

## 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

## PATIENT INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Patient ID \_\_\_\_\_

## PROVIDER INFORMATION

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please Fax Duplicate Report to Additional Provider \_\_\_\_\_ Fax \_\_\_\_\_

## BILLING INFORMATION

Bill to:  Insurance  Medicare  Patient Patient Status:  Outpatient  ASC Prior Authorization # \_\_\_\_\_

## CLINICAL INFORMATION

Indication(s) for Testing: \_\_\_\_\_  
 ICD-10 Codes: \_\_\_\_\_ Disease:  New Diagnosis  Refractory  Recurrent/Relapsed  Follow-Up

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

### THE FOLLOWING IS REQUESTED BY ORDERING PROVIDER

- Bone Marrow Biopsy Procedure:  
 Please select service:  STAT (within 2 days)  Routine (within 7 days)  
 20/20 CORE Evaluation Report:  
 Pathology Consultation with Morphologic Interpretation and/or Ancillary Studies  
 (Flow Cytometry, Routine Chromosome Analysis, FISH, PCR and/or NGS);  
 if clinically indicated.

### MORPHOLOGY

### FLOW CYTOMETRY

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acute Leukemia Panel | <input type="checkbox"/> Myeloma Panel            | <input type="checkbox"/> Immunodeficiency Panel |
| <input type="checkbox"/> Lymphoma Panel       | <input type="checkbox"/> MRD for CLL              | <input type="checkbox"/> HIV                    |
| <input type="checkbox"/> CLL Prognostic Panel | <input type="checkbox"/> MRD for Multiple Myeloma | <input type="checkbox"/> COVID-19               |
| <input type="checkbox"/> PNH Panel            | <input type="checkbox"/> Sezary Syndrome Panel    | <input type="checkbox"/> Allergy/Autoimmune     |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Immune Dysregulation     |   |

### CYTOGENETICS

- Routine Chromosome Analysis

### FISH PANELS

- |                                       |                                  |   |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> ALL          | <input type="checkbox"/> CML     | <input type="checkbox"/> Eosinophilia                     |
| <input type="checkbox"/> AML          | <input type="checkbox"/> Myeloma | <input type="checkbox"/> High-Grade/Large B-cell Lymphoma |
| <input type="checkbox"/> CLL          | <input type="checkbox"/> MDS     | <input type="checkbox"/> Small B-cell NHL Panel           |
| <input type="checkbox"/> Other: _____ |                                  |   |

### FISH PROBES

- |  |   |
|--|---|
| <input type="checkbox"/> ALK/Lymphoma (2p23)   | <input type="checkbox"/> PML/RARA t(15;17)                |
| <input type="checkbox"/> ATM (11q22)           | <input type="checkbox"/> RUNX1T1/RUNX1 (ETO/AML1) t(8;21) |
| <input type="checkbox"/> BCL6 (3q27)           | <input type="checkbox"/> TP53 (17p13)                     |
| <input type="checkbox"/> BCR-ABL1/ASS1 t(9;22) | <input type="checkbox"/> 5q-/-5                           |
| <input type="checkbox"/> CBFβ/MYH11 inv(16)    | <input type="checkbox"/> 6q21/6q23                        |
| <input type="checkbox"/> CKS1B/CDKN2C (1p/1q)  | <input type="checkbox"/> 7q-/-7                           |
| <input type="checkbox"/> ETV6/RUNX1 t(12;21)   | <input type="checkbox"/> +8                               |
| <input type="checkbox"/> FGFR1 (8p11)          | <input type="checkbox"/> +12                              |
| <input type="checkbox"/> IGH (14q32)           | <input type="checkbox"/> 13q-/-13                         |
| <input type="checkbox"/> IGH/BCL2 t(14;18)     | <input type="checkbox"/> 20q-                             |
| <input type="checkbox"/> IGH/CCND1 t(11;14)    |   |
| <input type="checkbox"/> IGH/FGFR3 t(4;14)     |   |
| <input type="checkbox"/> IGH/MAF t(14;16)      |   |
| <input type="checkbox"/> IGH/MYC t(8;14)       |   |
| <input type="checkbox"/> MALT1 (18q21)         |   |
| <input type="checkbox"/> KMT2A (MLL; 11q23)    |   |
| <input type="checkbox"/> MYC (8q24)            |   |
| <input type="checkbox"/> PDGFRA (4q12)         |   |
| <input type="checkbox"/> PDGFRB (5q32)         |   |
| <input type="checkbox"/> Other: _____          |   |

### MOLECULAR PROFILES

- CORE MPN Limited Profile (JAK2 V617F, JAK2 Exon 12-15, CALR, MPL)\*\*  
 CORE Myeloid Extended Profile (MDS/MPN)\*\*  
 CORE Acute Leukemia Expression-Fusion Profile (AML/ALL)★  
 CORE Lymphoma/Myeloma Expression-Fusion Profile★  
 CORE Liquid Biopsy (EDTA Blood; Cell Free DNA)\*\*

\*\* DNA ★ DNA and RNA

### MOLECULAR ASSAYS

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> JAK2 V617F                                 | <input type="checkbox"/> T-Cell Clonality   | <input type="checkbox"/> EZH2 Mutation      |
| <input type="checkbox"/> JAK2 Exon 12-15                            | <input type="checkbox"/> IgVH Hypermutation   | <input type="checkbox"/> KIT D816V Mutation |
| <input type="checkbox"/> CALR Mutation                              | <input type="checkbox"/> BRAF V600E Mutation  | <input type="checkbox"/> MLL-PTD Mutation   |
| <input type="checkbox"/> MPL Mutation                               | <input type="checkbox"/> TP53 Mutation  | <input type="checkbox"/> SRSF2 Mutation     |
| <input type="checkbox"/> BCR-ABL1 p210/p190<br>(PCR - Quantitative) | <input type="checkbox"/> STAT3 Mutation   | <input type="checkbox"/> TET2 Mutation      |
| <input type="checkbox"/> MYD88 L265P Mutation                       | <input type="checkbox"/> CEBPA Mutation   | <input type="checkbox"/> U2AF1 Mutation     |
| <input type="checkbox"/> FLT3 Mutation                              | <input type="checkbox"/> ABL1 Kinase Domain Mutation  | <input type="checkbox"/> ZRSR2 Mutation     |
| <input type="checkbox"/> FLT3/NPM1 Mutation                         | <input type="checkbox"/> ASXL1 Mutation   |   |
| <input type="checkbox"/> NPM1 Mutation                              | <input type="checkbox"/> BTK Inhibitor Acquired<br>Resistance Panel<br>(BTK and PLC-gamma2) |   |
| <input type="checkbox"/> PML/RARA (PCR)                             | <input type="checkbox"/> BTK Mutation<br>(C481S Mutation and Others)                        |   |
| <input type="checkbox"/> IDH1 and 2 Mutation                        | <input type="checkbox"/> CXCR4 Mutation   |   |
| <input type="checkbox"/> SF3B1 Mutation                             |   |   |
| <input type="checkbox"/> B-cell Clonality                           |   |   |

### OTHER

### LABORATORY USE ONLY

- Bone Marrow Clinic Patient