

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME		FIRST NAME		MI
DOB	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PT. ID# / ADDITIONAL INFO / MEDICAL RECORD NUMBER		
SSN	BILL <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT/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)		PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP	
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE				
POLICY ID#		GROUP ID#		
INSURANCE COMPANY		PHONE NUMBER		
INSURANCE COMPANY ADDRESS	CITY	STATE	ZIP	
EFFECTIVE DATE / /				
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)				
ICD-10 #1	ICD-10 #2	ICD-10 #3		
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/				

Accession #: _____

Date Rec'd: ___/___/___ # of Slides: _____

Collection Date ___/___/___ Collection Time _____ AM PM

PHYSICIAN PROVIDER: _____
(Indicate the Supervising Dr./P.A. or N. Pract.)

PATHOLOGY CONSULTATION NUMBER

Please provide direct phone number for pathology consultation if needed

Account Number _____

Account Name _____

Address _____

City, State & Zip Code _____

Phone Number: _____

Fax Number: _____

SECONDARY / TERTIARY INS – ATTACH INFORMATION

ABN ATTACHED

PRIOR AUTHORIZATION ATTACHED

HMATOPATHOLOGY MOLECULAR ONCOLOGY TESTING

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.

CLINICAL INFORMATION

Attach all relevant clinical history, pathology/cytology report(s) and other applicable test reports.

SOURCE

- WHOLE BLOOD
- BONE MARROW ASPIRATE
- BONE MARROW CORE
- BONE MARROW PARTICLES/CLOT
- BLOCKS/SLIDES
- CORE BIOPSY
- FNA
- FLUID
- TISSUE
- OTHER

REASON FOR REFERRAL

- New Diagnosis Relapse In Remission Monitoring

NOTE: _____

STAGING

- 0 II III IV

NOTE: _____

DIAGNOSTIC HISTORY/SUSPECTED DIAGNOSIS

Lymphoma

- Non-Hodgkin Lymphoma 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: _____

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: _____

CONSULTATION

A pathologist will select medically necessary tests (with any exceptions marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted. Please attach CBC (required).

- Slide Consultation
Case Number _____
Slide(s)/Block(s) Sent _____
- Bone Marrow Evaluation
- Lymph Node/Tissue Evaluation

CYTOGENETICS

- Chromosome Analysis (Cytogenetics)

- ALL-Pediatric FISH Panel
- ALL-Adult FISH Panel
- ALL-Ph-like FISH Panel
- ALL-T-cell FISH Panel
- AML FISH Panel
- Burkitt lymphoma FISH Panel
- CLL/SLL FISH Panel
- CML FISH Panel
- Double Hit Lymphoma FISH
- Eosinophilia FISH Panel
- Follicular lymphoma FISH Panel
- High-grade lymphoma / DLBCL / NHL FISH Panel
- Mantle-cell lymphoma FISH Panel
- Marginal zone lymphoma FISH Panel
- MDS FISH Panel
- MDS/MPN FISH Panel
- MPN FISH Panel
- NHL FISH Panel
- Plasma cell dyscrasia / multiple myeloma FISH Panel
- PML::RARA FISH **STAT TESTING**
- Triple Hit Lymphoma FISH
- Other FISH (Indicate target): _____

FLOW CYTOMETRY STUDIES

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

*Include recent CBC and differential

MOLECULAR TESTING IN B & T CELL LYMPHOMA AND LEUKEMIAS

- B-cell gene rearrangement (IGH)
- BRAF Mutation (V600E)
- MYD88 Mutation (fresh tissue only)
- T-cell gene rearrangement (TRG)
- TP53 Mutation (fresh tissue only)

MOLECULAR TESTING IN MYELOID DISEASES

- BCR::ABL1 Qualitative (p210 & p190)
- BCR::ABL1 Quantitative (p210)
- CALR (exon 9)
- CEBPA
- FLT3 Internal Tandem Duplication (ITD) with ratio
- FLT3 Tyrosine Kinase Domain (TKD)
- IDH1/IDH2 mutation
- JAK2 (p.V617F)
- JAK2 (exons 12-15)
- JAK2 reflex (negative V617F to exons 12-15)
- KIT mutation in AML
- MPL (codons 505 and 515)
- Myeloid Mutation Panel
- Hotspot genes (23)
ABL1, BRAF, CBL, CSF3R, DNMT3A, FLT3, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NPM1, NRAS, PTPN11, SETBP1, SF3B1, SRSF2, U2AF1, WT1
- Full Genes (17)
ASXL1, BCOR, CALR, CEBPA, ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2
- Myeloproliferative Neoplasm (MPN) Panel
JAK2
MPL
CALR
KIT
CSF3R
- NPM1
- TP53 Mutation (fresh tissue only)

Have mutations been previously identified in this patient's disease?

- Yes
- No

If yes, in which genes?



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:

UNMC Shipping & Receiving Dock

Regional Pathology Services MSB 3500

University of Nebraska Medical Center

601 Saddle Creek Road

Omaha, NE 68106-1180

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