Integrated ONCOLOGY
LabCorp Specialty Testing Group

Client Services
Shelton, CT: (800) 447-5816 fax: (212) 698-9532

HEMATOLOGY/ONCOLOGY

www.integratedoncology.com

Highlighted fields are REQUIRED

CLIENT INFORMATION

ORDERING PHYSICIAN	NPI #
TREATING PHYSICIAN	NPI #
PHYSICIAN/AUTHORIZED SIGNATURE	

PATIENT INFORMATION

Name (LAST, FIRST, MI):

Date of Birth: Sex: ☐ Male ☐ Female

Address:

City, State, Zip:

Phone Number:

Med. Rec. # / Patient #:

BILLING INFORMATION (attach face sheet and copy of insurance card – both sides)

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp
Patient Hospital Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient
Insurance Information: ☐ See attached Authorization # _____

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
INSURANCE CARRIER*	INSURANCE CARRIER*
ID #	ID #
GROUP #	GROUP #
INSURANCE ADDRESS	INSURANCE ADDRESS
NAME OF INSURED PERSON	NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT	RELATIONSHIP TO PATIENT
EMPLOYER NAME	EMPLOYER NAME

*IF MEDICAID STATE | PHYSICIAN'S PROVIDER # | WORKERS COMP ☐ Yes ☐ No

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

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Narrative Diagnosis/Clinical Data (Attach previous test results, if applicable):

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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

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COMPREHENSIVE HEMATOPATHOLOGY ANALYSIS
(Peripheral Blood or Bone Marrow)

DIAGNOSTIC:
☐ Comprehensive Evaluation: Morphologic Evaluation, Flow Cytometry, Cytogenetics, and Other Relevant *Diagnostic* Tests Per Opinion of Reviewing Pathologist
☐ Comprehensive Evaluation as above without Cytogenetics

PROGNOSTIC (must be ordered with either Comprehensive Evaluation or Flow HNA):
☐ Add Relevant *Prognostic* Tests Per IO Reflex Criteria (see reverse)

MORPHOLOGIC EVALUATION (include a copy of CBC report)

☐ Bone Marrow Morphology (with IHC/special stains) ☐ Peripheral Blood Morphology

FLOW CYTOMETRY (see reverse for antibody list)

[1] Send to TN

☐ Hematolymphoid Neoplasia Assessment (HNA)
☐ Add diagnostic tests based on HNA findings per IO Reflex Criteria (see reverse)
☐ DNA Ploidy/S-Phase Assessment
☐ Leukocyte Adhesion Deficiency Assessment♦[1]
☐ BAL CD4:CD8 Assessment[1]
☐ ZAP70/CD38 Assessment
☐ PNH ♦
☐ Stem Cell Enumeration[1]
☐ CLL MRD

CYTOGENETICS@

☐ Cancer Cytogenetics ☐ Constitutional Cytogenetics‡

FISH/TARGETGENE® (profiles listed by disease state)

☐ **ALL (Adult)**
☐ BCR/ABL1,t(9;22)
☐ KMT2A (MLL)
☐ MYC
☐ 6
☐ 21q

☐ **ALL (Pediatric)**
☐ BCR/ABL1,t(9;22)
☐ 4
☐ 10
☐ 17
☐ KMT2A (MLL)
☐ CDKN2A (p16)
☐ TCF3 (E2A)
☐ ETV6/RUNX1, t(12;21)

☐ **AML**
☐ PML/RARA, t(15;17)
☐ CBFB, inv(16)
☐ RUNX1T1/RUNX1, t(8;21)
☐ 5q
☐ 7q
☐ KMT2A (MLL)

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

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

☐ **MDS**
☐ 5q
☐ 7q
☐ 20q
☐ 8

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

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

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

☐ **MPN with Eosinophilia**
☐ FGFR1
☐ PDGFRA
☐ PDGFRB

☐ If BCR/ABL1 negative, reflex to JAK2 V617F (Qual); if JAK2 negative, reflex to CALR Mutation
☐ Other – Specify: _____

MOLECULAR

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

IntelliGEN® Assay

☐ IntelliGEN® Myeloid for AML, MDS, MPN
Indication: _____

Acute Leukemia
☐ FLT3 Mutation+
☐ LeukoStrat® CDx FLT3 Mutation+
☐ CEBPA Mutation
☐ NPM1 Mutation
☐ PML/RARA (Quantitative)
☐ cKIT Mutation
☐ IDH 1/2 Mutation

Lymphoid Neoplasms
☐ B- & T-cell Rearrangement*
B-cell Rearrangement
☐ IgH ☐ IgK
T-cell Rearrangement
☐ TRG ☐ TRB
☐ BCL1 Rearrangement
☐ BCL2 Rearrangement
☐ IgVH Mutation^
☐ p53 Mutation
☐ BRAF Mutation
☐ MYD88 Mutation

MPN/CML
☐ BCR/ABL1 Translocation Quantitative
☐ ABL Kinase Domain Mutation
☐ JAK2 V617F Mutation Qualitative
☐ JAK2 V617F Mutation Qualitative; if negative reflex to: ☐ CALR Mutation ☐ JAK2 Exon 12-15 ☐ MPL 515 Mutation
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☐ Other – Specify: _____

SOLID TUMOR

BRCA*ssure*® ♦ - Breast
☐ Comprehensive BRCA1/2 Analysis
☐ BRCA1 Targeted Sequencing
☐ BRCA2 Targeted Sequencing
☐ BRCA1/2 Deletion/Duplication
☐ Ashkenazi Jewish BRCA Panel
☐ HERmark ®

Colorectal Cancer
☐ KRAS Mutation
☐ MSI (PCR)
☐ BRAF Mutation

Melanoma
☐ BRAF Mutation

Lung Cancer
☐ EGFR Mutation, Tissue
☐ ALK (FISH)
☐ KRAS Mutation
☐ ROS1 (FISH)
☐ RET (FISH)
☐ EGFR (FISH)

Submit Clinical Questionnaire with BRCA orders

♦ Peripheral blood only *includes IgH and TRG LeukoStrat® is a registered trademark of Invivoscribe Technologies, Inc.

onc-711N-v9-08142018

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Symbols Legend
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FP

B2A

Prognostic Test 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 (>22 years); Reveal® SNP Array
AML	Initial Diagnosis	AML or borderline AML	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
AML	Relapse	Findings indicative of relapse	NGS myeloid panel <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
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 and cytogenetics
CML	Follow-up*	Prior diagnosis of CML	Quantitative BCR/ABL1 assay; if features of progression, discuss addition of NGS myeloid panel with client or place comment in report
MPN	Initial Diagnosis	Morphologic features of MPN, but negative for JAK2 V617F, CALR, and MPL mutations	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
MPN	Follow-up*	History of MPN, currently with features of progression (increased blasts or dysplastic features)	Discuss addition of NGS myeloid panel with client or place comment in report
MDS	Initial Diagnosis	Morphologic diagnosis of MDS with normal cytogenetic karyotype	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
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 an IO facility

Diagnostic Test Reflex Criteria Based on Flow Cytometry or Surgical Pathology Consultation Findings

Disease Category	Timing	Findings	Tests to Perform
AML	Initial Diagnosis	Diagnostic or suspicious for AML with RUNX1T1/RUNX1 t(8;21), CBFB inv (16), or PML/RARA t(15;17), acute myelomonocytic, or acute monocytic/monoblastic leukemia	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
B-cell lymphoma	Initial Diagnosis	Findings suspicious or diagnostic for B-cell lymphoma, but with equivocal findings with regard to subclassification (for tissue cases 5% or more abnormal B-cells by flow cytometry; for peripheral blood/bone marrow cases, 10% or more abnormal B-cells)	NHL FISH probes and molecular assays as indicated
Large B-cell lymphoma or Burkitt lymphoma	Initial Diagnosis	Abnormal B-cells diagnostic or suspicious for large B-cell lymphoma or Burkitt lymphoma	FISH probes for MYC, BCL6, and BCL2 translocations and cytogenetic karyotyping, as indicated; reflex to 11q FISH probe (BCL1 and ATM) for MYC, BCL6, BCL2 negative cases suspicious for Burkitt lymphoma, as indicated
Eosinophilia	Initial Diagnosis	Peripheral blood with 1.0K/µL or more eosinophils	FISH probes for PDGFRA, PDGFRB, and FGFR1
Hairy Cell Leukemia (HCL)	Initial Diagnosis	CD103+ monoclonal B-cells (5% or more) inconclusive for HCL	BRAF mutation
Lymphoplasmacytic Lymphoma (LPL)	Initial Diagnosis	Monoclonal B-cells (10% or more) with features indicating LPL in differential diagnosis	MYD88 mutation
Mantle cell lymphoma (MCL)	Initial Diagnosis	Monotypic B-cells (5% or more) diagnostic or suspicious of MCL	FISH probe for CCND1/IGH t(11;14)
Mastocytosis	Initial Diagnosis	Atypical mast cells by flow cytometry	c-KIT mutation analysis for mast cell disease
CML	Initial Diagnosis	Flow cytometric findings suspicious for CML	FISH for BCR/ABL1
MDS/MPN	Initial Diagnosis	Findings suspicious for MDS/MPN (CMML, aCML, etc.)	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years
T-cell lymphoma/leukemia	Initial Diagnosis	Atypical T-cells diagnostic or suspicious for T-cell lymphoma/leukemia	TCR gene rearrangement ; ALK FISH probe for CD30+ cases, as indicated; cytogenetic karyotyping if material adequate

+FLT3 Mutation Analysis performed by The Laboratory for Personalized Molecular Medicine (LabPMM®)
‡Informed consent is required for non-oncology genetics testing for New York state patients.
^Investigational Use Only

Morphologic Evaluation Common Components (Please include patient CBC report)

• Peripheral Blood Interpretation (85060) • Bone Marrow Aspirate Smear & Interpretation (85097) • Clot (88305)	• Core (88305) • Decalcification (88311)	• Additional Studies/Special Stains (88313) – Iron and Reticulin • IHC Global marker number (88342) varies but typically 0-4

Flow Cytometry*

Peripheral blood/bone marrow panel (HNA) 24 *⊕ antibodies	Tissue/fluids panel (HNA) 21 *⊕ antibodies	PNH Evaluation
CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD14, CD16, CD19, CD20, CD23, CD57, CD33, CD34, CD38, CD45, CD56, CD64, HLA-DR, kappa light chain, lambda light chain	CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD19, CD20, CD23, CD30, CD38, CD43, CD45, CD56, CD57, FMC-7, HLA-DR, kappa light chain, lambda light chain	CD14, CD15, 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.

BRCA*ssure*®

Comprehensive BRCA1/2 Analysis	BRCA1 or BRCA2 Targeted Sequencing	Ashkenazi Jewish BRCA Panel
Includes full gene sequencing of BRCA1/2 genes, duplication/deletion testing of BRCA1/2 genes	Includes sequencing of known familial mutation (one gene Exon only)	Includes screening for three known pathogenic variants; two in BRCA1 gene, one in BRCA2 gene

IntelliGEN®

Gene Panel	Genes
IntelliGEN® Myeloid Assay	ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DNMT3A, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KMT2A, KRAS, MPL, NF1, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PML, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

Lab Locations

Accupath Diagnostic Laboratories, Inc.		Esoterix Genetic Laboratories, LLC
201 Summit View Drive, Suite 100 Brentwood, TN 37027	5005 South 40th Street Phoenix, AZ 85040	3 Forest Parkway Shelton, CT 06484

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