

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

CLINICAL INFORMATION

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

PROVIDER INFORMATION

Authorized Signature _____ Date _____

Please Fax Duplicate Report to Physician _____ Fax _____

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
- SECOND OPINION
- SURGICAL PATHOLOGY

FLOW CYTOMETRY

Please select service: Global TC PC

Leukemia and Lymphoma Panel (Bone Marrow or Blood) CLL Panel

Lymphoma Panel (Tissue or Body Fluid) PNH Panel

Immunodeficiency Panel Myeloma Panel

Other: _____

MOLECULAR

- | | |
|--|---|
| <input type="checkbox"/> Quantitative BCR-ABL p210/p190 | <input type="checkbox"/> IgVH Hypermutation Analysis |
| <input type="checkbox"/> ABL1 Kinase Domain Mutation | <input type="checkbox"/> FLT3/NPM1 Mutation Analysis |
| <input type="checkbox"/> MPN Molecular Panel (JAK2 V617F, CALR, MPL, JAK2 Exon 12 Mutation Analysis) | <input type="checkbox"/> FLT3 Mutation Analysis |
| <input type="checkbox"/> JAK2 V617F Mutation Analysis | <input type="checkbox"/> NPM1 Mutation Analysis |
| <input type="checkbox"/> JAK2 Exon 12-13 | <input type="checkbox"/> cKIT (D816V) Mutation Analysis |
| <input type="checkbox"/> CALR Mutation Analysis | <input type="checkbox"/> PML/RARA Quantitative |
| <input type="checkbox"/> MPL Mutation Analysis | <input type="checkbox"/> CEBPA Mutation Analysis |
| <input type="checkbox"/> T-Cell Clonality Assessment | <input type="checkbox"/> MLL-PTD Mutation Analysis |
| <input type="checkbox"/> B-Cell Clonality Assessment | <input type="checkbox"/> Other: _____ |

NEXT-GEN SEQUENCING

- | | |
|--|---|
| <input type="checkbox"/> AML Favorable: Risk Profile | <input type="checkbox"/> Myeloid Profile |
| <input type="checkbox"/> AML Prognostic Profile | <input type="checkbox"/> JMML Profile |
| <input type="checkbox"/> MDS/CMML Profile | <input type="checkbox"/> Lymphoma Profile |
| <input type="checkbox"/> MPN Profile | <input type="checkbox"/> Other: _____ |

CYTOGENETICS

- Routine Chromosome Analysis Specimen Culture and Hold

FISH PANELS: HEMATOLOGY

Please select service: Global TC

ALL CLL Myeloma Eosinophilia

AML CML MDS High-Grade/Large B-Cell Lymphoma

Specimen Culture and Hold Low-Grade/Small B-Cell Lymphoma

FISH PROBES: HEMATOLOGY

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

FISH: SOLID TUMOR

- | | |
|--|---|
| <input type="checkbox"/> ALK Rearrangement | <input type="checkbox"/> MET Amplification |
| <input type="checkbox"/> HER2 Amplification | <input type="checkbox"/> ROS1 Rearrangement |
| <input type="checkbox"/> EWSR1 Rearrangement | <input type="checkbox"/> 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

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					10% Formalin or Paraffin Block
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.

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