



2434 Interstate Plaza Drive
Hammond, IN 46324
219-989-3700 Fax 219-989-3905

HEMATOPATHOLOGY REQUISITION

CLIENT INFORMATION		PATIENT INFORMATION (or complete bold & attach driver's license)			
		Last Name	First Name	M.I.	
		Street Address		Apt #	
		City		State	Zip
		Ph#		SS#	
		Date of Birth / /	Age	Sex	Patient ID#
		INSURANCE (or complete bold & attach copy of insurance card(s) - both sides)			
		Primary Insurance			
		Responsible Party's Name			
		Street Address			
Ordering Physician		NPI			
		City	State	Zip	
Collection Date (Required)					
BILLING					
Bill:		ICD-10			
Insurance	Medicare	Medicaid			
Patient	Physician/Clinic				
		Insurance Co. Name	Patient is: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
		Policy #	Policy Holder DOB		
		Group #	Policy Holder Sex		
CLINICAL INFORMATION Please include CBC results & smear or order concurrently if <u>not</u> done w/ previous 24 hours					
Pertinent history: Pancytopenia Thrombocytopenia Leukopenia Anemia Monoclonal gammopathy					
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					
Therapy: None Current > 1 month ago Chemotherapy (specify) _____ Radiation BM Transplant					
TEST MENU					
<input type="checkbox"/> Bone Marrow Biopsy Bone Core site 1 _____ site 2 _____ Aspirate (EDTA) site 1 _____ site 2 _____ Aspirate Clot site 1 _____ site 2 _____ Touch Prep. <input type="checkbox"/> Chromosome Analysis - Sodium Heparin Peripheral Blood BM Aspirate	<input type="checkbox"/> Flow Cytometry (FLWCY) <input type="checkbox"/> Global <input type="checkbox"/> Tech-Only <input type="checkbox"/> Peripheral Blood - 5 ml in EDTA <input type="checkbox"/> BM Aspirate - 1 ml minimum in EDTA <input type="checkbox"/> Fluids: Pleural _____ FNA _____ Other _____ - sterile container <input type="checkbox"/> Fresh Tissue _____ -sterile container in RPMI Select a panel below: <input type="checkbox"/> Chronic Lymphoproliferative Panel: <i>(For CLL, MM, and NHL studies)</i> CD2, CD3, CD4, CD5, CD7, CD8, CD38, CD56, CD10, CD11c, CD19, CD20, CD22, CD23, Kappa, Lambda, FMC7, CD45 <input type="checkbox"/> Leukemia/Lymphoma Comprehensive Panel: <i>(For ALL, AML, CML, and MDS studies)</i> CD2, CD3, CD4, CD5, CD7, CD8, CD38, CD56, CD10, CD11b, CD11c, CD19, CD20, CD22, CD23, Kappa, Lambda, FMC7, CD13, CD14, CD15, CD16, CD33, CD34, HLADR, CD64, CD117, CD45 Reflex panels if indicated <input type="checkbox"/> Plasma Cell: cytoKAP, cytoLAM, CD19, CD38 <input type="checkbox"/> Hairy Cell: CD103, CD25, CD19, CD11c <input type="checkbox"/> Acute Leukemia Intracellular Markers: nTdT, cMPO, cCD3, cCD79a		<input type="checkbox"/> FISH (RQFSH) <input type="checkbox"/> Global <input type="checkbox"/> Tech-Only <input type="checkbox"/> Peripheral Blood - 5 ml in Sodium Heparin <input type="checkbox"/> Bone Marrow Aspirate - 2ml in Sodium Heparin <input type="checkbox"/> Fresh Tissue in RPMI - NHL and CLL panels only Select a panel below: <input type="checkbox"/> MDS: 5q-/-5, 7q-/-7, +8, 20q- <input type="checkbox"/> MM: 1q+/-1p-, +3, +5, +9, 13q-/-13, IgH, 17p-(p53)/-17 with reflex to t(4;14), t(11;14), t(14;16) <input type="checkbox"/> CLL: 11q-(ATM), +12, 13q-/-13, 17p-(p53) <input type="checkbox"/> NHL: ALK, BCL6, MALT1, MYC, IgH, +8, t(8;14), t(11;14), t(14;18) <input type="checkbox"/> AML: 5q-/-5, 7q-/-7, +8, 20q-, inv(3), t(8;21), t(15;17), inv(16), MLL <input type="checkbox"/> CML: t(9;22) BCR/ABL <input type="checkbox"/> ALL: t(9;22) BCR/ABL, MLL Molecular Genetics (EDTA) <input type="checkbox"/> BCR/ABL1 QL, Reflex to QT, major & minor <input type="checkbox"/> JAK2 V617F Mutation QL, Reflex to Exon 12 (PV) <input type="checkbox"/> JAK2 V617F Mutation QL, Reflex CALR, MPL (ET, PMF) <input type="checkbox"/> Other _____		