



ACCOUNT	PATIENT INFORMATION
	Last Name _____ First Name _____ Middle Name _____ <input type="checkbox"/> F <input type="checkbox"/> M DOB ____ / ____ / ____ Phone: (____) _____ Address _____ City: _____ State: _____ Zip: _____ Pt. ID _____

BILLING INFORMATION	RELATIONSHIP
<input type="checkbox"/> Patient <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Client <input type="checkbox"/> Medicaid	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____ Insurance Company _____ Member # _____

PLEASE ATTACH PATIENT'S MEDICAL HISTORY

PATIENT TREATMENT STATUS	SPECIMEN COLLECTION INFORMATION
<input type="checkbox"/> NEW DIAGNOSIS <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> MRD (CML)	Date: ____ / ____ / ____ Time: ____ : ____ Multiple Samples Submitted <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> BLOOD • 5-6 mL in sodium heparin vials (green-top) • 5ml in EDTA vials (lavender top) <input type="checkbox"/> BONE MARROW • 2-3 mL in sodium heparin (green-top)
	<input type="checkbox"/> SLIDES/SMEARS <input type="radio"/> Air Dried <input type="radio"/> Unstained <input type="radio"/> Stained Type of Stain _____

FLOW CYTOMETRY SCREENING PANELS

<input type="checkbox"/> 5200 LEUKEMIA AND LYMPHOMA SCREENING PANEL CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD13, CD16, CD19, CD20, CD23, CD33, CD34, CD38, CD45, CD56, CD64, CD117, KAPPA, LAMBDA, HLA DR	<input type="checkbox"/> 5202 LYMPHOPROLIFERATIVE DISORDER / LYMPHOMA PANEL (LPD) CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD16, CD19, CD20, CD23, CD45, CD56, KAPPA, LAMBDA,
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MOLECULAR GENETICS HEMATOLOGICAL MALIGNANCIES	FLOW CYTOMETRY PANELS	MOLECULAR TESTS
ACUTE MYELOID LEUKEMIA (AML)	<input type="checkbox"/> 51F CD11b, CD14, CD15, CD34, CD45, CD71, MPO	<input type="checkbox"/> 67F NGS - AML PANEL MLL PML/RARA MYH11 t(8;21) AML1/ETO
CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)	<input type="checkbox"/> 52F CD3, CD5, CD11c, CD19, CD20, CD45, FMC7, ZAP70	<input type="checkbox"/> 68F NGS - MYELOID PANEL CCND1 TP53 NOTCH1 SF3B1
MYELODYSPLASTIC SYNDROME (MDS)	<input type="checkbox"/> 53F CD11b, CD13, CD15, CD36, CD45, CD61, CD71, CD235a	<input type="checkbox"/> 69F NGS - MYELOID PANEL
MULTIPLE MYELOMA (MM)	<input type="checkbox"/> 54F CD19, CD20, CD38, CD45, CD56, CD138, cKAPPA, cLAMBDA	
HAIRY CELL LEUKEMIA	<input type="checkbox"/> 48F CD11c, CD19, CD20, CD22, CD25, CD45, CD103	<input type="checkbox"/> 77F BRAF V600 MUTATION ANALYSIS
LARGE GRANULAR LYMPHOCYTIC LEUKEMIA (LGL)	<input type="checkbox"/> 49F CD3, CD4, CD8, CD16, CD25, CD45, CD56, CD57	
CHRONIC MYELOID LEUKEMIA (CML)	<input type="checkbox"/> 46F CD11b, CD13, CD14, CD15, CD16, CD34, CD45, CD64	<input type="checkbox"/> 71F NGS-MYELOID PANEL BCR-ABL QUANTITATIVE ASSAY
ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)	<input type="checkbox"/> 47F cCD3, CD10, CD19, cCD22, CD34, CD45, CD79a, Tdt	
MYELOPROLIFERATIVE NEOPLASMS (MPN)		<input type="checkbox"/> 70F NGS-MYELOID PANEL BCR-ABL QUANTITATIVE ASSAY

ICD-10
