

## 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 \_\_\_\_\_  
MM DD YYYY  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Patient ID \_\_\_\_\_

## PROVIDER INFORMATION

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY  
 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)  
 Is the patient currently taking blood thinners?  Yes  No  
 **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.

### MORPHOLOGY

### CYTOGENETICS

Reflex to FISH as medically necessary

### FLOW CYTOMETRY

Please select service:  Global  TC  PC

Acute Leukemia Panel  High Sensitivity PNH Panel  MRD for Multiple Myeloma  
 Lymphoma Panel  Myeloma Panel  Sezary Syndrome Panel  
 CLL Prognostic Panel  MRD for CLL  Other: \_\_\_\_\_

### FISH PANELS

Please select service:  Global  TC

ALL  Multiple Myeloma with Reflex to  Eosinophilia  
 AML IGH/FGFR3, IGH/CCND1, IGH/  High-Grade/Large B-Cell Lymphoma  
 CLL MAF and IGH/MAFB as needed  Low-Grade/Small B-Cell Lymphoma  
 CML  MDS  Other: \_\_\_\_\_

### FISH PROBES

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

### 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 cfrRNA)\* 2 EDTA Tubes, Peripheral Blood Only

\* DNA    ★ DNA and RNA

### PCR ASSAYS

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

### OTHER

### clonoSEQ® ASSAY

For (Disease) \_\_\_\_\_  
 Initial Diagnosis \_\_\_\_\_  
 Follow-Up \_\_\_\_\_

### Requisition Completed by \_\_\_\_\_

### LABORATORY USE ONLY

Bone Marrow Clinic Patient