COREPATH

Hematopathology Requisition

6918 Camp Bullis Rd.
San Antonio, TX 78256
www.corepath.us
P 1.877.617.4445 | **F** 210.617.4457

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 ____/____/____ (MM DD YYYY) Gender: ☐ Male ☐ Female ☐ Other ______

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 # ______

CLINICAL INFORMATION

Indication(s) for Testing: ____________________

ICD-10 Codes: ____________ Disease: ☐ New Diagnosis ☐ Refractory ☐ Recurrent/Relapsed ☐ Follow-Up

SPECIMEN INFORMATION

Date Collected ____/____/____ (MM DD YYYY)

Time Collected ____:____ ☐ AM ☐ PM

Date Retrieved ____/____/____ (MM DD YYYY)

Date Discharged ____/____/____ (MM DD YYYY)

Specimen ID ______

PERIPHERAL BLOOD

Smears # ____ Purple Tops # ____ Green Tops # ____

BONE MARROW (☐ LEFT / ☐ RIGHT)

☐ Aspirate ☐ Clot ☐ Core

Touch Preps # ______ Purple Tops # ______

Smears # ______ Green Tops # ______

BODY FLUID ______

LYMPH NODE ______

FINE NEEDLE ASPIRATE ______

PARAFFIN BLOCKS # ______

SLIDES ______

OTHER ______

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.

☐ *CONSULT* ☐ *MORPHOLOGY*

☐ *CYTOGENETICS*
☐ Reflex to FISH as medically necessary

FLOW CYTOMETRY

Please select service: ☐ Global ☐ TC ☐ PC

- ☐ Acute Leukemia Panel
- ☐ Lymphoma Panel
- ☐ CLL Prognostic Panel
- ☐ High Sensitivity PNH Panel
- ☐ Myeloma Panel
- ☐ MRD for CLL
- ☐ MRD for Multiple Myeloma
- ☐ Sezary Syndrome Panel
- ☐ Other: ______

FISH PANELS

Please select service: ☐ Global ☐ TC

- ☐ ALL
- ☐ AML
- ☐ CLL
- ☐ CML
- ☐ Multiple Myeloma with Reflex to IGH/MAF and IGH/MAFB as needed
- ☐ MDS
- ☐ Eosinophilia
- ☐ High-Grade/Large B-Cell Lymphoma
- ☐ Low-Grade/Small B-Cell Lymphoma
- ☐ Other: ______

NEXT GENERATION SEQUENCING (NGS) PROFILES

- ☐ CORE Myeloid Profile (MDS/MPN)*
- ☐ CORE Acute Leukemia Expression-Fusion Profile (AML/ALL)★
- ☐ CORE Lymphoma/Myeloma Expression-Fusion Profile★
- ☐ CORE Liquid Biopsy (cfDNA and cfRNA)★ *2 EDTA Tubes, Peripheral Blood Only*

* *DNA* ★ *DNA and RNA*

PCR ASSAYS

- ☐ JAK2 V617F Mutation
- ☐ JAK2 Exon 12-13
- ☐ CALR Mutation
- ☐ MPL Mutation
- ☐ BCR-ABL1 p210
- ☐ BCR-ABL1 p190
- ☐ BCR-ABL1 p210/p190 (PCR - Quantitative)
- ☐ B-Cell Clonality
- ☐ T-Cell Clonality
- ☐ ABL1 Kinase Domain Mutation
- ☐ BRAF V600E Mutation
- ☐ CEBPA Mutation
- ☐ CXCR4 Mutation
- ☐ FLT3/NPM1 Mutation
- ☐ IDH1 and 2 Mutation
- ☐ IgVH Hypermutation
- ☐ KIT D816V Mutation
- ☐ MYD88 L265P Mutation
- ☐ PML/RARA (PCR) Fusion Transcript
- ☐ Other: ______

FISH PROBES

- ☐ ALK (2p23) Lymphoma Rearrangement
- ☐ ATM (11q22) Deletion
- ☐ BCL6 (3q27) Rearrangement
- ☐ BCR-ABL1/ASS1 t(9;22)
- ☐ CBFB/MYH11 inv(16)
- ☐ CEP10/CHIC2/CEP17
- ☐ CKS1B/CDKN2C (1p/1q)
- ☐ ETV6/RUNX1 (TEL/AML1) t(12;21)
- ☐ FGFR1 (8p11) Rearrangement
- ☐ IGH (14q32) Rearrangement
- ☐ IGH/BCL2 t(14;18)
- ☐ IGH/CCND1 t(11;14)
- ☐ IGH/FGFR3 t(4;14)
- ☐ IGH/MAF t(14;16)
- ☐ IGH/MAFB t(14;20)
- ☐ IGH/MYC t(8;14)
- ☐ MALT1 (18q21) Rearrangement
- ☐ KMT2A (MLL; 11q23) Rearrangement
- ☐ MYC (8q24) Rearrangement
- ☐ PDGFRA (4q12) Deletion/Rearrangement
- ☐ PDGFRB (5q32) Rearrangement
- ☐ PML/RARA t(15;17)
- ☐ RUNX1T1/RUNX1 (ETO/AML1) t(8;21)
- ☐ TCF3 (E2A) (19p13) Rearrangement
- ☐ TP53 (17p13) Deletion
- ☐ 5q-/-5 Deletion
- ☐ MYB 6q21/6q23 Deletion
- ☐ -7/7q Deletion
- ☐ +8
- ☐ +12
- ☐ -13/13q Deletion
- ☐ 20q Deletion
- ☐ Other: ______

☐ *OTHER* ______

☐ *clonoSEQ® ASSAY*

For (Disease) ______

Initial Diagnosis ______

Follow-Up ______

Requisition Completed by ______

LABORATORY USE ONLY

☐ Bone Marrow Clinic Patient

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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 charges 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

TEST NOTATIONS

clonoSEQ® is a registered trademark of Adaptive Biotechnologies Corporation.

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