

REQUIRED ITEMS

1. CBC 2. Clinical Information 3. ICD 10 Codes 4. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information) 5. Provider's Signature 6. Name of Person Who Completed Requisition Form

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB ____/____/____ Gender: Male Female Other _____
MM DD YYYY
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

The undersigned certifies by completion of this section, that he/she is authorized to order the test(s) listed below and that such test(s) are medically necessary for the care and/or treatment of this patient.

Authorized Provider Signature _____ Date ____/____/____
MM DD YYYY
 Please Fax Duplicate Report to Additional Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient
 Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

SPECIMEN INFORMATION

Date Collected ____/____/____ Time Collected ____:____:____ AM PM
MM DD YYYY
 Specimen ID _____ Purple Tops # _____ Green Tops # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____

<input type="checkbox"/> Autoimmune Disorders: ICD-10 _____	<input type="checkbox"/> Anemia: ICD-10 _____	<input type="checkbox"/> Monocytosis: ICD-10 _____
<input type="checkbox"/> SLE/Lupus: ICD-10 _____	<input type="checkbox"/> Polycythemia: ICD-10 _____	<input type="checkbox"/> Neutropenia: ICD-10 _____
<input type="checkbox"/> Lymphadenopathy: ICD-10 _____	<input type="checkbox"/> Thrombocytopenia: ICD-10 _____	<input type="checkbox"/> Neutrophilia: ICD-10 _____
<input type="checkbox"/> Cytopenia: ICD-10 _____	<input type="checkbox"/> Thrombocytosis: ICD-10 _____	<input type="checkbox"/> Lymphocytosis: ICD-10 _____
<input type="checkbox"/> Pancytopenia: ICD-10 _____	<input type="checkbox"/> Monocytopenia: ICD-10 _____	<input type="checkbox"/> Lymphopenia: ICD-10 _____

TEST REQUESTED (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

20/20 CORE EVALUATION REPORT

Request that CorePath's Board Certified Pathologists review the patient's clinical history and all materials submitted with this order to select the medically necessary tests for a comprehensive analysis and efficient patient care with the end goal of timely guidance for diagnosis, prognosis, risk stratification, staging and treatment by the treating provider. This includes Pathology Consultation with Morphologic interpretation and/or ancillary studies Flow Cytometry, Routine Chromosome Analysis, FISH, PCR and or NGS (from assays/panels outlined here), if clinically indicated.

FLOW CYTOMETRY

Acute Leukemia Panel
 Other: _____

OTHER _____

Requisition Completed by _____

LABORATORY USE ONLY

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PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Bone Marrow Morphology	Flow Cytometry	Routine Chromosome Analysis ¹	FISH ¹	PCR ¹	NGS	IHC/Immunostains
Peripheral Blood ²	Two (2) smears/slides	2 mL sodium heparin ⁴ or EDTA ³	5 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	5 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	4 mL EDTA ³	5 mL EDTA ³ Liquid Biopsy: 10 mL minimum EDTA ³ or 30-50 ng/μl DNA/RNA in microfuge tube	N/A
Bone Marrow Aspirate	Five (5) smears/slides	2 mL EDTA ³ preferred, sodium heparin ⁴ acceptable	1-2 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	1-2 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	2 mL EDTA ³	2 mL EDTA ³	N/A
Bone Marrow Clot	2 mL clot (volume) in 10% NBF*. Two (2) touch prints.	N/A					N/A
Bone Marrow Core Biopsy & Touch Imprints	1 cm core (length) in 10% NBF*. Five (5) touch prints.	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	0.5 cm core (length) in RPMI	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	N/A
Lymph Node/Tissue (Fresh)	N/A	0.5 cm ³ in RPMI. Other fixatives not acceptable.			0.5 cm ³ in RNA fixative or 10% NBF*	0.5 cm ³ tissue in normal saline	FFPE tissue block preferred. 0.5 cm ³ in 10% NBF*.
Formalin Fixed Paraffin Embedded (FFPE) Block or Cut Slides	N/A	N/A	N/A	FFPE tissue block preferred. One (1) H&E stained slide and five (5) unstained slides.	FFPE tissue block preferred ⁵ . One (1) H&E stained slide and five (5) unstained slides.	One (1) H&E stained slide and six (6) to eight (8) unstained slides.	Four (4) to five (5) micron thick tissue sections on positively charged slides. Provide at least three (3) slides per requested antibody.
Fine Needle Aspirate (FNA)	N/A	RPMI				RPMI/Cell block	Cell block
Body Fluids	N/A	CSF: 5 mL in sterile container Pleural: 20 mL in ratio of 1 mL sodium heparin or ACD to 100 mL fluid				5 mL fluid/Cell block	Cell block

*NBF = Neutral Buffered Formalin

¹ Decalcified samples not acceptable | ² Please provide copy of CBC if available | ³ EDTA = Lavender Top | ⁴ Sodium Heparin = Green Top | ⁵ Only for some tests; contact us for details or go to www.corepath.us

ICD-10 CODES

Anemia..... D64.9	Leukocytosis (Other elevated white blood cell count)..... D72.828	Neutropenia..... D70.9
Refractory anemia..... D46.4	Leukopenia (Decreased white blood cell count, unspecified)..... D72.819	Pancytopenia..... D61.818
Autoimmune disorder (other specified disorders involving the immune mechanism, not elsewhere classified)..... D89.89	Lymphadenopathy (Other specified types of non-Hodgkin lymphoma, Lymph nodes of multiple sites)..... C85.88	Polycythemia vera..... D45
Eosinophilia..... D72.1	Lymphocytosis (symptomatic)..... D72.820	SLE/Lupus (Immunodeficiency with predominantly antibody defects, unspecified)..... D80.9
Other eosinophilia..... D72.19	Lymphopenia (Lymphocytopenia)..... D72.810	Thrombocytopenia..... D69.6
Immunodeficiency..... D84.9	Monocytosis (symptomatic)..... D72.821	Thrombocytosis (Essential (hemorrhagic) thrombocytopenia)..... D47.3
Leukemoid reaction..... D72.823		

SPECIMEN HANDLING AND TRANSPORTATION

Storage & Transport: Specimens should be received at CorePath within 72 hours from collection to ensure sample integrity and acceptable cell viability. Ship same day as drawn whenever possible. Peripheral blood and bone marrow should be shipped at room temperature. In hot weather, use cold pack for transport, making sure cold pack is not in direct contact with specimen. Body fluids and tissue should be shipped at 4°C.

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.

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**FOR MORE INFORMATION ON TESTING,
VISIT WWW.COREPATH.US**