

**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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax Duplicate Report to 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 # \_\_\_\_\_

**CLINICAL INFORMATION**

Indication(s) for Testing: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_ Disease:  New Diagnosis  Refractory  Recurrent/Relapsed  Follow-Up

**SPECIMEN INFORMATION**

Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected \_\_\_\_:\_\_\_\_  AM  PM

Date Retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen ID \_\_\_\_\_

**PERIPHERAL BLOOD**  
 Smears # \_\_\_\_\_ Purple Tops # \_\_\_\_\_ Green Tops # \_\_\_\_\_

**BONE MARROW**  
 LEFT  Aspirate  RIGHT  Clot  Core

**BODY FLUID** \_\_\_\_\_  
**LYMPH NODE** \_\_\_\_\_  
**FINE NEEDLE ASPIRATE** \_\_\_\_\_  
**PARAFFIN BLOCKS #** \_\_\_\_\_  
**SLIDES** \_\_\_\_\_  
**OTHER** \_\_\_\_\_

**TEST REQUESTED**
**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  CONSULT

**FLOW CYTOMETRY** Please select service:  Global  TC  PC

Acute Leukemia Panel\*  CLL Prognostic Panel  PNH Panel  
 Lymphoma Panel\*  Immunodeficiency Panel  Myeloma Panel  
 Other: \_\_\_\_\_

\* Acute leukemia panel is usually performed on bone marrow/peripheral blood, while lymphoma panel is usually performed on tissue and fluid. Acute leukemia panel includes lymphoma markers.

**CYTOGENETICS**

Routine Chromosome Analysis  Specimen Culture and Hold

**FISH PANELS** Please select service:  Global  TC

ALL  CLL  Myeloma  Eosinophilia  
 AML  CML  MDS  High-Grade/Large B-cell Lymphoma  
 Specimen Culture and Hold  B-cell NHL Panel  
 Other: \_\_\_\_\_

**FISH PROBES**

<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
<input type="checkbox"/> BCR-ABL1/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"/> KMT2A (MLL; 11q23)	<input type="checkbox"/> +8
<input type="checkbox"/> ETV6/RUNX1 t(12;21)	<input type="checkbox"/> 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)	

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

Other: \_\_\_\_\_

**NEXT-GENERATION SEQUENCING**
 Hematology Profile (DNA)\*\*  Hematology Fusion Profile (RNA)\*\*\*  
 Hematology Profile Plus Fusion (DNA and RNA)  DNA Extraction and Hold

\*\* 177 genes \*\*\* 68 genes

**MOLECULAR**

<input type="checkbox"/> JAK2 V617F Mutation	<input type="checkbox"/> IgVH Hypermutation
<input type="checkbox"/> If negative, reflex to JAK2 exon 12-14, CALR, MPL	<input type="checkbox"/> BRAF V600E Mutation
<input type="checkbox"/> MPN Molecular Panel (JAK2 V617F, JAK2 exon 12-14, CALR, and MPL Mutation Analysis)	<input type="checkbox"/> STAT3 Mutation
<input type="checkbox"/> JAK2 exon 12-14 Mutation	<input type="checkbox"/> CEBPA Mutation
<input type="checkbox"/> CALR Mutation	<input type="checkbox"/> ABL1 Kinase Domain Mutation
<input type="checkbox"/> MPL Mutation	<input type="checkbox"/> ASXL1 Mutation
<input type="checkbox"/> BCR-ABL1 p210/p190 (PCR - Quantitative)	<input type="checkbox"/> BTK Inhibitor Acquired Resistance Panel (BTK and PLC-gamma2)
<input type="checkbox"/> MYD88 L265P Mutation	<input type="checkbox"/> BTK Mutation (C481S Mutation and Others)
<input type="checkbox"/> FLT3 Mutation	<input type="checkbox"/> CXCR4 Mutation
<input type="checkbox"/> FLT3/NPM1 Mutation	<input type="checkbox"/> EZH2 Mutation
<input type="checkbox"/> NPM1 Mutation	<input type="checkbox"/> KIT D816V Mutation
<input type="checkbox"/> PML/RARA (PCR)	<input type="checkbox"/> KRAS/NRAS Mutation
<input type="checkbox"/> IDH1 and 2 Mutation	<input type="checkbox"/> MLL-PTD Mutation
<input type="checkbox"/> SF3B1 Mutation	<input type="checkbox"/> SRSF2 Mutation
<input type="checkbox"/> B-cell Clonality	<input type="checkbox"/> TET2 Mutation
<input type="checkbox"/> T-cell Clonality	<input type="checkbox"/> U2AF1 Mutation
	<input type="checkbox"/> ZRSR2 Mutation

**OTHER**
**LABORATORY USE ONLY**
 Bone Marrow Clinic Patient

**PREFERRED SPECIMEN REQUIREMENTS**

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

<sup>1</sup> Decalcified samples not suitable | <sup>2</sup> Please provide copy of CBC if available | <sup>3</sup> Lavender Top: EDTA | <sup>4</sup> Green Top: Sodium Heparin | <sup>5</sup> Only for some tests; contact us for details | <sup>6</sup> 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.

© 2020 CorePath Laboratories. All rights reserved.

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