

CLIENT IDENTIFICATION		PATIENT IDENTIFICATION			
	Last Name _____	First Name _____	Middle Initial _____		
	Address _____	City _____	State _____	ZIP _____	
	DOB _____	Age _____	Gender M / F _____	SSN _____	Phone _____
	Ordering Physician _____		MRN _____		
	Treating Physician _____		Specimen ID _____		

INSURANCE INFORMATION	BILLING INFORMATION
<input type="checkbox"/> Attached face sheet/insurance Primary Ins: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Medicare # _____ <input type="checkbox"/> Medicaid # _____ <input type="checkbox"/> Pre-Authorization # _____ <input type="checkbox"/> Primary Ins. INSURER POLICY # GROUP # _____ <input type="checkbox"/> Secondary Ins. INSURER POLICY # GROUP # _____	Secondary Ins: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Insurance <input type="checkbox"/> Patient

DIAGNOSIS INFORMATION	PLEASE PROVIDE CBC
ICD-10 Code(s): _____ (ICD-10 information is required) Physician Notice: Only tests or diagnostic services that are medically necessary should be ordered. Appropriate ICD-10 information must be provided in the specified area above. Payers, including Medicare and Medicaid, generally do not pay for screening tests. ABN is required for Medicare patients if ICD-10 codes provided do not support reasoning for testing.	<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Post-Therapy <input type="checkbox"/> Relapse <input type="checkbox"/> Remission <input type="checkbox"/> Previous Cytogenetics/FISH: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Please Provide Report) <input type="checkbox"/> Allogeneic Bone Marrow Transplant Donor Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

SPECIMEN INFORMATION	Hospital status when specimen collected:
Two unique identifiers are required on requisition & specimen <input type="checkbox"/> Bone Marrow Asp # Na-Heparin # EDTA # Other <input type="checkbox"/> Blood # Na-Heparin # EDTA # Other <input type="checkbox"/> Smears # Air-Dried # Fixed # Stained <input type="checkbox"/> Slides # Stained # Unstained # Touch Preps <input type="checkbox"/> Tissue <input type="checkbox"/> FNA <input type="checkbox"/> Body Fluid (specify type) _____ <input type="checkbox"/> Paraffin Block(s) # <input type="checkbox"/> Pick best block	<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Non-Hospital Outreach/Clinic Patient Collection Date _____ Time _____ Date of Discharge _____ <input type="checkbox"/> ABN is available Date Pulled from Archive _____ Body Site _____ <input type="checkbox"/> Formalin Fixed _____ <input type="checkbox"/> Other Fixation _____ Cold Ischemia Time (min) _____ Fixation Time (hours) _____

**LABORATORY TESTS REQUESTED** (highlighted items are available as tech-only) (specimen requirements on back)

<b>FLOW CYTOMETRY</b> Leukemia/Lymphoma <input type="checkbox"/> Global <input type="checkbox"/> C-FLOW ZAP70 <input type="checkbox"/> Global <input type="checkbox"/> C-FLOW DNA Ploidy+p57 <input type="checkbox"/> Global DNA Ploidy+S-Phase <input type="checkbox"/> Global <input type="checkbox"/> Reflex testing as medically necessary (could include FISH, Cyto, IHC, or PCR) <input type="checkbox"/> Smears submitted for correlation only <b>CSI GENIUS MMAP™</b> (Multiple Myeloma Assessment Protocol) <input type="checkbox"/> Flow Cytometry and Cytogenetics (reflex to FISH as medically necessary)	<b>FISH ANALYSIS</b> <input type="checkbox"/> Global <input type="checkbox"/> C•FISH (Tech-Only) <input type="checkbox"/> Reflex as medically necessary (could include FISH, Cyto, IHC, or PCR) (See reverse for complete probe/panel list.) <input type="checkbox"/> PML-RARA <input type="checkbox"/> AML Panel 1 <input type="checkbox"/> AML Panel 2 <input type="checkbox"/> AML Panel 3 <input type="checkbox"/> AML Panel 4 <input type="checkbox"/> MDS <input type="checkbox"/> BCR-ABL1 <input type="checkbox"/> MPN <input type="checkbox"/> MPN/Eosinophilia <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/> Follicular <input type="checkbox"/> HGBL/Triple-Hit <input type="checkbox"/> Burkitt Only <input type="checkbox"/> Marginal Zone <input type="checkbox"/> MALT Only <input type="checkbox"/> CLL/SLL <input type="checkbox"/> CLL/MCL <input type="checkbox"/> MCL Only <input type="checkbox"/> Myeloma/PCD <input type="checkbox"/> LPL/Waldenstrom <input type="checkbox"/> T-PLL <input type="checkbox"/> ALK (Lymphoma) <input type="checkbox"/> HER2 <input type="checkbox"/> Bladder Cancer <input type="checkbox"/> X/Y Sex Mismatch <input type="checkbox"/> 1p/19q <input type="checkbox"/> EGFR (Brain) <input type="checkbox"/> Other:
<b>CYTOGENETICS</b> <input type="checkbox"/> Chromosome Analysis <sup>‡</sup> <input type="checkbox"/> Chromosome Analysis with reflex to FISH/PCR as medically necessary	<b>MOLECULAR ASSAYS</b> <input type="checkbox"/> Reflex as medically necessary (could include FISH, Cyto, IHC, or PCR)

IMMUNOHISTOCHEMISTRY			
Profiles	Global <sup>†</sup>	C•IHC (Web)	C•IHC (Slide-Only)
ER/PR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER2/Ki-67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER2/Ki-67/p53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HER2 by IHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflex to HER2 FISH if IHC:	0 <input type="checkbox"/>	1+ <input type="checkbox"/>	3+ <input type="checkbox"/>
<sup>†</sup> GLOBAL HER2 IHC cases will automatically reflex 2+ equivocal results based on 2013 ASCO/CAP HER2 guidelines.			
<input type="checkbox"/> PD-L1 IHC (global only) MMRP <input type="checkbox"/> Global <input type="checkbox"/> C•IHC (Web) <input type="checkbox"/> C•IHC (slide-only)			

CONSULTATION SERVICES <sup>§</sup>
<input type="checkbox"/> <b>Diagnostic Consultation</b> - One of the consultation levels listed below will be performed based on the specimen and report materials received. <ul style="list-style-type: none"> <li>• Consultation and report on referred slides prepared elsewhere (88321)</li> <li>• Consultation and report on referred material requiring preparation of slides (88323)</li> <li>• Consultation, comprehensive, with review of records and specimens, with report on referred material (88325)</li> </ul> <input type="checkbox"/> <b>Global Interpretation</b> (specify stains): _____
<input type="checkbox"/> FLT3 Reflexes: If FLT3 and cytogenetic results are normal, reflex to <b>NPM1+CEBPA Panel</b> If FLT3+ with monocytic differentiation, reflex to <b>NPM1</b> If NPM1+ & FLT3-, reflex to <b>IDH1/IDH2</b> If inv(16) or t(8;21), reflex to <b>KIT exons 8, 17</b> <input type="checkbox"/> IDH1+IDH2 (with NPM1 Mutation - HEME) <input type="checkbox"/> IDH1+IDH2 (GBM) <input type="checkbox"/> KIT (D816V) <input type="checkbox"/> BCR-ABL1 Screening p190+p210 (No previous results on file at CSI) <input type="checkbox"/> BCR-ABL1 Follow-up: (select <input type="checkbox"/> p190 or <input type="checkbox"/> p210) <input type="checkbox"/> ABL1 Kinase Domain Mutation <input type="checkbox"/> PML-RARA <input type="checkbox"/> BRAF (HCL) <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> JAK2 reflex Exon 12 <input type="checkbox"/> JAK2 reflex CALR, MPL <input type="checkbox"/> IgVH (CLL/SLL) <input type="checkbox"/> Bcell (IGH reflex to IGK) <input type="checkbox"/> Tcell (Gamma reflex to Beta) <input type="checkbox"/> IGH-BCL2 <input type="checkbox"/> MYD88 <b>Solid Tumors:</b> <input type="checkbox"/> KIT (GIST) <input type="checkbox"/> KIT reflex PDGFRA (GIST) <input type="checkbox"/> KIT (Melanoma) <input type="checkbox"/> MSI (Submit Normal Tissue + Tumor) PCR <input type="checkbox"/> MGMT Methylation <input type="checkbox"/> EGFR - T790M (Lung) <input type="checkbox"/> ALK FISH <input type="checkbox"/> ROS1 FISH <input type="checkbox"/> EGFR - T790M reflex ALK+ROS1 <input type="checkbox"/> KRAS <input type="checkbox"/> BRAF <input type="checkbox"/> NRAS <input type="checkbox"/> KRAS reflex BRAF+NRAS <input type="checkbox"/> Other: _____ <input type="checkbox"/> C•RESULTS Lung Panel (PD-L1 - IHC, BRAF, EGFR w/T790M reflex to ALK+ROS1) <input type="checkbox"/> C•RESULTS Colorectal Carcinoma Panel (KRAS, NRAS, BRAF, MMRP by IHC)

**Additional Tests, Comments, or Differential Diagnosis**

Authorized Signature _____	Phone Number for STAT Cases: _____
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<sup>‡</sup>Signature is required for orders of cytogenetic testing that include products of conception and/or constitutional analysis. Ordering physician confirms that above patient has been informed and provided consent for testing. Original and Second Copy (White /Canary) - CSI Laboratories Bottom Copy (Pink) - Client PAC001-01/09/19

PLEASE CALL CSI CLIENT SERVICE AT (800) 459-1185 TO INQUIRE ABOUT TESTS THAT ARE NOT LISTED BELOW

FISH Profiles	Panel Probes
AML - Panel 1 AML with genetic abnormalities (WHO)	PML-RARA/t(15;17), RUNX1T1-RUNX1/t(8;21), CBFB/inv(16), MLL/11q23
AML - Panel 2 AML with MDS-related changes (WHO)	EGRI/5q31, 7q31, CEP8, 20q, RBI/13q, MLL/11q23, BCR-ABL1/t(9;22)
AML - Panel 3 AML not defined	EGRI/5q31, 7q31, MLL/11q23, BCR-ABL1/t(9;22), RUNX1T1-RUNX1/t(8;21), CBFB/inv(16) IF ALL NEGATIVE, REFLEX TO: CEP8, 20q, RBI/LAMP1
AML - Panel 4 AML (non-APL)	RUNX1T1-RUNX1/t(8;21), CBFB/inv(16), MLL/11q23
AMML/AMoL AML with monocytic differentiation	CBFB/inv(16), MLL/11q23
APL	PML-RARA/t(15;17)
RUNX1T1-RUNX1/t(8;21)	t(8;21)(q22;q22)
CBFB	inv(16)(q22)
MLL	11q23 rearrangements
MDS	EGRI/5q31, 7q31, CEP8, 20q, RBI/13q, MLL/11q23, TP53/CEP17
B - ALL	BCR-ABL1/t(9;22), MLL/11q23, ETV-RUNX1/t(12;21)(and other 12p and 21q rearrangements), CEP4/CEP10 IF NEGATIVE, REFLEX TO: CDKN2A/9p21, IGH/14q32.3, MYC/8q24.1
MPN	BCR-ABL1/t(9;22), EGRI/5q31, 7q31, CEP8, CEP9, 20q, RBI/13q
MPN/Eosinophilia	BCR-ABL1/t(9;22), PDGFRA/4q12, PDGFRB/5q33, FGFR1/8p12
T - ALL	BCR-ABL1 (for detection of ABL1 amplification), CDKN2A/9p21, MLL/11q23
Follicular Center Lymphoma	IGH-BCL2/t(14;18), BCL2 break apart, BCL6 break apart IF POSITIVE FOR GAIN OF IGH, REFLEX TO: t(8;14), t(11;14)
Double/Triple Hit	IGH-MYC/(8;14), MYC break apart, IGH-BCL2/t(14;18), BCL2 break apart, BCL6/3q27
Burkitt Lymphoma Only	t(8;14)(q24.2;q32.3)/MYC break apart IF POSITIVE FOR GAIN OF IGH, REFLEX TO: IGH-BCL2/t(14;18), BCL6/3q27, BCL2/18q21
Marginal Zone Lymphoma	7q31, CEP12, BCL6/3q27 (gain and rearrangement), MALT1/18q21.3 (gain and rearrangement), IGH/14q32.3, TP53/17p13.1 IF POSITIVE FOR MALT1, REFLEX TO: BIRC3-MALT1/t(11;18), IGH-MALT1/t(14;18) IF POSITIVE FOR GAIN OF IGH, REFLEX TO: IGH-BCL2/t(14;18), t(11;14)
MALT Lymphoma Only	MALT1/18q21.3, BCL6 IF MALT1 IS REARRANGED, REFLEX TO: BIRC3-MALT1/t(11;18), IGH-MALT1/t(14;18)
Mantle Cell Lymphoma	IGH-CCND1/t(11;14) IF NEGATIVE, REFLEX TO: CLL/SLL Panel
CLL/SLL	13q14.3/13q34, CEP12-13q14.3/13q34, ATM/11q22.3-TP53/17p13.1, IGH/14q32.3, MYB/6q23
CLL/Mantle Cell Lymphoma	13q14.3/13q34, CEP12-13q14.3/13q34, ATM/11q22.3-TP53/17p13.1, IGH/14q32.3, MYB/6q23, IGH-CCND1/t(11;14)
Myeloma/Plasma Cell Neoplasia	1p/1q, RBI/13q14, IGH/14q32.3, TP53/CEP17, CEP9/CEP11, IGH-CCND1/t(11;14) IF IGH IS REARRANGED BUT NEGATIVE FOR t(11;14), REFLEX TO: IGH-FGFR3/t(4;14), IGH-MAF/t(14;16), IGH-MAFB/t(14;20)
LPL/Waldenstrom	MYB/6q23, IGH/14q32.3
Hepatosplenic Lymphoma	Isochromosome 7q, i(7q)
T-PLL	TCL1/14q32.1 for inversion 14 and t(14;14); TRA/14q11.2 for t(X;14)
Bladder Cancer Aneuploidy and/or loss of 9p21	CEP3, CEP7, CEP17, CDKN2A/9p21
Synovial Sarcoma	SS18 (18q11.2)
Ewing Sarcoma/PNET	EWSR1 (22q12)
Rhabdomyosarcoma	FOXO1 (13q14)
Glioma	1p/19q deletions

**Immunohistochemistry**

MMRP - Mismatch Repair Proteins	hMLH-1, hMSH-2, hMSH-6, PMS2
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**Molecular Diagnostics**

B-Cell Rearrangement	IGH with Reflex to IGK
T-Cell Rearrangement	TCR Gamma (TRG) with Reflex to TCR Beta (TRB)

**Specimen Requirements (ship specimens with refrigerated cold pack)**

Flow Cytometry	Peripheral Blood	3 ml in sodium heparin (green top) - preferred or 3 ml in EDTA (purple top)
	Bone Marrow Aspirate	1-2 ml in sodium heparin (green top) - preferred or 1-2 ml in EDTA (purple top)
	Fresh Tissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)
	Body Fluids	Mix 1:1 in RPMI transport media
	PNH Profile	3 ml peripheral blood in EDTA (purple top) preferred, should be processed within 24 hours of collection
Cytogenetics	Peripheral Blood	5 ml in sodium heparin (green top)
	Bone Marrow Aspirate	2-3 ml in sodium heparin (green top)
	Cord Blood	2-5 ml in sodium heparin (green top)
	Fresh Tissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)
FISH	Peripheral Blood	3 ml in sodium heparin (green top) - preferred or 3 ml in EDTA (purple top)
	Bone Marrow Aspirate	2-3 ml in sodium heparin (green top) - preferred or 3 ml in EDTA (purple top)
	Fresh Tissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)
	Voided Urine or Bladder Wash (Bladder Cancer FISH)	Minimum of 33mL voided urine or bladder washing mixed 2:1 with preservative (Preservcyt® or Carbowax™). Sample should be stored in refrigerator (4°C) until it is packaged for transport and sent for processing within 24 hours of collection. Sample should be shipped with ice packs. Urine samples should not be shipped or stored at temperatures above 25°C and should be processed within 48 hours of collection.
	Formalin-Fixed Paraffin-Embedded Tissue	
	<b>FISH TESTING ON PARAFFIN-EMBEDDED TISSUE FOR GENE LOSS OR GAIN IN HEMATOLYMPHOID NEOPLASIA REQUIRES AUTHORIZATION BY CSI MEDICAL DIRECTOR</b>	
	HER2 (C-FISH, Tech-Only)	3 unstained positively charged slides and 1 marked H&E slide (all at 4-5 microns) <b>MUST CIRCLE AREA OF INTEREST ON H&amp;E SLIDE</b> 1 paraffin block with 1 marked H&E slide <b>MUST CIRCLE AREA OF INTEREST ON H&amp;E SLIDE</b>
PCR	Peripheral Blood	5 ml in EDTA (purple top) - preferred; ACD (yellow top) acceptable
	Bone Marrow Aspirate	1-2 ml in EDTA (purple top) - preferred; sodium heparin (green top) and ACD (yellow top) acceptable
	Fresh Tissue	Minimum of 250 mg tissue in RPMI transport media
	Formalin-Fixed Paraffin-Embedded Tissue	
IHC	1 H&E slide with its corresponding paraffin block (10% neutral buffered formalin) - preferred	

\* PNH analysis requires a peripheral blood specimen and should be processed within 24 hours of specimen collection.

§ Note: Previous related testing or diagnostic services provided by CSI on this patient may be included in this consultation if deemed medically necessary by the consulting pathologist.

CPT Code 88321: Consultation and report on slides NOT prepared by CSI Laboratories

CPT Code 88323: Consultation and report on slides prepared by CSI Laboratories (includes review of pathology report only, no other additional medical records will be reviewed)

CPT Code 88325: Consultation and report on slides prepared by CSI Laboratories including complete medical records review (complete medical records include but are not limited to pathology reports, surgical notes, radiology reports, laboratory results, etc.)