University of Nebraska Medical Center
REGIONAL PATHOLOGY SERVICES

Regional Pathology Services
University of Nebraska Medical Center
981180 Nebraska Medical Center
Omaha, Nebraska 68198-1180
www.reglab.org

Toll Free: 1.800.334.0459
Phone: 402.559.6420
FAX: 402.559.9497

HEMATOPATHOLOGY CONSULTATION TEST REQUEST FORM

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME | FIRST NAME | MI

DOB / / | GENDER ☐ MALE ☐ FEMALE | PT. ID# / ADDITIONAL INFO

SSN - - | BILL ☐ OFFICE/CLIENT ☐ PATIENT INSURANCE

PATIENT INSURANCE
ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED

GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)

ADDRESS | CITY | STATE | ZIP

PRIMARY INSURANCE
☐ **MEDICARE IN-PATIENT** ☐ **MEDICARE OUT-PATIENT** ☐ **MEDICAID** ☐ **INSURANCE**

POLICY ID# | **GROUP ID#**

INSURANCE COMPANY | PHONE NUMBER

INSURANCE COMPANY ADDRESS | CITY | STATE | ZIP

EFFECTIVE DATE / /

ICD-10 #1 | ICD-10 #2 | ICD-10 #3

COLLECTION DATE / / | TIME _____ AM/ PM | REPORT ☐ CALL ☐ FAX | STAT ☐

PHYSICIAN NAME:

PHONE #: | FAX #:

PATHOLOGIST NAME:

PHONE #: | FAX #:

Account Number

Account Name

Street Address

City | **State** | **Zip Code**

Phone | **Fax**

☐ ABN ATTACHED ☐ PRIOR AUTHORIZATION ATTACHED

NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. FOR MORE INFORMATION SEE reglab.org/billingcompliance/

Please provide complete information for each of the following sections and include a recent CBC and differential where indicated.

NOTICE: Additional reference laboratory testing may be required at the discretion of the pathologist to establish or confirm a diagnosis. If additional testing is needed the client or patient may receive an invoice for additional testing from the reference laboratory. ☐ **Check the box if additional reference laboratory testing is not desired.** Please note that a definitive diagnosis may not be possible.

ANALYSIS REQUESTED

- ☐ Slide Consultation
- ☐ Bone Marrow Evaluation
- ☐ Lymph Node/Tissue Evaluation
- ☐ Conventional Cytogenetics
- ☐ FISH Cytogenetics
  Specify: _____

Molecular Studies

- ☐ BCR/ABL1 Translocation, Qualitative (p210 & p190, for diagnosis)
- ☐ BCR/ABL1 Translocation, Quantitative (p210 only, for therapy monitoring)
- ☐ BRAF Mutation (p.V600E)
- ☐ FLT3 Mutation (Internal Tandem Duplication)
- ☐ IgH Heavy Chain Gene Rearrangement
- ☐ JAK2 (p.V617F) Mutation
- ☐ KIT p.D816 mutation (for Systemic Mastocytosis)
- ☐ T-Cell Receptor Gamma Chain Gene Rearrangement
- ☐ Other: _____

Flow Cytometry Studies

- ☐ Flow Cytometry Initial Diagnostic Evaluation*
- ☐ Flow Cytometry Remission Assessment*

***Include recent CBC and differential**

PATIENT HISTORY AND PERTINENT LAB DATA

DIAGNOSTIC HISTORY/SUSPECTED DIAGNOSIS

Lymphoma

- ☐ Non-Hodgkin Lymphona
- ☐ Hodgkin Lymphoma
- ☐ Multiple Myeloma
- ☐ Unknown Type

Leukemia:

- ☐ Acute Lymphoblastic Leukemia
- ☐ Chronic Lymphocytic Leukemia
- ☐ Acute Myelogenous Leukemia
- ☐ Chronic Myelogenous Leukemia
- ☐ Hairy Cell Leukemia
- ☐ Myelodysplastic Syndrome
- ☐ Myeloproliferative Disorder
- ☐ Unknown Type

Other Diagnosis:

- ☐ Metastatic Tumor
- ☐ Aplastic Anemia
- ☐ Immunodeficiency
- ☐ Other: _____

SPECIMEN TYPE

- ☐ Whole Blood
- ☐ Bone Marrow Aspirate
- ☐ Bone Marrow Core
- ☐ Bone Marrow Particles/Clot
- ☐ Fluid (Indicate Source) _____
- ☐ Tissue (Indicate Source) _____
- ☐ Blocks/Slides (Indicate Source) _____
- ☐ Other (Indicate Source) _____

RECENT TREATMENT HISTORY

- ☐ Chemotherapy ☐ Irradiation ☐ Antibody ☐ Growth Factor
- ☐ Autologous BMT/PSCT ☐ Allogeneic BMT/PSCT
- ☐ Other: _____

Date of BMT/PSCT: _____

Type and Date of Last Treatment: _____

Hematopathology Requests

Note: Specimens are time and temperature sensitive. Include a recent CBC and differential with the test request. RPMI preservative available from Regional Pathology Services.

If test needs to be performed on the weekends, call to schedule with Regional Pathology Services, 402-559-6420 or 1-800-334-0459

RPS after hours pager: 402-888-2086

Flow Cytometry Information
Hours: Monday-Saturday: 0730-1700. Sunday: On-call 0730-1700 (Pager: 888-5905)

Bone Marrow Lab Information
Hours: Monday-Friday 0730-1700 (Pager 402-888-0109)

Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/testing supplies and log-on information may be obtained by calling client services
Toll Free: 800-334-0459
Phone: 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
client services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:
Regional Pathology Services
University of Nebraska Medical Center
668 S 41st St., MSB 3500
Omaha, NE 68105-1180

Transport Instructions:
Specimen Handling/Shipping
To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

Questions?
Contact client services at 800-334-0459