TEL # (516) 775-8103	MATOPATHOLOGY HEMA-01_05402
FAX # (516) 326-3452 28 S. TERMINAL DRIVE, PLAINVIEW, NY 11803 WWW.ACUPATH.COM "FOR THE ABSOLUTE HIGHEST STANDARD IN HEMATOPATHOLOGY" © 2021	HEMA-01 ANY OMISSION MAY RESULT IN DELAY OF REPORT
	PATIENT INFORMATION RACE (optional)
	SS# DATE OF BIRTH
	LAST NAME FIRST NAME M.I.
	STREET ADDRESS
	CITY STATE ZIP
PHYSICIA (SIGNA URE	TEL. # CHART # PATH #
	PATIENT'S PRIMARY INSURANCE
DUPLICATE NET ORT TO:	DILL TO MEDICARE DILL TO PATIENT DILL TO OTHER INSURED'S NAME D.O.B/ PT RELATIONSHIP TO INSURED: SELF DISPOSE DICHILD DITHER DI
COLLECTION DATE: TIME:	POLICY #
SPECIMEN INFORMATION TESTS INCLUZE SI TIAL (BILLABLE) STAINS DETERMINED BY PAY	
BODY SITE:	INSURANCE ADDRESS*
SPECIMEN ID(S) ICD-10 ()DE:	
BLOOD: Green top(s) Purple (a) Purple	CITYSTATEZIP SECONDARY INSURANCE
BONE MARROW: Green top(s) Purple top(s) Cor Biops	
Clot: Smears Other	
TISSUE:	POLICY # \$\$#
OTHER:	GROUP NAME/# REFERRAL #
	NAME OF INSURANCE CO
DIAGNOSIS UNDER CONSIDERATION	I uthorize the release to my insurance carrier of any medical information necessary to process is claim, and I authorize payment of medical benefits directly to Acupath Laboratories, Inc. I understand, at if I do not have insurance, I will be billed directly by Acupath Laboratories, Inc.
	I also autionize , 'ease of my pathology results to my doctor utilizing all methods of transmission according to HIPAA regulations.
STATUS: □ New Dx □ Follow up □ Relapse □ MRI STATUS: □ None □ Chemo □ Immunotherapy □ Posi	
ATTACH COPIES OF CLINICAL DATA / CBC / PATHOLOGY REPORTS OR IN BELOW REQUIRED	INSURA 'CE CARD, R FILL OUT INSURANCE SECTION.
	MOLECULAR TESTS
SPECIFY INDIVIDUAL TECHNOLOGIES	□ Chronic myelogenous leuk mir cML) □ Acute myeloid leukemia (AML)
Consult ordering MD prior to performing additional testing other than the testing chosen below.	the BCR/ABL1 qPCR T FLT3 ITD mutation Myeloproliferative neoplasm (MPN)
-	□ JAK2 V617F mutation □ CEBPA mutation
COMPREHENSIVE FLOW TESTING	□ JAK2 exon 12 mutation □ IDH1 putation □ MPL W515L/K mutation □ ID1_ mutation
Acupath hematopathologists choose all billable stains, antibodies, FISH production of as molecular and cytogenetic testing for diagnosis under consideration or as	s CALR mutation CALR mutation
deemed medically necessary, unless otherwise indicated by ordering MD i section below labeled: SPECIFY INDIVIDUAL TECHNOLOGIES.	in CSF3R mutation CS
	□ Acute lymphoblastic leukemia (ALL) □ b-con clonalit (IGH)
COMPREHENSIVE BLOOD EVALUATION* (Disease):	□ BCR/ABL1 qPCR □ T-cell cl ality RG) □ □ B-cell clonality (IGH)
	□ T-cell clonality (TRG)
	Chronic lymphocytic leukemia (CLL) B-cell clonality (IGH)
	B-cell clonality (IGH) IGHV Somatic Hypermutation
COMPREHENSIVE FLOW PANEL Acute lymphoblastic leukemia (ALL)	CHROMOSOME ANALYSIS & FISH
Acute myeloid leukemia (ALL)	□ Chromosome analysis Fish Tester
Chronic lymphocytic leukemia (CLL)	Fish Tests: Chronic myelogenous leukemia (CML) a pagel
	Chronic myelogenous leukemia (MDS) panel
Chronic myelogenous leukemia (CML)	Blast Crisis (CML BC) panel
Chronic myelogenous leukemia Blast Crisis (CML BC)	Chronic lymphocytic leukemia Acute myeloid leukemia
	Chronic lymphocytic leukemia (CLL) panel Acute myeloid leukemia (AML) panel
Chronic myelogenous leukemia Blast Crisis (CML BC)Lymphoma	
 Chronic myelogenous leukemia Blast Crisis (CML BC) Lymphoma Multiple myeloma (MM) 	(CLL) panel (AML) panel □ Myeloproliferative neoplasms □ Acute lymphoblastic leukemia
 Chronic myelogenous leukemia Blast Crisis (CML BC) Lymphoma Multiple myeloma (MM) Myelodysplastic syndrome (MDS) 	(CLL) panel Myeloproliferative neoplasms (MPN) panel Lymphoma panel
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 Chronic myelogenous leukemia Blast Crisis (CML BC) Lymphoma Multiple myeloma (MM) Myelodysplastic syndrome (MDS) Myeloproliferative neoplasms (MPN) COMPREHENSIVE PNH WITH MDS FLOW PANEL Myelodysplastic syndrome (MDS) PNH PANEL COMPREHENSIVE BONE MARROW TESTING COMPREHENSIVE BONE MARROW EVALUATIO (Disease): Includes comprehensive FLOW panel.	(CLL) panel (AML) panel Acute lymphoblastic leukemia (ALL) panel CLL) panel Acute lymphoblastic leukemia (ALL) panel SPECIMEN KIT LABEL HEMA-01_05402 HEMA-01_05402 HEMA-01_05402A HEMA-01_05402A A HEMA-01_05402A A HEMA-01_05402D D
 Chronic myelogenous leukemia Blast Crisis (CML BC) Lymphoma Multiple myeloma (MM) Myelodysplastic syndrome (MDS) Myeloproliferative neoplasms (MPN) COMPREHENSIVE PNH WITH MDS FLOW PANEL Myelodysplastic syndrome (MDS) PNH PANEL COMPREHENSIVE BONE MARROW TESTING COMPREHENSIVE BONE MARROW TESTING Includes comprehensive FLOW panel. Must be accompanied with a Peripheral blood sample 	(CLL) panel Myeloproliferative neoplasms (MPN) panel Lymphoma panel SPECIMEN KIT LABEL HEMA-01_05402 HEMA-01_05402 HEMA-01_05402A HEMA
 Chronic myelogenous leukemia Blast Crisis (CML BC) Lymphoma Multiple myeloma (MM) Myelodysplastic syndrome (MDS) Myeloproliferative neoplasms (MPN) COMPREHENSIVE PNH WITH MDS FLOW PANEL Myelodysplastic syndrome (MDS) PNH PANEL COMPREHENSIVE BONE MARROW TESTING COMPREHENSIVE BONE MARROW EVALUATIO (Disease): Includes comprehensive FLOW panel.	(CLL) panel (AML) panel Acute lymphoblastic leukemia (ALL) panel CLL) panel Acute lymphoblastic leukemia (ALL) panel SPECIMEN KIT LABEL HEMA-01_05402 HEMA-01_05402 HEMA-01_05402A HEMA-01_05402A A HEMA-01_05402A A HEMA-01_05402D D

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HEMATOPATHOLOGY/CYTOGENETICS

SPECIMEN REQUIREMENTS FOR OPTIMAL TESTING

ALL SI EC. MENS SHOULD BE RECEIVED WITHIN 24 HOURS AFTER OBTAINED FROM PATIENT FOR OPTIMAL RESULTS

*CON PREHEN IVE EVALUATIONS: Acupath hematopathologists choose all billable stains, antibodies, FISH probes, molec 'ar and' ytoge etic testing for diagnosis under consideration or as deemed medically necessary, unless otherwise indicated on reverse in by ordering MD.

TEST	PERIPHE	RAL BLOOD	BONE MARROW				TISSUE/OTHER	
	Blood	Smear	Aspirate	Smear	Clot	Core	Tissue/FNA/ Lymph Nodes/ CSF	
COMPREHENSIVE BLOOD EVALUATION*	One (1) green (NaHeparin) tube 5-8 ml room temp. AND One (1) lavender (EDTA) tube 3-5 ml 2-8°C	wu τ bedside smears OR C (1) Ir :nder (EDTA' μοε 1 mi 2-8°C						
COMPREHENSIVE BONE MARROW EVALUATION*		Two (2) bedside smears OR One (1) lavender (EDTA) tube 1 ml 2-8°C	Two .) green (roanteparin) tubes 2-3 ml roor Junp. AND One (1) avender (EDTA) tube 1-2 ml 2-8°C	Four (4) - Eight (8) bedside smears OR One (1) aspirate lavender (EDTA) tube 1 1 3°C	>1 cm (length) in formalin	>1 cm (length) in formalin		
BLOOD MORPHOLOGY	One (1) lavender (EDTA) tube 3-5 ml 2-8°C	Two (2) bedside smears						
BONE MARROW MORPHOLOGY		Two (2) bedside smears OR One (1) lavender (EDTA) tube 1 ml 2-8°C		Four (4) Eight 8' bedside sme OR One (1) aspirate lavender (EDTA) tube 1 ml 2-8°C	>1 c (le gth, formalin	>1 cm (length) in formalin		
FLOW CYTOMETRY	One (1) green (NaHeparin) tube 5-8 ml room temp. FOR PNH ONLY: One (1) green (NaHeparin) tube OR One (1) lavender (EDTA) tube 3-5 ml room temp.		One (1) green (NaHeparin) tube 1-2 ml room temp.			C	Tissue/FNA/ ymph cons in croplete Rrout, odia efrigera CSH insterile container Refrigerate	
CYTOGENETICS/ FISH	One (1) green (NaHeparin) tube 3-5 ml room temp.		One (1) green (NaHeparin) tube 1-2 ml room temp.					
MOLECULAR PATHOLOGY	One (1) lavender (EDTA) tube <u>MUST</u> provide 3-5 ml 2-8°C		One (1) lavender (EDTA) tube 1-2 ml 2-8°C				Formalin jar OR Paraffin- embedded biopsy	
HISTOPATHOLOGY/ IHC							Formalin jar OR Paraffin- embedded biopsy	