



Submitter/billing information
DO NOT LEAVE BLANK

(PLEASE PRINT USING CAPITALS- FIELDS IN RED ARE REQUIRED)

(1) Patient Last Name		First Name		Middle Name		(13) ADDITIONAL REPORT COPIES NEEDED? Please check this box <input type="checkbox"/> AND Enter the clinician's name and address on the back of this form
(2) Name Change- Former Last Name						
(3) Patient Address						
(4) City		State		Zip		(14) Ordering Provider
County of Residence						
(5) Date of Birth		(6) Age		(7) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		(15) NPI # _____
(8) Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		(9) <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> Black/African Amer <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White		
(10) Chart #/ Patient ID Number		(11) Submitter Specimen ID Number				(16) Attached copies of front and back of insurance card(s)?
(17) Medicare generally does not cover routine screening tests. ABN attached? <input type="checkbox"/> YES <input type="checkbox"/> NO						(18) <input type="checkbox"/> MEDICAID# _____ <input type="checkbox"/> PRIVATE INSURANCE# _____
(19) <input type="checkbox"/> Bill to Submitter <input type="checkbox"/> MEDICARE# _____						(20) Please write the letter corresponding to the appropriate ICD-10 Code to the left of the test name below (where applicable)
(A) ICD-10 Code _____		(B) ICD-10 Code _____		(C) ICD-10 Code _____		(E) ICD-10 Code _____
(D) ICD-10 Code _____		(21) Date of collection				(22) Time of collection
Specimen Source <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood <input type="checkbox"/> Tumor/Lymph Node (tissue type _____) For ERBB2 (HER2) testing: Cold ischemia time <input type="checkbox"/> <1 Hr						
<input type="checkbox"/> Paraffin Section (tissue type _____) Fixative Used: _____ Fixation Time: <input type="checkbox"/> <6 hours <input type="checkbox"/> 6 - 72hrs <input type="checkbox"/> >72 hrs						
Reason for Referral (please provide in addition to ICD-10 code):						

CHROMOSOME ANALYSIS

- 811 Chromosome Analysis, Unstimulated Blood, for Hematologic Disorders
- 812 Chromosome Analysis, Bone Marrow, for Hematologic Disorders
- 836 Chromosome Analysis, Tumor/Pleural Effusion/ Ascites fluid, for Neoplastic Disorders

MOLECULAR ANALYSIS

- 887M31 RT-PCR for BCR/ABL1 Fusion Transcript, t(9;22)(q34;q11.2)
- 887M35 RT-PCR for PML/RARA Fusion Transcript, t(15;17)(q24;q21)
- 893M51 Quantitative PCR for BCR/ABL1, t(9;22)(q34;q11.2) Major breakpoint
- 893M52 Quantitative PCR for BCR/ABL1, t(9;22)(q34;q11.2) minor breakpoint
- 890ONC Illumina Microarray Analysis - Oncology

FISH ANALYSIS PARAFFIN SECTIONS (FPPE)

- 883 ERBB2 (HER2) Gene Amplification Status
 - 883F2 MDM2 Gene Amplification Status
 - 886F5 Deletion 1p36 for glial neoplasia
 - 886F6 Deletion 19q13 for glial neoplasia
 - 886F8 BRAF Gene Rearrangement, 7q34
 - DLBCL PANEL: includes 881F65, 882F85
- * see marked tests in columns at right for other FPPE tests

FISH ANALYSIS (PANELS)

- MYELOMA PANEL: includes 881F62, 870F40, 870F43, 870F47, 870F55, 882F82, 881F69, 881F70, 881F72
- MYELOMA HYPERDIPLOIDY PANEL: includes 870F45, 870F42

- MDS PANEL: includes 870F45, 870F42, 870F41, 870F44
- AML PANEL: includes 870F45, 870F42, 881F63, 882F80, 882F84
- PEDIATRIC AML PANEL: includes 881F63, 881F73 (CBFB/ MYH11 fusion), 882F78, 882F84
- CORE BINDING FACTOR PANEL: includes 881F63, 882F80
- CLL PANEL: includes 870F43, 870F51, 870F40, 870F47
- PEDIATRIC ALL PANEL: includes 881F67, 881F61, 870F48, 870F49, 870F50, 882F84
- HIGH RISK PED ALL PANEL: 882F90, 882F98, 882F99

FISH ANALYSIS

- 870F40 11q22 Deletion/Duplication, ATM gene
- 870F41 Trisomy 8, D8Z2
- 870F42 Deletion 7q31, D7S522
- 870F43 Deletion 13q14, D13S319
- 870F44 Deletion 20q, D20S108
- 870F45 Deletion 5q31, EGR1
- 870F46 Deletion 9p21, P16
- 870F47 Deletion 17p13.1, TP53
- 870F48 Trisomy 4, CEP4
- 870F49 Trisomy 10, CEP10
- 870F50 Trisomy 17, D17Z1
- 870F51 Trisomy 12, D12Z3
- 870F52 X and Y sex chromosomes
- 870F55 Gain 1q21 for myeloma
- 881F60 BIRC3/MALT1 Fusion, t(11;18)(q21;q21)
- 881F61 BCR/ABL1 Fusion, t(9;22)(q34;q11.2)
- 881F62 CCND1/IGH Fusion, t(11;14)(q13;q32)*
- 881F63 RUNX1T1/RUNX1 Fusion, t(8;21)(q22;q22)
- 881F64 IGH/BCL2 Fusion, t(14;18)(q32;q21)*
- 881F65 MYC/IGH Fusion, t(8;14)(q24;q32)*
- 881F66 PML/RARA Fusion, t(15;17)(q24;q21)
- 881F67 ETV6/RUNX1 Fusion, t(12;21)(p13;q22)
- 881F68 IGH/MALT1 Fusion, t(14;18)(q32;q21)
- 881F69 FGFR3/IGH Fusion, t(4;14)(p16;q32)

- 881F70 IGH/MAF Fusion, t(14;16)(q32;q23)
- 881F71 BCR/ABL1+ASS Tri-color Fusion, t(9;22)
- 881F72 IGH/MAFB t(14;20)(q32;q12)
- 882F78 NUP98 Gene Rearrangement, 11p15.4
- 882F79 MECOM Gene Rearrangement, 3q26.2
- 882F80 CBFB Gene Rearrangement, 16q22
- 882F81 EWSR1 Gene Rearrangement, 22q12.2 *
- 882F82 IGH Gene Rearrangement, 14q32 *
- 882F83 MALT1 Gene Rearrangement, 18q21 *
- 882F84 KMT2A (MLL) Gene Rearrangement, 11q23
- 882F85 MYC Gene Rearrangement, 8q24 *
- 882F86 SS18 Gene Rearrangement, 18q11.2 *
- 882F88 BCL6 Gene Rearrangement, 3q27 *
- 882F89 FIP1L1-CHIC2-PDGFRa Gene Rearr., 4q12
- 882F90 PDGFRb Gene Rearrangement, 5q33
- 882F91 TRA/D Gene Rearrangement, 14q11.2
- 882F92 RARA Gene Rearrangement, 17q21
- 882F93 FGFR1 Gene Rearrangement, 8p11
- 882F94 DDIT3 (CHOP) Gene Rearr., 12q13 *
- 882F95 FUS Gene Rearrangement, 16p11 *
- 882F96 BCL2 Gene Rearrangement, 18q21
- 882F97 CRLF2 Gene Rearrangement, Xp22.33/ Yp11.23
- 882F98 ABL1 Gene Rearrangement, 9q34
- 882F99 ABL2 Gene Rearrangement, 1q25.2
- Other _____

A sample processing fee is charged for blood and bone marrow samples that have FISH analysis only

Check all that apply