML FISH Profile	RUNX1T1/RUNX1 t(8;21)
	KMT2A (MLL)(11q23.3)
	PML/RARA t(15;17)
	CBFB/MYH11 inv(16)
	MECOM (3q26.2)
DEK/NUP214 t(6;9)	

B-NHL FISH Profile	BCL6 (3q27.3)
	6q (6q-/6)
	MYC (8q24.21)
	IGH/CCND1 t(11;14)
	IGH/BCL2 t(14;18)
MALT1 (18q21)	

B-NHL FISH Profile High Grade (Double Hit)	BCL6 (3q27.3)
	IRF4-DUSP22 (6p25.3)
	MYC (8q24.21)
IGH/BCL2 t(14;18)	

CLL FISH Profile	ATM (11q22.3)
	Cen 12 (+12)
	13q (13q-/13)
	TP53 (17p13.1)
	IGH/CCND1 t(11;14)

CML FISH Profile	BCR/ABL1-ASS1t(9;22)
	Cen 8 (+8)
	RARA (17q21.21)(iso17q)

Myeloma FISH Profile (Enriched)	CKS1B-CDKN2C (1p32.3/1q21.3)
	IGH/FGFR3 t(4;14)
	5q (5q-/5/+5)
	IGH/CCND1 (t11;14)
	13q (13q-/13)
IGH/MAF t(14;16)	
TP53 (17p13.1)	
IGH/MAFB t(14;20)	

MDS FISH Profile (Standard)	5q (5q-/5/+5)
	7q (7q-/7)
	Cen 8 (+8)
	20q (20q-)
	KMT2A (MLL)(11q23.3)

MDS FISH Profile (Extended)	5q (5q-/5/+5)
	7q (7q-/7)
	Cen 8 (+8)
	20q (20q-)
	KMT2A (MLL)(11q23.3)
	ETV6 (12p13.2)
	TP53 (17p13.1)
	MECOM (3q26.2)
CEN 19 (+19)	

MPN FISH Profile	CKS1B-CDKN2C (1p32.3/1q21.3)
	5q (5q-/5/+5)
	7q (7q-/7)
	Cen 8 (+8)
	20q (20q-)
	BCR/ABL1-ASS1 t(9;22)
13q (13q-/13)	

Eosinophilia FISH Profile	PDGFRA (4q12)
	PDGFRB(5q32)
	FGFR1 (8p11)
	JAK2 (9p24.1)

INDIVIDUALLY AVAILABLE PROBES (USE OTHER: _____ UNDER FISH SECTION)	ALK (2p23)	6q(6q-/6)
	ATM (11q22.3)	7q (7q-/7)
	BCL6 (3q27.3)	13q (13q-/13)
	BCR/ABL1-ASS1(9;22)	20q (20q-)
	BIRC3/MALT1 t(11;18)	
	CBFB/MYH11 inv(16)	
	CDKN2A (9p21.3)	
	Cen 4, Cen 10 (+4/+10)	
	Cen 8 (+8)	
	Cen 12 (+12)	
	Cen 19 (+19)	
	Cen X/Y	
	CKS1B-CDKN2C (1p32.3/1q21.3)	
	CRLF2 (Xp22.33/Yp11.32)	
	DEK/NUP214 t(6;9)	
	EPOR (19p13.2)	
	ETV6 (12p13.2)	
	ETV6/RUNX1 (t12;21)/(iAMP21)	
	FGFR1 (8p11)	
	IGH (14q32.3)	
	IGH/BCL2 t(14;18)	
	IGH/CCND1 (t11;14)	
	IGH/FGFR3 t(4;14)	
	IGH/MAF t(14;16)	
	IGH/MAFB t(14;20)	
	IGH/MYC t(8;14)	
	IRF4-DUSP22 (6p25.3)	
	JAK2 (9p24.1)	
KMT2A (MLL)(11q23.3)		
MALT1 (18q21)		
MECOM (3q26.2)		
MYC (8q24.21)		
PDGFRA (4q12)		
PDGFRB (5q32)		
PML/RARA t(15;17)		
RARA (17q21.2)/(iso17q)		
RUNX1T1/RUNX1 t(8;21)		
TCF3/PBX1 t(1;19)		
TCRad (14q11.2)		
TP53 (17p13.1)		
5q(5q-/5/+5)		

NEXT GEN SEQUENCING (NGS) PROFILES

ALL Fusion Molecular Profile by NGS
ABL1, ABL2, BCR, CRLF2, CSF1R, ETV6, IL2RB, IL3, JAK2, KMT2A, MEF2D, MLLT10, NUP98, PAX5, PDGFRB, PTK2B, RUNX1, TAL1, TCF3, TLX1, TLX3, TYK2, ZNF384

AML Molecular Profile by NGS
ASXL1, BCOR, CEBPA, CSF3R, DNMT3A, EZH2, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, PHF6, PTPN11, RAD21, RUNX1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

CLL Comprehensive Molecular Profile by NGS
ASXL1, ATM, BCOR, BIRC3, BRAF, BTK, CCND1, CCND2, CDKN2B, DDX3X, DNMT3A, FAT1, FBXW7, HIST1H1E, IKZF3, IRAK4, ITPKB, KRAS, MAP2K1, MAP3K14, MAPK1, MED12, MEF2B, MYD88, NFKBIE, NOTCH1, NRAS, PLCG2, PIK3CD, POT1, PTEN, RB1, RIPK1, RPS15, SAMHD1, SETD2, SF3B1, SPEN, SPOP, TET2, TLR2, TP53, TRAF2, TRAF3, UBR5, XPO1, ZMYM3

CLL Targeted Molecular Profile by NGS
ATM, BIRC3, NOTCH1, SF3B1, TP53

Lymphoid Molecular Profile by NGS
ABL1, ABL2, ALK, ARHGEF1, ARID1A, ARID2, ASXL1, ATM, B2M, BCL2, BCL6, BCOR, BIRC3, BRAF, BTK, CARD11, CCND1, CCND2, CCND3, CD274, CD79A, CD79B, CDKN1B, CDKN2A, CDKN2B, CIITA, CREBBP, CRLF2, CSF1R, CTCF, CTNNB1, CXCR4, DDX3X, DIS3, DNMT3A, EBF1, EGR1, EP300, EPOR, ETV6, EZH2, FAM46C, FAS, FAT1, FBXW7, FGFR3, FOXO1, GATA3, GNA13, GNAI2, HIST1H1E, HRAS, ID3, IDH1, IDH2, IKKBK, IKZF1, IKZF3, IRAK4, ITPKB, JAK1, JAK2, JAK3, KLF2, KRAS, MALT1, MAP2K1, MAP3K14, MAPK1, MED12, MEF2B, KMT2D, MYC, MYCN, MYD88, NF1, NFKBIE, NOTCH1, NOTCH2, NOTCH3, NRAS, NT5C2, P2RY8, PDGFRB, PHF6, PIK3CA, PIK3CD, PIK3R1, PIM1, PLCG1, PLCG2, POT1, PPM1D, PRDM1, PRPS1, PTEN, PTPN11, RB1, REL, RHOA, RIPK1, RPS15, RUNX1, S1PR2, SAMHD1, SETD2, SF3B1, SGK1, SH2B3, SOCS1, SPEN, STAT3, STAT5B, STAT6, TBL1XR1, TCF3, TET2, TLR2, TNFAIP3, TNFRSF14, TP53, TRAF2, TRAF3, UBR5, WT1, XPO1, ZFH4, ZMYM3

MPN Targeted Molecular Profile by NGS
CALR, CSF3R, JAK2, MPL, SETBP1

Myeloid Molecular Profile by NGS
ASXL1, BCOR, BRAF, CALR, CBL, CEBPA, CSF3R, DDX41, DNMT3A, ETNK1, ETV6, EZH2, GATA2, GNAS, GNB1, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NF1, NPM1, NRAS, PDGFRA, PHF6, PPM1D, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, STAT3, STAT5B, TET2, TP53, U2AF1, WT1, ZRSR2

LABORATORY USE ONLY	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital	BM tube(s) sent to Genoptix Green _____ Lavender _____ Heparinized Red _____	Blood tube(s) sent to Genoptix Green _____ Lavender _____
AMC Accession # _____			

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DATE COLLECTED _____	TIME COLLECTED _____	INSURANCE PRIOR AUTHORIZATION # _____
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NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT:
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Required Information: Complete all information below.	ICD-10 Codes: _____
Site of Aspirate/Biopsy: _____	Clinical Diagnosis: _____
Signs and Symptoms: _____	History: _____

ADULT BONE MARROW / PERIPHERAL BLOOD	HEMATOLOGY / ONCOLOGY REQUISITION
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CYTOGENETIC TESTING	SPEC CHEM
<input type="checkbox"/> Orders as appropriate per AMC pathologist. _____ <small style="float: right;">Pathologist Initials</small>	
<input type="checkbox"/> CHROMOSOMES (Na heparin green or heparinized red top)	
<input type="checkbox"/> Culture and HOLD - Chromosomes	
FISH Tech ONLY (Na heparin green top or heparinized red top) See reverse for individual probes	
<input type="checkbox"/> ALL Panel	<input type="checkbox"/> AML Panel
<input type="checkbox"/> BCR/ABL STAT <small>New Dx ONLY</small>	<input type="checkbox"/> PML/RARA STAT <small>New Dx ONLY</small>
<input type="checkbox"/> ALL Panel (Ph-like)	<input type="checkbox"/> CLL Panel
<input type="checkbox"/> Myeloma Panel <small>(Enriched)</small>	<input type="checkbox"/> MDS Panel <small>(Standard)</small>
<input type="checkbox"/> MPN Panel	<input type="checkbox"/> MPN Eosinophilia Panel
<input type="checkbox"/> OTHER specify: _____ <small>(see reverse for individual probes available)</small>	
<input type="checkbox"/> Culture and HOLD - FISH	

MOLECULAR TESTING	<small>(Separate Lav top tube)</small>	SPEC CHEM
<input type="checkbox"/> Extract Nucleic Acid and HOLD - Molecular		

NEXT GEN SEQUENCING (NGS) <small>(2-3 mL BM or Blood, Lav top tube) (see reverse for included markers)</small> <input type="checkbox"/> ALL Fusion <input type="checkbox"/> AML Molecular <input type="checkbox"/> CLL Comprehensive <input type="checkbox"/> CLL Targeted <input type="checkbox"/> Lymphoid Molecular <input type="checkbox"/> MPN Targeted <input type="checkbox"/> Myeloid Molecular	<input type="checkbox"/> ABL1 Kinase <input type="checkbox"/> B-Cell IgH <input type="checkbox"/> B-Cell Kappa <input type="checkbox"/> BCR/ABL1 Quant <input type="checkbox"/> New Dx <input type="checkbox"/> Monitoring <input type="checkbox"/> BRAF <input type="checkbox"/> CALR <input type="checkbox"/> IgVH <input type="checkbox"/> KIT <input type="checkbox"/> MYD88	<input type="checkbox"/> JAK2 Exon 12-13 <input type="checkbox"/> MPL <input type="checkbox"/> MLL-PTD <input type="checkbox"/> PML/RARA Quant <input type="checkbox"/> T-Cell Beta <input type="checkbox"/> T-Cell Gamma <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> JAK2 Exon 12-13 <input type="checkbox"/> CALR <input type="checkbox"/> MPL <input type="checkbox"/> MPN Targeted (5 genes) by NGS <input type="checkbox"/> FLT3/NPM1 <input type="checkbox"/> FLT3 <input type="checkbox"/> AML NGS
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I have been provided with a list of the custom panels available for the above testing. I have ordered only tests that are necessary. The diagnosis given supports the ordering of all tests within the custom panel. I am aware that individual tests or a less inclusive panel should be ordered when the diagnosis does not support the medical necessity of all tests within the custom panel.

Signature of Physician or other authorized person: _____
(Print) (Signature)

Attending Physician (check one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LABORATORY USE ONLY	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital	BM tube(s) sent to Genoptix Green _____ Lavender _____ Heparinized Red _____	Blood tube(s) sent to Genoptix Green _____ Lavender _____
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AMC - INPATIENT Floor/Unit & Room _____		NAME: _____ DOB: _____ SEX: _____ <h1 style="color: #808080;">Place Patient Label Here</h1>	
Genoptix Account # 25105-000		<h1 style="color: #808080;">AMC Label</h1>	

DATE COLLECTED	TIME COLLECTED	INSURANCE PRIOR AUTHORIZATION #
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BLOOD: Green Tops _____ Purple Tops _____ Blood to be used as Back-Up only

Heparinized Red Top _____ Peripheral Blood Smear _____

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 (Includes Iron Stain)

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TLP T-Cell Lymphoma (CD 10,23,19,DR,7,3,5,38,20,2,4,8,TCRa/b, TCRg/d,57,16/56 &45)

MYP Myeloma (CD10,23,19,DR,7,3,5,38,20,FMC7,22,138,56, cyKappa / cyLambda &45)

HCLPCI Hairy Cell Leukemia (CD10,23,19,DR,7,3,5,38,20,FMC7,25,103,11c, sKappa / sLambda &45)

ALP Acute Leukemia (CD10,117,19,DR,7,3,5,22,20,33,13,34,14,11b,4, TDT, MPO &45)

OTHER (list individual markers) _____

Bone Marrow Cultures for: (Two 1.5 mL Isolator tubes PREFERRED - Na Hep green ok) **MICRO**
 BCAF B ACID FAST BACILLI FUNGC FUNGUS FLBCB BACTERIA

SPEC CHEM

Orders as appropriate per AMC pathologist. _____
Pathologist Initials

CHROMOSOMES (Na heparin green or heparinized red top)

Culture and **HOLD** - Chromosomes

FISH Tech ONLY (Na heparin green top or heparinized red top)
 See reverse for individual probes

<input type="checkbox"/> ALL Panel	<input type="checkbox"/> AML Panel	<input type="checkbox"/> B-NHL Panel
<input type="checkbox"/> BCR/ABL STAT New Dx ONLY	<input type="checkbox"/> PML/RARA STAT New Dx ONLY	<input type="checkbox"/> B-NHL High Grade (Looks for Double Hit)
<input type="checkbox"/> ALL Panel (Ph-like)	<input type="checkbox"/> CLL Panel	<input type="checkbox"/> CML Panel
<input type="checkbox"/> Myeloma Panel (Enriched)	<input type="checkbox"/> MDS Panel (Standard)	<input type="checkbox"/> MDS Panel (Extended)
<input type="checkbox"/> MPN Panel	<input type="checkbox"/> MPN Eosinophilia Panel	

OTHER specify: _____
(see reverse for individual probes available)

Culture and **HOLD** - FISH

NGS (2-3 mL BM or Blood, Lav top tube) (see reverse for included markers)

<input type="checkbox"/> ALL Fusion	<input type="checkbox"/> Lymphoid Molecular	<input type="checkbox"/> ABL1 Kinase	<input type="checkbox"/> BRAF	<input type="checkbox"/> JAK2 Exon 12-13	<input type="checkbox"/> JAK2 V617F	<input type="checkbox"/> FLT3/NPM1
<input type="checkbox"/> AML Molecular	<input type="checkbox"/> MPN Targeted	<input type="checkbox"/> B-Cell IgH	<input type="checkbox"/> CALR	<input type="checkbox"/> MPL	<input type="checkbox"/> JAK2 Exon 12-13	<input type="checkbox"/> FLT3 <small>New Dx AML, Order both</small>
<input type="checkbox"/> CLL Comprehensive	<input type="checkbox"/> Myeloid Molecular	<input type="checkbox"/> B-Cell Kappa	<input type="checkbox"/> IgVH	<input type="checkbox"/> MLL-PTD	<input type="checkbox"/> CALR	<input type="checkbox"/> AML NGS
<input type="checkbox"/> CLL Targeted		<input type="checkbox"/> BCR/ABL1 Quant	<input type="checkbox"/> KIT	<input type="checkbox"/> PML/RARA Quant	<input type="checkbox"/> MPL	
		<input type="checkbox"/> New Dx	<input type="checkbox"/> MYD88	<input type="checkbox"/> T-Cell Beta	Reflex to: Or choose reflex to:	
		<input type="checkbox"/> Monitoring		<input type="checkbox"/> T-Cell Gamma	<input type="checkbox"/> MPN Targeted (5 genes) by NGS	

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Signature of Physician or other authorized person: _____ (Print) _____ (Signature)

Attending Physician (check one)

<input type="checkbox"/> Courtney Bellomo, MD	<input type="checkbox"/> Makenzi Evangelist, MD	<input type="checkbox"/> M Azam Hussain, MD	<input type="checkbox"/>
<input type="checkbox"/> Omar Buddhu, MD	<input type="checkbox"/> Machavi Kambam, MD	<input type="checkbox"/> Mihir Raval, MD	<input type="checkbox"/>
<input type="checkbox"/> Pooja Chaukiyal, MD	<input type="checkbox"/> Ira Zackon, MD	<input type="checkbox"/> Shanna Lewis, PA	<input type="checkbox"/>