

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)				
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 <a href="http://reglab.org/billingcompliance/">reglab.org/billingcompliance/</a>				

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
- CML FISH Panel
- Eosinophilia FISH Panel
- AML FISH Panel
- MDS FISH Panel
- MPN FISH Panel
- MDS/MPN FISH Panel
- CLL/SLL FISH Panel
- Burkitt lymphoma FISH Panel
- Follicular lymphoma FISH Panel
- Mantle-cell lymphoma FISH Panel
- Marginal zone lymphoma FISH Panel
- High-grade lymphoma / DLBCL / NHL FISH Panel
- Plasma cell dyscrasia / multiple myeloma FISH Panel
- Other FISH (Indicate target): \_\_\_\_\_

**FLOW CYTOMETRY STUDIES**

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

\*Include recent CBC and differential

**LYMPHOMA**

- T Cell Gene Rearrangement
- B Cell Gene Rearrangement
- Heme Mutation TP53 (L)
- MYD88 (L)
- DLBCL (L) Expression analysis (GBC vs ABC)

**ACUTE MYELOGENOUS LEUKEMIA**

- FLT3
- NPM1
- PML-RARA
- IDH1
- IDH2
- IDH1 and IDH2 Mutation Analysis
- KIT (p.D816V) mutation in systemic mastocytosis
- JAK2 Mutation Order by Next Generation Sequencing

**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)
- NPM1 Mutation
- IDH1 and IDH2 Mutation
- PML/RARA translocation by RT-PCR (non-quantitative, for Minimal Residual Disease)
- IgH Heavy Chain Gene Rearrangement
- JAK2 (p.V617F) Mutation
- CALR mutation
- MPL mutation
- KIT p.D816 mutation (for Systemic Mastocytosis)
- T-Cell Receptor Gamma Chain Gene Rearrangement

**MYELOPROLIFERATIVE NEOPLASMS**

- BCR-ABL 1 Qualitative
- BCR-ABL 1 Quantitative
- CALR Exon 9
- JAK2 (p.V617F)
- JAK2 Exon 12
- JAK2 Exon 14 reflex to Exon 12
- MPL Codons 505 and 515
- KIT (p.D816V) mutation in systemic mastocytosis
- Myeloproliferative Neoplasm (MPN)  
JAK2 (Exons 12, 13, 14, 15, hotspots), MPL (Exons 3,4,10,12 hotspots), CALR (full gene), KIT (Exons 1,2,8-11,13,17 hotspots), CSF3R (Exons 14,17,18 hotspots)  
 Blood  
 Bone Marrow
- Myeloid 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, WT1Full Genes (17) ASXL1, BCOR, CALR, CEBPA, ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2  
 Blood  
 Bone Marrow



## 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/](http://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](http://reglab.org) for more information.

## Questions?

Contact client services at 800-334-0459