

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ Gender: Male Female Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

BILLING INFORMATION

Required: Please attach a copy of the patient's insurance and demographic information.

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Patient

Patient Status: Inpatient Outpatient Non-hospital patient ASC

PHYSICIAN INFORMATION

Authorized Signature _____ Date _____

Please Fax Duplicate Report to Physician _____ Fax _____

CLINICAL INFORMATION

Required: Please provide diagnosis/indication/patient history/CBC/ICD 10 Codes.

SPECIMEN INFORMATION

Date Collected ____/____/____ Time Collected ____:____ AM PM Specimen ID _____

BONE MARROW (LEFT/RIGHT) **PERIPHERAL BLOOD** **FLUID**

Aspirate Clot Core Smears # _____ Purple Tops # _____ Green Tops # _____ **PARAFFIN BLOCKS #** _____

Smears # _____ Touch Preps # _____ **LYMPH NODE** **SLIDES** _____

Green Tops # _____ Purple Tops # _____ **FINE NEEDLE ASPIRATE** **OTHER** _____

TEST REQUESTED

20/20 CORE EVALUATION REPORT

Pathology Consultation with Morphologic Interpretation and/or Ancillary Studies (Flow Cytometry, Routine Chromosome Analysis, FISH and/or PCR); if clinically indicated.

MORPHOLOGY

Bone Marrow Blood Second Opinion Surgical Pathology

FLOW CYTOMETRY

Please select service: Global TC PC

Acute Leukemia Panel (ALL, AML, MDS, MPN) CLL Panel

Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasm, HCL) PNH Panel

Myeloma Panel

Other: _____

MOLECULAR

Quantitative BCR-ABL p210/p190 NPM1 Mutation Analysis

ABL1 Kinase Domain Mutation cKIT (D816V) Mutation Analysis

CALR Mutation Analysis PML/RARA Quantitative

MPL Mutation Analysis CEBPA Mutation Analysis

JAK2 V617F Mutation Analysis MLL-PTD Mutation Analysis

JAK2 Exon 12-13 Other: _____

MPN Molecular Panel (JAK2 V617F, CALR, MPL, JAK2 Exon 12 Mutation Analysis)

T-Cell Clonality Assessment

B-Cell Clonality Assessment

IgVH Hypermutation Analysis

FLT3/NPM1 Mutation Analysis

FLT3 Mutation Analysis

NEXT-GEN SEQUENCING

Myeloid Molecular Panel MDS Molecular Panel

MPN Molecular Panel Lymphoid Molecular Panel

AML Molecular Panel Other: _____

CYTOGENETICS

Routine Chromosome Analysis Specimen Culture and Hold

FISH PANELS: HEMATOLOGY

ALL CLL Myeloma MPN Eosinophilia

AML CML MDS B-Cell NHL

Specimen Culture and Hold

FISH PROBES: HEMATOLOGY

ALK/Lymphoma (2p23) IGH/CCND1 t(11;14) RUNX1T1/RUNX1 (ETO/AML1) t(8;21)

ATM (11q22) IGH/FGFR3 t(4;14) TP53 (17p13)

BCL6 (3q27) IGH/MAF t(14;16) 5q-/-5/+5

BCR-ABL/ASS1 t(9;22) IGH/MYC t(8;14) 6q21/6q23

CBFMB/MYH11 inv(16) MALT1 (18q21) 7q-/-7

CKS1B/CDKN2C (1p/1q) MLL (11q23) +8

ETV6/RUNX1 t(12;21) c-MYC (8q24) +12

FGFR1 (8p11) PDGFRA (4q12) 13q-/-13

IGH (14q32) PDGFRB (5q32) 20q-

IGH/BCL2 t(14;18) PML/RARA t(15;17)

Other: _____

FISH: SOLID TUMOR

ALK Rearrangement MET Amplification

HER2 Amplification ROS1 Rearrangement

EWSR1 Rearrangement Other: _____

POC PLOIDY

FISH on Formalin Fixed Products of Conception, Common Trisomies and Triploidies, Chromosomes 13/16/18/21/X/Y

LABORATORY USE ONLY

Bone Marrow Clinic Patient

FLOW CYTOMETRY

Acute Leukemia Panel (ALL, AML, MDS, MPN): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11C, CD13, CD14, CD15, CD16, CD19, CD20, CD22, CD23, CD25, CD33, CD34, CD45, CD56, CD57, CD117, CD200, HLA-DR, KAPPA, LAMBDA

Acute Leukemia-Intracytoplasmic Panel: CD3, CD22, CD79a, MPO, TdT

Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasms): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11C, CD16, CD19, CD20, CD22, CD23, CD25, CD34, CD45, CD56, CD57, CD200, HLA-DR, KAPPA, LAMBDA

CLL-Prognostic Panel (Add to Lymphoma Panel): CD3, CD19, CD38, CD45, CD49d

PNH Panel: CD14, CD15, CD24, CD45, CD59a, CD64, CD235a, FLAER

Myeloma Panel (Add to Lymphoma Panel): CD38, CD138, KAPPA(Cy), LAMBDA(Cy)

FISH PROBES (CALL 1.877.617.4445 FOR ANY PROBES NOT LISTED HERE)

ALL Panel: BCR/ABL1-ASS (t(9;22)), D10Z1/D17Z1/CHIC2 (Hyperdiploidy), E2A Break-Apart (E2A Rearrangement), IGH Break-Apart (IGH Rearrangement), MLL Break-Apart (MLL Rearrangement), cMYC Break-Apart (MYC Rearrangement), P16/D9Z3 (P16 Deletion), TEL/AML1 (t(12;21)), ETV6/RUNX1

AML Panel: AML/ETO (RUNX1/RUNX1T1, t(8;21)), CBFβ/MYH11 (Inv(16), t(16;16)), CEP8 (Trisomy 8), EGR1/5p15.31 (5q Deletion), PML/RARA (t(15;17)), RELN/TES (7q Deletion)

CLL Panel: 13q14.3 (13q Deletion), ATM1/D11Z1 (11q Deletion), CEP12 (Trisomy 12), IGH/CCND1 (t(11;14)), MYB/D6Z1 (6q Deletion), p53/D17Z1 (17p Deletion)

CML Panel: BCR/ABL1-ASS (t(9;22)), CEP8 (Trisomy 8)

Myeloma Panel: 13q14.3 (13q Deletion), CEP17/p53 (17p Deletion), IGH/CCND1 (t(11;14)), IGH/FGFR3 (t(4;14)), CEP3 (Trisomy 3), CEP9 (Trisomy 9), 1q/1p

MDS Panel: CEP8 (Trisomy 8), EGR1/5p15.31 (5q Deletion), MLL Break-Apart (MLL Rearrangement), P53/D17Z1 (17p Deletion), PTPRT/MYBL2 (20q Deletion), RELN/TES (7q Deletion)

MPN Eosinophilia Panel: FIP1L1/CHC2/PDGFRα Deletion/Fusion, FGFR1 Rearrangement, PDGFRB Rearrangement

B-Cell NHL Panel: BCL6 Rearrangement, IGH/BCL2 (t(14;18)), IGH/CCND1 (t(11;14)), MALT1 Rearrangement, MYC Rearrangement

MOLECULAR STUDIES

Quantitative BCR-ABL p210/190
 ABL1 Kinase Domain Mutation
 CALR Mutation Analysis
 MPL Mutation Analysis
 JAK2 Exon 12-13

JAK2 V617F Mutation Analysis
 MPN Molecular Panel
 T-Cell Clonality Assessment
 B-Cell Clonality Assessment
 IgVH Hypermutation Analysis

FLT3/NPM1 Mutation Analysis
 FLT3 Mutation Analysis
 NPM1 Mutation Analysis
 cKIT (D816V) Mutation Analysis
 PML/RARA Quantitative

CEBPA Mutation Analysis
 MLL-PTD Mutation Analysis

NEXT-GEN SEQUENCING

Myeloid Molecular Panel: ASXL1, BCOR, BRAF, CALR, CEBPA, CBL, CSF3R, DNMT3A, ETV6, EZH2, GATA2, GNAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NF1, NPM1, NRAS, PDGFRα, PDGFRβ, PHF6, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAT3, STAT5b, TET2, TP53, U2AF1, WT1, ZRSR2

MPN Molecular Panel: CALR, CSF3R, JAK2, MPL, SETBP1

AML Molecular Panel: ASXL1, BCOR, CEBPA, DNMT3A, EZH2, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, PHF6, RUNX1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

MDS Molecular Panel: ASXL1, ETV6, EZH2, RUNX1, TP53

Lymphoid Molecular Panel: ABL1, ALK, ATM, BCL2, BCL6, BCOR, BIRC3, BRAF, BTK, CARD11, CCND1, CD79A, CD79B, CDKN2A, CREBBP, CTCF, CXCR4, DDX3X, EP300, ETV6, EZH2, FAT1, FBXW7, FOXO1, GNAI3, GNAI2, HIST1H1E, ID3, IKZF1, ITPKB, JAK1, JAK2, JAK3, KMT2A/MLL, KRAS, MAPK1, MED12, MEF2B, MYC, MYD88, NF1, NOTCH1, NOTCH2, NRAS, P2RY8, PDGFRβ, PIK3CD, PIM1, PLCG2, POT1, PRDM1, PTEN, PTPN11, RB1, RHOA, RIPK1, S1PR2, SAMHD1, SF3B1, SGK1, SPEN, SRC, STAT3, STAT5B, SYK, TBL1XR1, TCF3, TNFAIP3, TNFRSF14, TP53, TRAF2, TRAF3, UBR5, XPO1, ZMYM3

PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Flow Cytometry	Cytogenetics	FISH ¹	Molecular ¹	Immunostains
Peripheral Blood ²	Lavender ³ or Green Top ⁴			Lavender Top ³	Not Applicable
Bone Marrow					
Lymph Node or Tissue (Fresh)	Tissue Media			Tissue Media RNA Fixative or 10% Neutral Buffer	10% Formalin or Paraffin Block
Formalin Fixed Paraffin Embedded	Not Applicable		Paraffin Block or Unstained Slides	Paraffin Block ⁵	Paraffin Block or Unstained Slides
Fine Needle Aspirate	Tissue Media				Cell Block
Body Fluid ⁶	Sterile Container				

¹ Decalcified samples not suitable | ² Please provide copy of CBC if available | ³ Lavender Top: EDTA | ⁴ Green Top: Sodium Heparin | ⁵ Only for some tests; contact us for details | ⁶ Minimum of 5 mL is preferred

SPECIMEN HANDLING AND TRANSPORTATION

Storage: All specimens should be stored at room temperature.

Transportation: Please use cold packs for transportation without placing packs in direct contact with specimens. Please fill out the requisition form completely and place all specimens in a CorePath shipping kit using the pre-printed air bills supplied by CorePath.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.