



CLIENT IDENTIFICATION		PATIENT IDENTIFICATION		
	<input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	<input type="text" value="MI"/>	
	<input type="text" value="Address"/>	<input type="text" value="City"/>	<input type="text" value="ST"/>	<input type="text" value="ZIP"/>
	<input type="text" value="DOB"/>	<input type="text" value="Age"/>	<input type="text" value="Gender: M / F"/>	<input type="text" value="SSN"/>
	<input type="text" value="Ordering Physician"/>		<input type="text" value="MRN"/>	
	<input type="text" value="Treating Physician"/>		<input type="text" value="Specimen ID"/>	
BILLING INFORMATION				
<input type="checkbox"/> Attached face sheet/insurance card		<input type="checkbox"/> Non-Hospital (Outreach/Clinic patient)		<input type="checkbox"/> Hospital (In/Out patient at time of procedure)
<input type="checkbox"/> CLIENT		<input type="checkbox"/> PATIENT <input type="text" value="Patient Telephone Number"/>		
<input type="checkbox"/> MEDICARE # <input type="text"/>		<input type="checkbox"/> MEDICAID # <input type="text"/>		
<input type="checkbox"/> INSURANCE <input type="text" value="Primary / Secondary / Supplemental"/>		<input type="text" value="Policy #"/>		<input type="text" value="Group #"/>
CLINICAL INFORMATION				
<input type="checkbox"/> New Diagnosis		<input type="checkbox"/> Post-Therapy		<input type="checkbox"/> Relapse
<input type="checkbox"/> Bone Marrow Transplant -		<input type="checkbox"/> Autologous		<input type="checkbox"/> Allogeneic
<input type="checkbox"/> Sex Mismatch				
<input type="checkbox"/> Hodgkin Lymphoma		<input type="checkbox"/> Myeloproliferative Neoplasms (MPN)		
<input type="checkbox"/> Non-Hodgkin Lymphoma <input type="checkbox"/> B-Cell <input type="checkbox"/> T-Cell		<input type="checkbox"/> Chronic Lymphoproliferative Disorders (CLPD)		
<input type="checkbox"/> Acute Leukemia <input type="checkbox"/> Myeloid <input type="checkbox"/> Lymphoid		<input type="checkbox"/> Myelodysplastic Syndrome (MDS)		
<input type="checkbox"/> Chronic Myelogenous Leukemia (CML)		<input type="checkbox"/> Plasma Cell Dyscrasia / Multiple Myeloma (PCD/MM)		
ICD-10 Code(s):		Other Clinical Data:		
THERAPY				
<input type="text" value="Current Therapy"/>				
<input type="checkbox"/> Prior (>1 month ago)		<input type="checkbox"/> Rituximab®		<input type="checkbox"/> Erythropoietin / Other CSF
		<input type="checkbox"/> Gleevec®		<input type="checkbox"/> Campath®
SPECIMEN INFORMATION <small>(Two identifiers are required on requisition & specimen)</small>				
<input type="checkbox"/> Bone Marrow <input type="text" value="#"/> Na-Heparin <input type="text" value="#"/> EDTA		<input type="text" value="Collection Date"/> <input type="text" value="Time"/>		
<input type="checkbox"/> Blood <input type="text" value="#"/> Na-Heparin <input type="text" value="#"/> EDTA		Fixed Tissue <input type="checkbox"/> Core <input type="checkbox"/> Clot		
<input type="checkbox"/> Smears/Slides <input type="text" value="#"/> Air-Dried <input type="text" value="#"/> Stained		<input type="checkbox"/> Other <input type="text" value="Source / Fixation"/>		
<input type="checkbox"/> Smears submitted for correlation only		*Include recent CBC. In case of dry-tap, send a second core in RPMI and 10ml peripheral blood in NaHep.		
LABORATORY TESTS REQUESTED				
<input type="checkbox"/> Comprehensive Consultation Comprehensive diagnosis and consultation to include medically necessary, additional testing as determined by CSI Laboratories' medical staff in communication with the referring physician(s). (Please include patient history)		FISH Analysis (See reverse for panel/probe references) <input type="checkbox"/> MDS <input type="checkbox"/> MPN <input type="checkbox"/> ALL <input type="checkbox"/> CLL (w/reflex) <input type="checkbox"/> Mantle cell <input type="checkbox"/> Follicular <input type="checkbox"/> Burkitt <input type="checkbox"/> PCD/MM (w/reflex) <input type="checkbox"/> PDGFRA <input type="checkbox"/> PDGFRB <input type="checkbox"/> CML [t(9;22), BCR/ABL1] Other FISH probes:		
Bone Marrow Morphology <input type="checkbox"/> Comprehensive Morphology (Core, Clot & Smears; includes IHC as medically necessary) <input type="checkbox"/> Morphology Only for - <input type="checkbox"/> Core(s) <input type="checkbox"/> Clot(s) <input type="checkbox"/> Smear(s)		Molecular Assays (PCR) <input type="checkbox"/> T-Cell (TCR) <input type="checkbox"/> B-Cell (IGH) <input type="checkbox"/> BCR-ABL1 t(9;22) Quant <input type="checkbox"/> BCL2 t(14;18) <input type="checkbox"/> PML-RARA t(15;17) <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> ABL1 Kinase <input type="checkbox"/> KIT D816V mutation <input type="checkbox"/> FLT3/NPM1/CEBPA Panel <input type="checkbox"/> FLT3 <input type="checkbox"/> NPM1 <input type="checkbox"/> CEBPA Other PCR Assays:		
Flow Cytometry <input type="checkbox"/> Comprehensive Flow (Includes additional testing as medically necessary) <input type="checkbox"/> Leukemia / Lymphoma <input type="checkbox"/> PNH (Blood only)		Additional Tests:		
Cytogenetics <input type="checkbox"/> Comprehensive Cytogenetics (Includes additional testing by FISH as medically necessary) <input type="checkbox"/> Cytogenetics Only				
CSI Laboratories Use Only:				

FISH profiles		Panel Probes & Abnormality Detected
ALL		
Pediatric		trisomy 4, 10, 17, BCR/ABL1, MLL, CDKN2A/CEP 9, ETV6/RUNX1
Adult		trisomy 21, BCR/ABL1, MLL, MYB/CEP 6, CDKN2A/CEP 9
AML		ETO/RUNX1, PML/RARA with RARA break-apart, CBFβ inv(16)
CLL		ATM 11q22.3, trisomy 12, D13S319, LAMP1, TP53, IGH t(14q32)
If IGH is abnormal reflex to:		CCND1-XT/IGH t(11;14), IGH/BCL2 t(14;18)
CML		BCR/ABL1 t(9;22)
MDS		-5/5q deletion, -7/7q deletion, 20q deletion, trisomy 8, MLL t(11q23)
MPN		-5/5q deletion, -7/7q deletion, 20q deletion, trisomy 8, trisomy 9, RB1 (13q14)
Burkitt Lymphoma		IGH/MYC/CEP 8 t(8;14), MYC break-apart t(8q24)
Follicular Lymphoma		IGH/BCL2 t(14;18)
Mantle Cell Lymphoma		CCND1-XT/IGH t(11;14)
PCD/MM		trisomy 7, 9, 11, 17, RB1 (13q14), TP53 (17p13.1), IGH t(14q32)
If IGH is abnormal reflex to:		FGFR3/IGH t(4;14), CCND1-XT/IGH t(11;14), IGH/MAF t(14;16)
Sex mismatched transplant monitoring		XX/XY
Additional Probes		HER2, EGFR, ALK, PTEN, SS18, FGFR1, BCL6, PDGFRA, PGDFRB, POC aneusomy

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)
	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, must be processed within 24 hours of collection
Cytogenetics	Peripheral Blood		5 ml in sodium heparin (green top)
	Bone Marrow Aspirate		1-2 ml in sodium heparin (green top)
	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 sodium heparin (green top) - preferred or 3 ml in EDTA (purple top)
	Bone Marrow Aspirate		1-2 ml sodium heparin (green top) - preferred or 3 ml in EDTA (purple top)
	Tissue		Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)
			Formalin-fixed paraffin-embedded tissue
PCR	Peripheral Blood		5 ml EDTA (purple top) - preferred; ACD (yellow top) acceptable
	Bone Marrow Aspirate		1-2 ml EDTA (purple top) preferred; sodium heparin (green top) and ACD (yellow top) acceptable
	Tissue		Minimum of 250 mg tissue in RPMI transport media
			Formalin-fixed paraffin-embedded tissue
Morphology	Core / Clot		Tissue in 10% neutral buffered formalin
	Bone Marrow Smears		5-10 air-dried smears

***Additional Information for Optimal Analysis:**

- ◆ Bone marrow smears should not be exposed to formalin vapors from open core/clot biopsy jars.
- ◆ Bone marrow smears should be completely air-dried (1-2 hours) prior to packaging in slide holders.
- ◆ Please label each specimen with patient name plus two (2) additional unique patient identifiers.
- ◆ Please include a copy of patient's most recent CBC and clinical history.
- ◆ In the event of a dry-tap, please send a second core specimen in RPMI transport media and 10ml of peripheral blood in sodium heparin for other testing.