PCL ALVERNO

HEMATOPATHOLOGY Patient Information Sheet

CLIENT INFORMATION

PATIENT INFORMATION

Last name	First name	M.I.
Date of Birth	Age	Sex

Treating Physician (please print: first last):

Physician's contact number:

Medical Record #

SPECIMEN INFORMATION

Collection Date mm_____ / dd_____ / yyyy_____ **Collection Time**_____ ☐ AM ☐ PM

☐ Peripheral Blood **(attach CBC result):** Green Top(s) _____ Purple Top(s) _____ Other _____ ☐ Fresh Tissue(Biopsy or FNA) in ☐RPMI ☐Other_____(Site) _____

☐ Bone Marrow **(attach CBC result):** Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____ ☐ Fluid: CSF_____ Pleural_____ Other:_____

CLINICAL INFORMATION

******* This section must be complete or report will be delayed *******

Known Diagnosis:_____

Pertinent history: ☐ Pancytopenia ☐ Thrombocytopenia ☐ Leukopenia ☐ Anemia ☐ Lymphocytosis ☐ Abnormal lymphocytes ☐ Monocytosis ☐ Atypical cells/blasts ☐ Eosinophilia ☐ Monoclonal gammopathy ☐ Plasmacytosis ☐ Lymphadenopathy ☐ Extranodal mass ☐ Splenomegaly ☐ Other _____

Diagnosis under consideration (check all that apply): ☐ non-Hodgkin Lymphoma ☐ Hodgkin Lymphoma ☐ Acute Leukemia ☐ Chronic Lymphoproliferative Disorder ☐ Myelodysplastic Disorder ☐ Myeloproliferative Neoplasms ☐ Multiple Myeloma ☐ Other _____

Status: ☐ New diagnosis ☐ Follow up ☐ Minimal residual disease ☐ Relapse ☐ BM Transplant **ICD-10 Code (Required)** _____

TEST MENU

Flow Cytometry - EDTA

☐ **Global** ☐ **Tech-Only**

☐ Lymphoma/Lymphocytosis Panel **FLWCY**
(For CLL, MM, and NHL studies)

☐ Leukemia/Lymphoma Comprehensive Panel **FLWCY**
(For ALL, AML, CML and MDS studies)

------**Reflex panels if indicated**------
☐ Plasma Cell
☐ Hairy Cell
☐ Acute Leukemia Intracellular Markers: (nTdT, cMPO, cCD3, cCD79a)
☐ T-cell Receptor

☐ PNH **PNHRW**
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Cytogenetics (Chromosome Analysis)

- Sodium Heparin
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☐ Peripheral Blood **CHRLB**
☐ BM Aspirate **CHABM**

Fluorescence *in situ* Hybridization (FISH) - Sodium Heparin

RQFSH

☐ ***Process and hold** ☐ ***Plasma Cell Enrichment - process and hold**

**Client Services must be called within 14 days of collection for panel selection*

☐ **Global** ☐ **Tech-Only-**pathologist for interp:_____

Select a panel below: [FISH probes on panels may be ordered individually by checking the box beside test]

☐ **ALL Panel (Adult)**
- ☐ BCR/ABL t(9;22)
- ☐ MLL Rearrangement (11q23)

☐ **AML Panel**
- ☐ Deletion 5q/Monosomy 5
- ☐ Deletion 7q/Monosomy 7
- ☐ Trisomy 8
- ☐ Deletion 20q
- ☐ Inv(3) 3q26
- ☐ RUNX1/RUNX1T1 (AML/ETO) t(8;21)
- ☐ PML/RARA t(15;17) (APL)
- ☐ MYH11/CBFB; inv(16), t(16;16)
- ☐ MLL Rearrangement (11q23

☐ **CLL/SLL Panel**
- ☐ Deletion 11q (ATM)
- ☐ Deletion 13q/Monosomy 13
- ☐ Deletion 17p *(TP53)*
- ☐ Trisomy 12

☐ **MDS Panel**
- ☐ Deletion 5q/Monosomy 5
- ☐ Deletion 7q/Monosomy 7
- ☐ Trisomy 8
- ☐ Deletion 20q
- ☐ MLL Rearrangement (11q23

☐ **CMLPanel:**
- ☐ BCR/ABL t(9;22)

☐ **Myeloma Panel**
- ☐ Deletion 1p/1q Gain
- ☐ Deletion 13q/Monosomy 13
- ☐ Trisomy 3, 5, 9
- ☐ Deletion 17p *(TP53)*
- ☐ IGH Rearrangement (14q32) Reflex to
- ☐ *IGH/CCND1,* t(11;14)
- ☐ *IGH/FGFR3,* t(4;14)
- ☐ *IGH/MAF,* t(14,16)

☐ **NHL Panel**
- ☐ *ALK* Rearrangement (2p23)
- ☐ *BCL6* Rearrangement (3q27)
- ☐ *MALT1* Rearrangement (18q21)
- ☐ *MYC* Rearrangement (8q24)
- ☐ *IGH* Rearrangement (14q32)
- ☐ IGH/BCL2, t(14;18)
- ☐ *IGH/CCND1,* t(11;14)
- ☐ IGH/MYC, t(8;14).

☐ **Eosinophilia Panel** **ARUP 2002378**
PDGFR-α, (FIP1L1), PDGFR-β, FGFR1, and CBFB

Molecular Genetics - EDTA

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******UnitedHealthcare patients require prior authorization******

☐ BCR/ABL1 QL, Reflex to QT, major & minor **BCRRX**
☐ JAK2 V617F Mutation QL **0051245**
☐ JAK2 V617F Mutation QL, Reflex to Exon 12 (Polycythemia Vera) **JAK2R**
☐ JAK2 V617F Mutation QL, Reflex CALR, MPL (ET, PMF) **JACAR**
☐ B-Cell Clonality by PCR (IgH/IgK) **BCPCR**
☐ T-Cell Clonality by PCR **TCPCR**
☐ FLT3 Mutation by PCR **2014683**
☐ CEBPA Mutation **2004247**
☐ NPM1 Mutation by PCR Qt **3000066**
☐ WT1 Mutation by Sequencing **2005766**
☐ IDH1 & IDH2 Mutation Analysis, exon 4 **2006444**
☐ Myeloid Malignancies Mutation Panel by NGS **2011117**
☐ MYD88 L265P Mutation Detection by PCR, Quantitative **2009318**

☐ Other _____