

CLIENT IDENTIFICATION

Last Name _____
First Name _____
Middle Initial _____

Address _____
City _____ **State** _____ **ZIP** _____

DOB _____ **Age** _____ **Gender** _____ **SSN** _____ **Phone** _____
M / F

Ordering Physician _____ **MRN** _____

Treating Physician _____ **Specimen ID** _____

PATIENT IDENTIFICATION

INSURANCE INFORMATION

Attached face sheet/insurance Primary Ins: Self Spouse Child Other Secondary Ins: Self Spouse Child Other

Medicare # _____ Medicaid # _____ Pre-Authorization # _____

Primary Ins. **INSURER** _____ **POLICY #** _____ **GROUP #** _____ Secondary Ins. **INSURER** _____ **POLICY #** _____ **GROUP #** _____

BILLING INFORMATION

Bill to: Client Insurance Patient

DIAGNOSIS INFORMATION

PLEASE PROVIDE CBC

ICD-10 Code(s): _____
(ICD-10 information is required)

New Diagnosis Post-Therapy Relapse Remission
 Previous Cytogenetics/FISH: Normal Abnormal (Please Provide Report)
 Allogeneic Bone Marrow Transplant Donor Sex: Male Female

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.

SPECIMEN INFORMATION

Two unique identifiers are required on requisition & specimen

Bone Marrow Asp # _____ Na-Heparin # _____ EDTA # _____ Other # _____
 Blood # _____ Na-Heparin # _____ EDTA # _____ Other # _____
 Smears # _____ Air-Dried # _____ Fixed # _____ Stained # _____
 Slides # _____ Stained # _____ Unstained # _____ Touch Preps # _____
 Tissue FNA Body Fluid (specify type) _____
 Paraffin Block(s) # _____ Pick best block

Hospital status when specimen collected:
 Hospital Inpatient Hospital Outpatient Non-Hospital Outreach/Clinic Patient

Collection Date _____ Time _____
Date of Discharge _____ ABN is available
Date Pulled from Archive _____
Body Site _____
 Formalin Fixed _____ Other Fixation _____
Cold Ischemia Time (min) _____ Fixation Time (hours) _____

LABORATORY TESTS REQUESTED (specimen requirements on back)

NEXT GENERATION SEQUENCING

(All NGS tests will be client billed. Client bill authorization required prior to testing.)

Hematology Panels

- GTC - Hematology Profile - 177 Genes (full list of genes on back)
Profile of molecular abnormalities in numerous hematologic neoplasms including
- Acute Myeloid Leukemia
 - Myelodysplasia Profile
 - Myeloproliferative Neoplasms
 - Lymphoma
- GTC - Liquid Biopsy, Hematology - 177 Genes (full list of genes on back)

Solid Tumor Panels

- GTC-Solid Tumor Profile - 434 Genes (full list of genes on back)
Profile of molecular abnormalities in numerous solid tumors including
- Lung
 - Breast
 - Colorectal
 - Brain
 - Gastrointestinal
- GTC - Solid Tumor Fusion/Expression Profile - 60+ Genes (full list of genes on back)
Designed to detect various translocations including ALK, ROS1, RET, NTRK1, NTRK2, NTRK3, BRAF, CIC, EWSR1, PD-L1, and more. This assay also aids in sarcoma diagnosis and classification.
- GTC - NTRK 1/2/3 Fusion
- Comprehensive testing for fusions and mutations in the three NTRK genes.
 - Evaluates patients with solid tumors for Vitakivi (larotrectinib) therapy.

SINGLE GENE ASSAYS

UnitedHealthcare commercial plan patients are required to have a prior authorization for molecular testing. Please include PA number in billing section above.

- FLT3
- Reflexes: If FLT3 and cytogenetic results are normal, reflex to NPM1+CEBPA Panel
If FLT3+ with monocytic differentiation, reflex to NPM1
If NPM1+ & FLT3-, reflex to IDH1/IDH2
If inv(16) or t(8;21), reflex to KIT exons 8, 17
- IDH1+IDH2 (with NPM1 Mutation - HEME) IDH1+IDH2 (GBM) KIT (D816V)
- BCR-ABL1 Screening p190+p210 (No previous results on file at CSI)
- BCR-ABL1 Follow-up: (select p190 or p210) ABL1 Kinase Domain Mutation
- PML-RARA BRAF (HCL)
- JAK2 V617F JAK2 reflex Exon 12 JAK2 reflex CALR, MPL IgVH (CLL/SLL)
- Bcell (IGH reflex to IGK) Tcell (Gamma reflex to Beta) IGH-BCL2 MYD88

Solid Tumor

- KIT (GIST) KIT reflex PDGFRA (GIST) KIT (Melanoma)
- MSI (Normal + Tumor) PCR MGMT Methylation
- EGFR w/T790M (Lung) ALK FISH ROS1 FISH EGFR T790M reflex ALK+ROS1
- KRAS BRAF NRAS KRAS reflex BRAF+NRAS Other _____

Solid Tumor Panels

- Lung Panel (PD-L1 - IHC, BRAF, EGFR w/T790M reflex to ALK+ROS1 - FISH)
- Colorectal Carcinoma Panel (KRAS, NRAS, BRAF, MMRP by IHC)

Additional Tests, Comments, or Differential Diagnosis

Authorized Signature _____

Phone Number for STAT Cases: _____

Hematology Profile, Liquid Biopsy

ABL1	ATRX	BRCA2	CDH1	CRLF2	ETV6	FLT3	IDH2	KDR	KMT2D	MPL	NRAS	PIM1	RAD51	SMARCA4	STK11	ZNF217
AKT1	B2M	BTK	CDK12	CSF1R	EZH2	GATA1	IGF1R	KEAP1	KRAS	MRE11A	NSD1	PLCG1	RB1	SMARCB1	TERT	ZRSR2
AKT2	BCL2	CALR	CDK4	CSF3R	FA-	GATA2	IKZF1	KIT	MAP2K1	MTOR	PALB2	POLD1	RHOA	SMC1A	TET2	MEF2B
AKT3	BCL2L1	CARD11	CDK6	CTNNA1	FAM46C	GATA3	IKZF3	KMT2A	MAP2K2	MUTYH	PAX5	POLE	RNF43	SMO	TGFBR2	
ALK	BCL6	CBL	CDKN2A	CTNNB1	FANCA	GEN1	IRF4	KMT2B	MAP2K4	MYC	PBRM1	PPM1D	RUNX1	SOCS1	TP53	
AMER1	BCOR	CBLB	CDKN2B	CUX1	FANCC	GNAQ	JAK1	KDR	MAP3K1	MYD88	PDGFRA	PPP2R1A	SDHB	SRC	TSC1	
APC	BCORL1	CBLC	CDKN2C	CXCR4	FANCD2	GNAS	JAK2	KEAP1	MAP3K14	NFKBIA	PDGFRB	PTCH1	SETBP1	SRSF2	TSC2	
ARID1A	BCR	CCND1	CEBPA	DDR2	FANCE	H3F3A	JAK3	KIT	MAPK1	NOTCH1	PHF6	PTEN	SETD2	STAG2	TSHR	
ARID1B	BIRC3	CCND3	CHEK1	DICER1	FANCF	HNF1A	KAT6A	KMT2A	MCL1	NOTCH2	PIK3CA	PTPN11	SF3B1	STAT3	WT1	
ARID2	BLM	CD274	CHEK2	DN-	FANCG	HOXB13	KDM5C	KMT2B	MDM2	NOTCH3	PIK3R1	RAD21	SMAD2			
ASXL1	BRAF	CD79A	CIC	EP300	FAS	HSP90AA1	KDM6A	KMT2C	MDM4	NPM1	PIK3R2	RAD50	SMAD4			
ATM	BRCA1	CD79B	CREBBP	ERG	FBXW7	IDH1										

Solid Tumor Profile

ABCS3: AE27B7	AURKB	C15ORF41	CEBPA	DICER1	FANCC	FLT3	GRIN2A	IRF2	LMO1	MSH2	NTRK1	POLE	RANBP2	SETD2	STAT4	TSC2
ABL1	AURKC	CALR	CHD2	DOT1L	FANCD2	FLT4	GRM3	IRF4	LPIN2	MSH6	NTRK2	POT1	RARA	SF3B1	STAT6	TSHR
ABL2	AXIN1	CARD11	CHD4	EED	FANCE	FOXL2	GSK3B	IRS2	LRP1B	MTOR	NTRK3	PPM1D	RB1	SLIT2	STK11	U2AF1
ACD	AXIN2	CBFB	CHEK1	EGFR	FANCF	FOXP1	GSKIP	JAGN1	LYN	MUTYH	NUP93	PPP2R1A	RBBP6	SLX4	SUFU	U2AF2
ACVR1B	AXL	CBL	CHEK2	EGLN1	FANCG	FRS2	H3F3A	JAK1	LYST	MVK	PAK3	PRDM1	RBM10	SMAD2	SUZ12	VEGFA
ADA	B2M	CBLB	CIC	ELANE	FANCI	FUBP1	HAX1	JAK2	LZTR1	MYC	PALB2	PREX2	RBM8A	SMAD3	SYK	VHL
AK2	BAP1	CBLC	CREBBP	EP300	FANCL	G6PC3	HGF	JAK3	MAGI2	MYCL	PARK2	PRKAR1A	RET	SMAD4	TAF1	WAS
AKT1	BARD1	CCND1	CRKL	EPAS1	FANCM	GABRA6	HIST1H3B	JUN	MAP2K1	MYCN	PAX5	PRKI	RHEB	SMAD9	TAL1	WHSC1
AKT2	BCL2	CCND2	CRLF2	EPCAM	FAS	GALNT12	HNF1A	KAT6A	MAP2K2	MYD88	PBRM1	PRKDC	RHOA	SMAD9L	TBX3	WISP3
AKT3	BCL2L1	CCND3	CSF1R	EPHA3	FAT1	GATA1	HOXA11	KDM5A	MAP2K4	NBN	PDCD1LG2	PRSS1	RICTOR	SMARCA4	TCF3	WT1
ALK	BCL2L2	CCNE1	CSF3R	EPHA5	FBXW7	GATA2	HOXB13	KDM5C	MAP3K1	NF1	PDGFRA	PRSS8	RIT1	SMARCB1	TCIRG1	XPO1
AMER1	BCL6	CD274	CTC1	EPHA7	FGF10	GATA3	HRAS	KDM6A	MAP3K14	NF2	PDGFRB	PSTPIP1	RNF168	SMC1A	TERC	XRCC2
ANKRD26	BCOR	CD79A	CTCF	EPHB1	FGF14	GATA4	HSD3B1	KDR	MAPK1	NFE2L2	PKD1	PTCH1	RNF43	SMC3	TERF1	XRCC3
APC	BCORL1	CD79B	CTNNA1	ERBB2	FGF19	GATA6	HSP90AA1	KEAP1	MCL1	NFKBIA	PHF6	PTEN	ROS1	SMO	TERF2	ZBTB2
AR	BCR	CDAN1	CTNNB1	ERBB3	FGF23	GEN1	ID3	KEL	MDM2	NHP2	PIK3C2B	PTPN11	RPTOR	SNCAIP	TERF2IP	ZNF217
ARAF	BIRC3	CDC73	CUL3	ERBB4	FGF3	GF11	IDH1	KIF23	MDM4	NKX2-1	PIK3CA	QKI	RTEL1	SOCS1	TERT	ZNF703
ARFRP1	BLM	CDH1	CUX1	ERCC4	FGF4	GF11B	IDH2	KIT	MED12	NLRP3	PIK3CB	RAB27A	RUNX1	SOX10	TET2	ZRSR2
ARID1A	BMPR1A	CDK12	CXCR4	ERG	FGF6	GID4	IGF1R	KLF1	MEF2B	NME1	PIK3CG	RAC1	RUNX1T1	SOX2	TGFBR2	
ARID1B	BRAF	CDK4	CYLD	ERRF1	FGFR1	GLI1	IGF2	KLHL6	MEFV	NOP10	PIK3R1	RAD21	SBDS	SOX9	TNFAIP3	
ARID2	BRCA1	CDK6	DAXX	ESR1	FGFR2	GLI2	IKBKE	KLLN	MEN1	NOTCH1	PIK3R2	RAD50	SBF2	SPEN	TNFRSF14	
ASXL1	BRCA2	CDK8	DDR2	ETV6	FGFR3	GNA11	IKZF1	KMT2A	Merged	NOTCH2	PIM1	RAD51	SDHA	SPOP	TNFRSF1A	
ATG2B	BRD4	CDKN1A	DDX11	EXO1	FGFR4	GNA13	IKZF3	KMT2B	MET	NOTCH3	PLCG1	RAD51B	SDHB	SPTA1	TOP1	
ATM	BRIP1	CDKN1B	DDX41	EZH2	FH	GNAQ	IL2RG	KMT2C	MITF	NPM1	PLCG2	RAD51C	SDHC	SRC	TOP2A	
ATR	BTG1	CDKN2A	DKC1	FAM175A	FLCN	GNAS	IL7R	KMT2D	MLH1	NRAS	PMS1	RAD51D	SDHD	SRSF2	TP53	
ATRX	BTK	CDKN2B	DNM2	FAM46C	FLI1	GPR124	INHBA	KRAS	MPL	NROB1	PMS2	RAD54L	SEC23B	STAG2	TRAF3	
AURKA	C11orf30	CDKN2C	DNMT3A	FANCA	FLT1	GREM1	INPP4B	LIG4	MRE11A	NSD1	POLD1	RAF1	SETBP1	STAT3	TSC1	

Solid Tumor Fusion/Expression

ABL1	ALK	BRAF	CREBBP	EPOR	ETV5	FGFR2	FOXO1	JAK2	MAP3K1	NOTCH1	NUP214	PCM1	PICALM	RET	RUNX1T1	TCF3
ABL2	BCL1	CBFB	CRLF2	ERG	ETV6	FGFR3	FUS	KMT2A	MECOM	NTRK1	NUP98	PDGFRA	PML	RHOA	SS18	TFG
AKT3	BCL2	CBL	CSF1R	ETV1	EWSR1	FIP1L1	GLI1	KRT18P6	MYC	NTRK2	P2RY8	PDGFRB	PTK2B	ROS1	STAT6	TYK2
ALK	BCL6	CIC	EGFR	ETV4	FGFR1	FLT3	IKZF3	LYN	MYH9	NTRK3	PBX1	PD-L1	RARA	RUNX1	TAL1	

TEST NAME	SPECIMEN REQUIREMENTS
LIQUID BIOPSY HEMATOLOGY PROFILE	Peripheral blood: 5-10 mL. EDTA tube is preferred.
HEMATOLOGY PROFILE	<ul style="list-style-type: none"> Bone marrow: 2 mL. EDTA tube is preferred Peripheral blood: 5 mL. EDTA tube is preferred Fresh Tissue FFPE: 1 H&E slide and 6-10 unstained slides, 5-7 microns of BM clot or tissue fixed with 10% NBF fixative. Alternatively, the FFPE block of the BM clot can be sent for sectioning in our laboratory.
SOLID TUMOR PROFILE, SOLID TUMOR FUSION EXPRESSION PROFILE, AND NTRK 1/2/3 FUSION	FFPE: 1 H&E slide and 6-8 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative. Please circle tumor for microdissection. Alternatively, the FFPE block can be sent for tumor circling and cutting at our laboratory.