Clarient Diagnostic Services
31 Columbia • Aliso Viejo, CA 92656
(888) 443-3311 • Fax (888) 443-3345

Hematopathology Requisition

Highlighted areas are required information.

Client Information

Client: Westchester Medical Center- Clinical Labs

Address: ID: Z42530-B
100 Woods Rd.
Valhalla, NY 10595 (914) 493-8837

Ordering Physician UPIN # NPI#

Phone Fax

Treating Physician UPIN # NPI#

Phone Fax

Billing Information (Attach face sheet & front and back of Insurance Card)

Bill: ☐ Insurance ☐ Medicare - Part B ☐ Patient ■ Hospital/Institution

Patient Status: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital patient Patient

Hospital Discharge Date:

Pre-Authorization #

Healthplan ☐ See attached billing info

Address

Policy / Cert. # Group / Plan #

Medical Group

Name of Insured Ins. Phone

Relationship to Insured

Secondary Insurance ☐ Yes ☐ No (If Yes, please attach)

Patient Information

Name (Last, First)

Address

Social Security # **Sex** ☐ Male ☐ Female **D.O.B.**

Med. Rec. No. / Patient No. Phone

Specimen Information (Required)

☐ Bone Marrow Biopsy: Core_____ Clot_____
Must Provide CBC and Pathology Report
☐ Bone Marrow Biopsy Aspirate: Green top(s)_____ Purple top(s)_____ ☐ Other _____
☐ Peripheral Blood: Green top(s)_____ Purple top(s)_____ ☐ Other _____
☐ Smears:_____ Air dried_____ Stained (type of stain)_____
☐ Fluids: CSF_____ Pleural_____ ☐ Other_____
☐ Fresh Tissue either ☐ Tumor or ☐ Lymph node (required)
☐ FFPE Tissue: Block(s)_____ Unstained Slides_____ ☐ Other_____

Diagnosis or Signs/Symptoms (ICD-9 or Narrative):_____

Collection Date & Time_____

Body Site_____

Specimen ID # (s)_____

☐ Test Bone Marrow - use blood as back-up ☐ Test All Tubes

Clinical Information

Clinical History_____

☐ New Diagnosis ☐ Staging ☐ Minimal Residual Disease ☐ Monitoring

THERAPY ☐ Current (type)_____ ☐ Prior (>1 month ago)
☐ Rituxan® ☐ Campath® ☐ Gleevec® ☐ Mylotarg® ☐ Velcade® ☐ Chemotherapy
☐ Radiotherapy ☐ EPO ☐ GCSF ☐ GMCSF ☐ Other_____

☐ Bone Marrow Transplant Type: ☐ Autologous ☐ Allogeneic ☐ Sex Mismatch
Gender of the Donor Required ☐ Male ☐ Female

Lymphoproliferative Disorders
☐ Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL) ☐ Mantle cell lymphoma (MCL)
☐ Follicular lymphoma (FL) ☐ Hairy cell leukemia (HCL) ☐ Diffuse large B-cell lymphoma (DLBCL)
☐ Burkitt lymphoma ☐ Hodgkin lymphoma ☐ Marginal zone lymphoma ☐ T-cell lymphoma

Myeloproliferative Neoplasms
☐ CML ☐ Polycythemia vera (PV) ☐ Essential thrombocytosis (ET)
☐ Primary Myelofibrosis (PMF) ☐ Other_____

Plasma Cell Neoplasms
☐ Multiple Myeloma (MM)
☐ Plasma Cell Dyscrasia

Myelodysplastic Syndrome (MDS) ☐ MDS ☐ CMML ☐ Other_____

Acute Leukemias ☐ AML ☐ APL ☐ ALL ☐ **Anemia** ☐ **Pancytopenia** ☐ Other_____

☐ COMPREHENSIVE CONSULTATION/ONE-STEP HEMATOPATHOLOGY EVALUATION

Based upon the information provided in this requisition, our pathologists will select the clinically indicated tests.

INDIVIDUAL TEST ANALYSIS

Only perform testing on the submitted specimen(s) using the specific individual test components listed below. **An interpretation report is not a component of "Technical Only" testing.**

FLOW CYTOMETRY

Global Flow Panels
☐ Comprehensive Leukemia/Lymphoma
☐ Lymphoma/Lymphocytosis (B & T cell)
☐ Plasma Cell
☐ PNH, High Sensitivity, FLAER, Peripheral Blood Preferred

Technical-Only Flow Panels
☐ Comprehensive Leukemia/Lymphoma
☐ Routine Acute Leukemia (Can only be ordered with above)
☐ Lymphoma/Lymphocytosis (B & T cell)
☐ PNH, High Sensitivity, FLAER, Peripheral Blood Preferred
☐ Plasma Cell ☐ Hairy Cell Leukemia
☐ Cytoplasmic Light Chains
☐ Hematagone ☐ T-Cell Receptor
☐ B-ALL ☐ T-ALL
☐ Zap-70 ☐ Erythroid
☐ Megakaryoytes

☐ **BONE MARROW MORPHOLOGY**

CHROMOSOME ANALYSIS

☐ Classical Cytogenetics ☐ Array-CGH (Clinical indication required)

POLYMERASE CHAIN RECATION (PCR)

☐ Quantitative BCR/ABL, t(9;22) Major (p210) & Minor (p190) for CML & ALL
☐ Quantitative BCR/ABL, t(9;22) Major (p210) for CML
☐ Quantitative BCR/ABL, t(9;22) Minor (p190) for ALL
☐ ABL Kinase Mutation (Gleevec® resistance)
☐ PML/RARA, t(15;17) for APL monitoring
☐ JAK2 V617F Mutation Analysis for non-CML MPN
☐ JAK2 Exon 12 Mutation Analysis for non-CML MPN
☐ MPL Mutation Analysis non-CML MPN
☐ B-Cell Gene Rearrangement (B-Cell Clonality)
☐ T-Cell Gene Rearrangement (T-Cell Clonality)
☐ FLT3 ITD/D835 Mutation Analysis for AML
☐ NPM1 Mutation Analysis for AML
☐ CEBPA Mutation Analysis for AML
☐ KIT D816V Mutation Analysis for AML

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

For single probe, mark individual box. For all probes, check panel.

APL Panel ☐
- PML/RARA, t(15;17)
- RARA Rearrangement (17q21)

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

MDS Panel ☐
Deletion5q/Monosomy 5 ☐
Deletion7q/Monosomy 7 ☐
Trisomy 8 ☐
Deletion 20q ☐

Eosinophilia Panel ☐
FIP1L1/PDGFRA (4q12 deletion) ☐
PDGFRB Rearrangement (5q33) ☐
FGFR1 Rearrangement (8p21) ☐

CML ☐
- BCR/ABL1/ASS, t(9;22)

ALL Panel ☐
BCR/ABL1/ASS, t(9;22) ☐
MLL Rearrangement (11q23) ☐

CLL Panel ☐
Deletion 6q ☐
Deletion 11q (ATM) ☐
Deletion 13q/Monosomy 13 ☐
Deletion 17p (TP53) ☐
Trisomy 12 ☐
IGH/CCND1, t(11;14) ☐

Myeloma Panel ☐
Deletion 13q/Monosomy 13 ☐
Deletion 17p (TP53) ☐
1P Deletion/1Q Gain ☐
Trisomy 5, 9, 15 ☐
IGH/CCND1, t(11;14) ☐
IGH/FGFR3, t(4;14) ☐
IGH/MAF, t(14;16) ☐

NHL Panel ☐
IGH/CCND1, t(11;14) ☐
MYC Rearrangement (8q24) ☐
BCL2 Rearrangement (18q21) ☐
BCL6 Rearrangement (3q27) ☐
IGH Rearrangement (14q32) ☐
MALT1 Rearrangement (18q21) ☐

Burkitt Panel ☐
IGH/MYC, t(8;14) ☐
- MYC Rearrangement (8q24)

Aggressive B Cell Panel ☐
IGH/BCL2, t(14;18) ☐
BCL2 Rearrangement (18q21) ☐
BCL6 Rearrangement (3q27) ☐
IGH/MYC, t(8;14) ☐
- MYC Rearrangement (8q24)

ALK Rearrangement (2p23) ☐
X/Y for Bone Marrow Transplant ☐
Other_____

The undersigned certifies that he/she is licensed to order the test(s) listed above and that such test(s) are necessary for the care or treatment of the above-referenced patient.

Authorized Signature: **Date:**

Clarient Use Only: **Date:**
☐ N/A ☐ Path Rep ☐ Slides_____
☐ Insurance ☐ Tubes_____ ☐ Container_____ ☐ Smears_____

For solid tissue use IHC Requisition. For a complete list of our IHC tests, please visit **clarient.com**