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

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

**PLEASE ATTACH PATIENT'S MEDICAL HISTORY**

|  |                                    |  |  |   |  |
|--|------------------------------------|--|--|---|--|
| <b>PATIENT TREATMENT STATUS</b>        |                                    | <b>SPECIMEN COLLECTION INFORMATION</b> |  |   |  |
| <input type="checkbox"/> NEW DIAGNOSIS | <input type="checkbox"/> FOLLOW-UP | <input type="checkbox"/> MRD (CML)     | Date: ____ / ____ / ____ Time: ____ : ____               | <input type="checkbox"/> BLOOD (Lavender Top) | <input type="checkbox"/> SLIDES/SMEARS   |
|  |                                    |  | Multiple Samples Submitted                               | <input type="checkbox"/> BONE MARROW          | <input type="checkbox"/> Air Dried <input type="checkbox"/> Unstained <input type="checkbox"/> Stained |
|  |                                    |  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Type of Stain _____                           | <input type="checkbox"/> FRESH TISSUE  |
|  |                                    |  |  |   | Body Site _____  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>FLOW CYTOMETRY SCREENING PANELS</b>                             |  |   |  |  |  |
| <input type="checkbox"/> <b>5200 LEUKEMIA &amp; LYMPHOMA PANEL</b> | CD7 CD16 CD3 CD2 CD56 CD4 CD8 KAPPA LAMDA CD20 CD5 CD23 CD10 CD19 CD33 CD64 CD34 CD13 CD117 CD45 CD38 HLA DR | <input type="checkbox"/> <b>5202 LYMPHOPROLIFERATIVE DISORDER PANEL (LPD)</b> | CD7 CD16 CD3 CD2 CD56 CD4 CD8 KAPPA LAMDA CD20 CD5 CD23 CD45 CD10 CD19 |  |  |

| MOLECULAR GENETICS HEMATOLOGICAL MALIGNANCIES | FLOW CYTOMETRY PANELS  | FISH PANELS  | MOLECULAR TESTS   |
|---|--|--|---|
| ACUTE MYELOID LEUKEMIA BASIC (AML)            | <input type="checkbox"/> <b>50F</b> CD11b CD14 CD15 CD34 CD45 CD71 MPO           | <input type="checkbox"/> <b>55F</b> AML/ETO t(8;21) MLL (11q23) PML/RARa t(15;17) MYH 11/CBFB inv16 (16q22)  | <input type="checkbox"/> <b>66F</b> NGS - MYELOID PANEL MLL PML/RARA MYH11/CBFB inv16 (16q22) |
| ACUTE MYELOID LEUKEMIA (AML)                  | <input type="checkbox"/> <b>51F</b> CD11b CD14 CD15 CD34 CD45 CD71 MPO           | <input type="checkbox"/> <b>56F</b> Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN7 AML/ETO t(8;21) MLL (11q23) PML/RARa(15;17) MYH 11/CBFB inv16 (16q22) | <input type="checkbox"/> <b>67F</b> NGS - MYELOID PANEL MLL PML/RARA MYH11 t(8;21)AML1/ETO    |
| AGGRESSIVE/HIGH GRADE B-CELL LYMPHOMA         |  | <input type="checkbox"/> <b>57F</b> BCL6 (3q27.3) MYC(8q24.21) IGH/BCL2 t(14;18)   |   |
| CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)            | <input type="checkbox"/> <b>52F</b> FMC7 ZAP-70 CD19 CD5 CD20 CD45 CD11C CD3     | <input type="checkbox"/> <b>58F</b> ATM (11q22.3) CCND1/IGH t(11;14) CEN12 Deletion 13q/Monosomy 13 TP53 (17q13)   | <input type="checkbox"/> <b>68F</b> NGS - MYELOID PANEL CCND1 TP53 NOTCH1 SF3B1               |
| EOSINOPHILIA                                  |  | <input type="checkbox"/> <b>59F</b> PDGFRa(4q12) PDGFRb(5q32) FGFR1(8p12) MYH11/CBFB inv 16 (16q22)  |   |
| MYELODYSPLASTIC SYNDROME (MDS)                | <input type="checkbox"/> <b>53F</b> CD36 CD235a CD61 CD13 CD11b CD45 CD15 CD71   | <input type="checkbox"/> <b>60F</b> Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN7 CEN8 Deletion 20q   | <input type="checkbox"/> <b>69F</b> NGS - MYELOID PANEL                                       |
| MULTIPLE MYELOMA (MM)                         | <input type="checkbox"/> <b>54F</b> Kappa Lambda CD19 CD117 CD138 CD45 CD38 CD56 | <input type="checkbox"/> <b>61F</b> Deletion 5q/ Monosomy 5 Deletion 7q/ Monosomy 7 CEN 7 CEN 8 Deletion 13q/Monosomy 13 IGH(14q32.3) TP53 (17p13)           |   |
| MULTIPLE MYELOMA REFLEX (MM REFLEX)           |  | <input type="checkbox"/> <b>62F</b> FGFR3/IGH t(4;14) CCND1/IGH t(11;14) IGH/MAF t(14;16) IGH/MAFB t(14;20)  |   |
| MYELOPROLIFERATIVE NEOPLASMS (MPN)            |  | <input type="checkbox"/> <b>63F</b> Deletion 5q/Monosomy 5 Deletion 7q/Monosomy 7 CEN 7 CEN 8 Deletion 13q/Monosomy 13 Deletion 20q                          | <input type="checkbox"/> <b>70F</b> NGS - MYELOID PANEL BCR-ABL QUANTITATIVE ASSAY            |
| NON-HODGKIN'S LYMPHOMA (NHL)                  |  | <input type="checkbox"/> <b>64F</b> BCL6 (3q27.3) MYC /IGH t(8;14) CCND1/IGH t(11;14) IGH /BCL2 t(14;18)   |   |
| CHRONIC MYELOID LEUKEMIA (CML)                |  | <input type="checkbox"/> <b>65F</b> ABL1 -ASS1/BCR t(9;22)   | <input type="checkbox"/> <b>71F</b> NGS-MYELOID PANEL BCR-ABL QUANTITATIVE ASSAY              |

|                                      |                      |                  |  |
|--------------------------------------|----------------------|------------------|--|
| <b>ADDITIONAL MOLECULAR TESTS</b>    |                      | <b>DIAGNOSES</b> |  |
| <input type="checkbox"/> <b>5203</b> | CANCER HOTSPOT PANEL |                  |  |
| <input type="checkbox"/> <b>5204</b> | MDS PANEL            |                  |  |
| <input type="checkbox"/> <b>5205</b> | AML PANEL            |                  |  |