ACUPATH LABORATORIES, INC
TEL # 1-888-"ACUPATH" (228-7284)
TEL # (516) 775-8103
FAX # (516) 326-3452
28 S. TERMINAL DRIVE, PLAINVIEW, NY 11803
WWW.ACUPATH.COM
"FOR THE ABSOLUTE HIGHEST STANDARD IN HEMATOPATHOLOGY" © 2021

HEMATOPATHOLOGY REQUEST FORM

HEMA-01

HEMA-01_05402

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PATIENT INFORMATION

RACE (optional)

SS# DATE OF BIRTH M ☐ F ☐

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

TEL. # CHART # PATH #

PHYSICIAN SIGNATURE _____

DUPLICATE REPORT TO: _____

COLLECTION DATE: ___/___/___ **TIME:** ___:___

SPECIMEN INFORMATION *TESTS INCLUDE SPECIAL (BILLABLE) STAINS DETERMINED BY PATHOLOGIST*

BODY SITE: _____

SPECIMEN ID(S) _____ **ICD-10 CODE:** _____

BLOOD: Green top(s)_____ Purple top(s) _____ Smears _____

BONE MARROW: Green top(s)_____ Purple top(s) _____ Core Biopsy_____

Clot: _____ Smears _____ Other _____

TISSUE: _____

OTHER: _____

DIAGNOSIS UNDER CONSIDERATION

_____

_____

STATUS: ☐ New Dx ☐ Follow up ☐ Relapse ☐ MRD

STATUS: ☐ None ☐ Chemo ☐ Immunotherapy ☐ Post BMT

ATTACH COPIES OF CLINICAL DATA / CBC / PATHOLOGY REPORTS OR INDICATE BELOW REQUIRED

SPECIFY INDIVIDUAL TECHNOLOGIES

☐ **Consult ordering MD prior to performing additional testing other than the testing chosen below.**

COMPREHENSIVE FLOW TESTING

Acupath hematopathologists choose all billable stains, antibodies, FISH probes, molecular and cytogenetic testing for diagnosis under consideration or as deemed medically necessary, unless otherwise indicated by ordering MD in section below labeled: SPECIFY INDIVIDUAL TECHNOLOGIES.

☐ COMPREHENSIVE BLOOD EVALUATION*

(Disease):

_____

☐ **COMPREHENSIVE FLOW PANEL**

- Acute lymphoblastic leukemia (ALL)
- Acute myeloid leukemia (AML)
- Chronic lymphocytic leukemia (CLL)
- Chronic myelogenous leukemia (CML)
- Chronic myelogenous leukemia Blast Crisis (CML BC)
- Lymphoma
- Multiple myeloma (MM)
- Myelodysplastic syndrome (MDS)
- Myeloproliferative neoplasms (MPN)

☐ **COMPREHENSIVE PNH WITH MDS FLOW PANEL**

- Myelodysplastic syndrome (MDS)

☐ **PNH PANEL**

COMPREHENSIVE BONE MARROW TESTING

☐ COMPREHENSIVE BONE MARROW EVALUATION*

(Disease):

Includes comprehensive FLOW panel.

Must be accompanied with a Peripheral blood sample

_____

(De-identified patient data may be used for R&D purposes.)

**Please read specimen requirements for optimal testing on reverse side.*

LABORATORY COPY

PATIENT'S PRIMARY INSURANCE

☐ BILL TO MEDICARE ☐ BILL TO PATIENT ☐ BILL TO OTHER

INSURED'S NAME_____ D.O.B.___/___/___

PT RELATIONSHIP TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐

POLICY #_____ SS# _____

GROUP NAME/#_____ REFERRAL #_____

NAME OF INSURANCE CO._____

INSURANCE ADDRESS* _____

CITY_____ STATE_____ ZIP_____

SECONDARY INSURANCE

INSURED'S NAME_____ D.O.B.___/___/___

PT RELATIONSHIP TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐

POLICY #_____ SS# _____

GROUP NAME/#_____ REFERRAL #_____

NAME OF INSURANCE CO._____

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to Acupath Laboratories, Inc. I understand that if I do not have insurance, I will be billed directly by Acupath Laboratories, Inc.

I also authorize release of my pathology results to my doctor utilizing all methods of transmission according to HIPAA regulations.

Patient Signature _____

Authorized Signature _____

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD, OR FILL OUT INSURANCE SECTION.

MOLECULAR TESTS

☐ **Chronic myelogenous leukemia (CML)**
- ☐ BCR/ABL1 qPCR

☐ **Myeloproliferative neoplasm (MPN)**
- ☐ JAK2 V617F mutation
- ☐ JAK2 exon 12 mutation
- ☐ MPL W515L/K mutation
- ☐ CALR mutation
- ☐ KIT D816V mutation
- ☐ CSF3R mutation

☐ **Acute lymphoblastic leukemia (ALL)**
- ☐ BCR/ABL1 qPCR
- ☐ B-cell clonality (IGH)
- ☐ T-cell clonality (TRG)

☐ **Chronic lymphocytic leukemia (CLL)**
- ☐ B-cell clonality (IGH)
- ☐ IGHV Somatic Hypermutation

☐ **Acute myeloid leukemia (AML)**
- ☐ FLT3 ITD mutation
- ☐ FLT3 D835 mutation
- ☐ CEBPA mutation
- ☐ IDH1 mutation
- ☐ IDH2 mutation
- ☐ KIT leukemia mutation
- ☐ PML/RARa qPCR mutation

☐ **Lymphoma**
- ☐ B-cell clonality (IGH)
- ☐ T-cell clonality (TRG)

☐ **Other tests (please specify):**

_____

_____

_____

CHROMOSOME ANALYSIS & FISH

☐ **Chromosome analysis**

Fish Tests:
- ☐ Chronic myelogenous leukemia (CML) panel
- ☐ Chronic myelogenous leukemia Blast Crisis (CML BC) panel
- ☐ Chronic lymphocytic leukemia (CLL) panel
- ☐ Myeloproliferative neoplasms (MPN) panel
- ☐ Lymphoma panel
- ☐ Myelodysplastic syndrome (MDS) panel
- ☐ Multiple myeloma (MM) panel
- ☐ Acute myeloid leukemia (AML) panel
- ☐ Acute lymphoblastic leukemia (ALL) panel

SPECIMEN KIT LABEL

HEMA-01_05402

Remove labels and affix to specimen bottles and kit.
(1 label per bottle, 1 label for kit)

HEMA-01_05402A ___A___	HEMA-01_05402D ___D___
HEMA-01_05402B ___B___	HEMA-01_05402E ___E___
HEMA-01_05402C ___C___	HEMA-01_05402F ___F___

COMMAND LAB FORMS 1-800-570-8755 Ext. 4
C-1025113