Dianon PATHOLOGY
LabCorp Specialty Testing Group

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Shelton, CT 06484
800-328-2666
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HEMATOLOGY ONCOLOGY REQUISITION

CLIENT INFORMATION

REQUESTING PHYSICIAN	NPI#
REFERRING PHYSICIAN	NPI#

PATIENT INFORMATION

Name (LAST, FIRST, MIDDLE)

Address

City, State, Zip

Date of Birth: MM / DD / YYYY Sex ☐ M ☐ F

Phone Number:

MRN / Patient ID # Chart #

BILLING INFORMATION (Face sheet & front and back of insurance card must be attached)

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp

Patient Status: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient

Insurance Information: ☐ See attached

Insured Information: Name

Relationship to Patient (circle one) Self Spouse Child Other:

Primary Insurance Co: Authorization #

Billing Address Insured #

Billing City, State, Zip Group #

Secondary Insurance Co: Authorization #

Billing Address Insured #

Billing City, State, Zip Group #

CLINICAL/SPECIMEN INFORMATION

Collection Date: **Time:** ☐ AM ☐ PM

Specimen ID #(s):

Body Site/Descriptor:

Fixative: ☐ 10% Neutral Buffered Formalin ☐ **Other:** **Hours Fixed:**

Specimen Type:		Smears:
☐ BM Aspirate	☐ Fluid:	☐ Peripheral Blood #
☐ BM Clot	☐ FNA:	☐ BM Touch Preps #
☐ BM Core	☐ CSF	☐ BM Aspirate #
☐ Dry Tap	☐ Lymph Node:	☐ Effusion #/Source
☐ Peripheral Blood	☐ Slides #	☐ Fresh Tissue #/Site

☐ CBC Results (please attach CBC, previous test results, if applicable):

WBC: _____ % Lymph _____ Hgb/Hct.: _____ MCV: _____

RDW: _____ Plt.Ct.: _____ Retic. Ct.: _____

CLINICAL INDICATION FOR STUDY (Attach clinical history and pathology reports)

All diagnoses should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM	ICD-CM	ICD-CM
☐ Acute Lymphoblastic Leukemia	☐ Hodgkin Lymphoma	☐ Myelodysplastic Syndrome
☐ B-cell ☐ T-cell	☐ Leukemia, Unspecified	☐ Myeloproliferative Neoplasm
☐ Lineage Uncertain	☐ Leukocytosis, Unspecified	☐ Non-Hodgkin Lymphoma
☐ Acute Myeloid Leukemia	☐ Leukopenia	☐ Polycythemia
☐ Anemia	☐ Lymphadenopathy	☐ Suspected malignant neoplasm
☐ Chronic Lymphocytic Leukemia	☐ Monoclonal Gammopathy	☐ Thrombocytopenia
☐ Chronic Myelogenous Leukemia	☐ Myeloma, Plasma Cell	☐ Thrombocytosis

Disease Stage/Clinical Course: ☐ New Diagnosis ☐ Relapse ☐ Follow-Up ☐ Other:

☐ Post Treatment: ☐ Radiation ☐ Chemotherapy ☐ BM Transplantation Donor: ☐ M ☐ F

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

Physician/Authorized Signature: _____

CORRELATIVE CASEVIEW® (Please include patient CBC report)

☐ Comprehensive Diagnostic Evaluation (Bone Marrow Morphology, Flow Cytometry, Cytogenetics and other relevant Diagnostic tests Per Opinion of Reviewing Pathologist)

☐ Comprehensive Diagnostic Evaluation without Cytogenetics (Bone Marrow Morphology, Flow Cytometry, and other relevant Diagnostic tests Per Opinion of Reviewing Pathologist)

PROGNOSTIC REFLEX TESTING (See reverse for reflex criteria)

☐ Reflex Testing as per Dianon criteria (must be ordered with Correlative Caseview® or XL3)

MORPHOLOGY INTERPRETATION WITH SPECIAL STAINS

☐ 490 Bone Marrow Core ☐ 491 Bone Marrow Aspirate
☐ 492 Bone Marrow Clot ☐ 493 Peripheral Blood Smear

FLOW CYTOMETRY✶ (See reverse for Panel detail)

☐ XL3 Leukemia/Lymphoma ☐ ZAP70/CD38# (peripheral blood preferred)
☐ DNA Ploidy/S-Phase Assessment ☐ PNH Evaluation (peripheral blood)
☐ Other: _____

CYTOGENETICS@

☐ XL8 Cancer Cytogenetic Analysis, Bone Marrow/Blood ☐ K101 Constitutional Cytogenetics†
☐ XL20 Cancer Cytogenetic Analysis, Tissue/Body Fluid

Reveal® SNP MICROARRAY

Note: If balanced translocations are a concern, cytogenetics and/or FISH analysis should be run.
MM: If (SNP+FISH) is ordered, probes t(4;14), t(11;14), t(14;16) are performed.

☐ SNP Microarray for ALL, AML, CLL, MDS and other Hematologic Malignancies
Indication: _____

☐ Multiple Myeloma Evaluation: SNP only ☐ Multiple Myeloma Evaluation: SNP + FISH

FISH/TARGETGENE® (Select panel or individual probes)

☐ ALL (Adult) K478
☐ 6
☐ MYC
☐ BCR/ABL1, t(9;22)
☐ MLL
☐ 21q

☐ ALL (Pediatric) K479
☐ 4
☐ 10
☐ 17
☐ CDKN2A (p16)
☐ BCR/ABL1, t(9;22)
☐ MLL
☐ ETV6/RUNX1 t(12;21)
☐ TCF3 (E2A)

☐ AML K476
☐ 5q
☐ 7q
☐ RUNX1T1/RUNX1, t(8;21)
☐ MLL
☐ PML/RARA, t(15;17)
☐ CBFB, inv(16)

☐ CLL K475
☐ ATM (11q-)
☐ CCND1/IgH, t(11;14)
☐ 12
☐ 13q14
☐ TP53 (17p-)

☐ Aggressive B-cell Lymphoma K490
☐ BCL6
☐ MYC
☐ BCL2

☐ MDS K375
☐ 5q
☐ 7q
☐ 8
☐ 20q

☐ Multiple Myeloma K575
☐ 7
☐ 9
☐ 15
☐ CKS1B (1q21)
☐ FGFR3/IgH, t(4;14)
☐ CCND1/IgH, t(11;14)
☐ Monosomy 13/13q-
☐ IgH/MAF, t(14;16)
☐ TP53 (17p-)

NHL (Select individual probes)
☐ ALK
☐ BCL6
☐ MYC/IgH, t(8;14)
☐ CCND1/IgH, t(11;14)
☐ IgH/BCL2, t(14;18)
☐ MALT1

☐ MPN/CML K480
☐ 8
☐ 9
☐ BCR/ABL1, t(9;22)
☐ 13q14
☐ 20q

☐ MPN with Eosinophilia K485
☐ PDGFRA
☐ PDGFRB
☐ FGFR1

☐ If BCR/ABL1 negative, reflex to JAK2 V617F (Qual); if JAK2 negative, reflex to CALR Mutation

☐ Other - Specify: _____

MOLECULAR DIAGNOSTICS

☐ 480716	B-Cell IgH Gene Rearrangements	☐ 489200	JAK2 V617F Mutation Qualitative@
☐ 480812	B-Cell IgK Gene Rearrangements	☐ 489395	JAK2 V617F Mutation Qual@, If negative reflex to CALR, JAK2 Exon 12, and MPL
☐ 480708	T-Cell γ-Chain Gene Rearrangements		
☐ 480985	T-Cell β-Chain Gene Rearrangements	☐ 489212	JAK2 Exon 12 Mutation Analysis
☐ 113753	IgVH Somatic Hypermutation #	☐ 489170	CEBPA Mutation Analysis
☐ XL25	BCL1 t(11;14) (PCR)	☐ 489140	NPM1 Mutation Analysis
☐ XL7	BCL2 t(14;18) (PCR)@	☐ 489150	MPL Mutation Analysis
☐ 481030	BRAF Gene Mutation@	☐ 480940	c-KIT Mutation Analysis
☐ XL21	PML/RARA t(15;17)@	☐ 910040	FLT3 Mutation Analysis+
☐ XL64	BCR/ABL1 t(9;22) Quantitative@	☐ 489450	CALR Mutation Analysis@
☐ 480510	ABL1 Kinase Domain Mutation Analysis (for Gleevec® Resistance)	☐	p53 Mutation Analysis
		☐ Other: _____	

SOLID TUMOR PROGNOSTIC/THERAPEUTIC

Breast Cancer
☐ HER2 / CEP17 FISH
☐ HER2 / CEP17 FISH, reflex HERmark® if FISH equivocal (ratio 1.8-2.2 or HER2 gene copy 4.0-6.0)
☐ HERmark®

Colorectal Cancer
☐ 480875 KRAS Gene Mutation
☐ 481030 BRAF Gene Mutation@
☐ 511855 Microsatellite Instability (MSI)@

Melanoma
☐ 481110 BRAF Gene Mutation@

Lung Cancer
☐ 489360 EGFR Mutation Analysis
☐ 510950 ALK FISH NSCLC
☐ 481075 KRAS Gene Ext Mutation
☐ 510312 ROS1 (FISH)
☐ 510315 RET (FISH)
☐ 510355 EGFR (FISH)

OTHER TESTS

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

Symbols Legend
@ = Subject to Medicare medical necessity guidelines
# = Medicare deems investigational. Medicare does not pay for services it deems investigational.

SPECIMEN LABEL INSTRUCTIONS:

1.) **Complete the requisition with all requested information.**
2.) **Remove the required number of labels from the front of this sheet.**
3.) **Place one (1) label on each specimen container (not on the lid).**

PLEASE DISPOSE OF UNUSED LABELS.

Name: _____ Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____ Name: _____

Test Combination/Panel Policy

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of *Current Procedural Terminology,* a publication of the American Medical Association. CPT codes are provided for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the applicable payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a Microbiology test based on source.

B-1A

Item# 0077672 Form# 1189 Dianon Hematology Oncology

✶ FLOW CYTOMETRY

Peripheral blood/bone marrow panel ✶⌖
24 Antibodies

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b or CD11c, CD13, CD14, CD16, CD19, CD20, CD23 or CD117, CD25 or CD57, CD33, CD34, CD38, CD45, CD56, CD64 or CD103, HLA-DR, kappa light chain, lambda light chain

Tissue/fluids panel ✶⌖
19 Antibodies

CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b or CD11c, CD19, CD20, CD23, CD30 or CD33, CD38, CD45, CD56, CD103 or FMC-7, HLA-DR, kappa light chain, lambda light chain

PNH Evaluation ✶

CD14, CD15, CD16, CD24, CD45, CD64, FLAER

CD59 and CD235a may be added at discretion of reviewing pathologist

✶ Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.
⌖ Markers performed determined by testing facility.
This procedure may be considered by Medicare and other carriers as investigational and, therefore, may not be payable as a covered benefit for patients.
† Informed consent is required for non-oncology genetics testing for New York State patients.
+ FLT3 Mutation Analysis performed by The Laboratory for Personalized Molecular Medicine®(LabPMM®)

Dianon Prognostic Reflex Criteria

Disease Category	Timing	Findings (Morphology, Flow cytometry, FISH and/or karyotyping)	Tests to Perform
ALL	Initial Diagnosis	ALL	Pediatric FISH Profile (<22 years) or Adult FISH Profile (>21 years); Reveal® SNP Array
AML	Initial Diagnosis	AML or borderline AML; pathology discretion with respect to adding immediately or waiting for karyotype and then adding these tests only in the setting of a normal karyotype	FLT3+, CEBPA, and NPM1 mutation analyses
AML	Initial Diagnosis	Features of RUNX1T1/RUNX1 t(8;21) or CBFB inv(16); pathology discretion to wait on FISH or karyotype prior to ordering	c-KIT mutation analysis
CLL (peripheral blood/bone marrow)	Initial Diagnosis	CD5+ neoplasm with classic or variant CLL features; >5K/uL circulating monoclonal B-cells or 10% or more marrow based monoclonal B-cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), ZAP70/CD38# assay, and IgVH# mutation analysis
CLL (peripheral blood/bone marrow)	Follow-up*	Features of refractory disease or disease progression/transformation	FISH probe for TP53 (17p-) deletion, TP53 mutation analysis, and SNP array
CML	Initial Diagnosis	Compatible or diagnostic findings for CML	Quantitative BCR/ABL1 assay
CML	Follow-up*	Prior diagnosis of CML	Quantitative BCR/ABL1 assay
MDS	Initial Diagnosis	Morphologic diagnosis of MDS with normal cytogenetic karyotype	MDS SNP array
Plasma cell neoplasia	Initial Diagnosis	5% or more neoplastic plasma cells by morphology or 1% or more by flow cytometry	Myeloma FISH profile
Plasma cell neoplasia	Follow-up*	Features of disease progression	FISH probes for TP53 (17p-), CKS1B (1q21), Monosomy 1
SLL	Initial Diagnosis	SLL identified in tissue sample by flow cytometry with 10% or more neoplastic cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), IgVH# mutation analysis

*recommendation for follow-up evaluation requires that prior material was evaluated in a Dianon facility

1189 v14 Form (Rev. 06/14/2017)

Reveal® SNP Microarray Reflex Policy: If cytogenetics is normal, incomplete, or failed, testing will be reflexed to the Reveal® SNP Microarray.

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