**Hematology Oncology Requisition**

**Correlative Caseview** (Please include patient CBC report):
- Comprehensive Diagnostic Evaluation (Bone Marrow Morphology, Flow Cytometry, Cytogenetics and other relevant diagnostic tests) Per Option of Reviewing Pathologist
- Comprehensive Diagnostic Evaluation without Cytogenetics (Bone Marrow Morphology, Flow Cytometry, and other relevant diagnostic tests) Per Option of Reviewing Pathologist

**Prognostic Reflex Testing** (See reason for reflex indicated):

**Morphology Interpretation with Special Stains**
- XLI: Leukemia/Lymphoma
- DNH: Phenotypic/Sub-Phase Assessment
- Other:

**Flow Cytometry** (See reason for Panel detail):
- XLI: Leukemia/Lymphoma
- DNH: Phenotypic/Sub-Phase Assessment
- Other:

**Cyogenetics**
- XLI: Cancer Cytogenetics, Bone Marrow/Blood
- XLI: Cancer Cytogenetics, Tissue/Body Fluid

**Flow Target Genes** (Listed panel or individual probes):
- ALL (Adult) K57B
- ALL (Pediatric) K47B
- ALL, K47F
- CLL, K47B
- MOLECULAR DIAGNOSTICS

**Other Tests**

**Specimen Label Instructions**:
- Place one (1) label on each specimen requested. Remove the required number of labels for each label.

**Clinical Specimen Information**

**CLINICAL INDICATION FOR STUDY**

**CLINICAL INFORMATION**

**Patient Information**

**Billing Information**

**Specimen Information**

**Clinical Indication for Study**

**Physician/Authorized Signature**

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**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.**

**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.**
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 payer 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.

*FLOW CYTOMETRY*

**Peripheral blood/bone marrow panel**

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Timing</th>
<th>Findings (Morphology, Flow cytometry, Viability and/or karyotyping)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>Initial Diagnosis</td>
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<td>Initial Diagnosis</td>
<td>AML, histiocytic AML, or poorly differentiated non-Hodgkin's lymphoma</td>
</tr>
<tr>
<td>CML</td>
<td>Initial Diagnosis</td>
<td>CLL cases with classic or variant features: &gt;5% circulating B-cells or &gt;1% or bone marrow blasts</td>
</tr>
<tr>
<td>FLCL</td>
<td>Follow-up*</td>
<td>Features of refractory disease or disease progression/ transformation</td>
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**Tissue/Fluids panel**

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<td>ALL</td>
</tr>
<tr>
<td>MDS</td>
<td>Initial Diagnosis</td>
<td>MDS SNP array</td>
</tr>
<tr>
<td>PNH</td>
<td>Follow-up*</td>
<td>PNH disease or disease progression/ transformation</td>
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**Dianon Prognostic Reflex Criteria**

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**Additional Antibodies**

- Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.
- Markers performed depend on 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®)

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*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, 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 CD117, CD25 or CD57, CD33, CD34, CD38, CD45, CD56, CD64 or CD103, HLA-DR, kappa light chain, lambda light chain

**PNH Evaluation**

CD14, CD15, CD16, CD24, FLAER

CD59 and CD235a may be added at discretion of reviewing pathologist.

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1189 v13 Form (Rev. 12/15/2016)