CSI Laboratories

QUICK REFERENCE GUIDE

Instructions for Completing a Test Requisition

1. **Client Identification:** This section is pre-populated with your information. To request more requisitions, contact your CSI representative, email us at clientservice@csilaboratories.com or call us at 800-459-1185.

2. **Patient Identification:** **Required** – all fields must be completed. MRN: Medical Record Number.

3. **Insurance / Billing Information:** **Required** – Provide face sheet and front/back of patient's insurance card. You must **specify at least one** Bill To option:
   - Client Bill: All charges billed to client listed in client identification section.
   - Insurance: All charges billed to insurance (except when payer follows CMS guidelines and patient status indicated as inpatient or outpatient; if so, TC charges billed to client, PC charges to insurance).
   - Patient/Self Pay: All charges billed to patient.
   - Split Bill: Client (TC) and Insurance (PC): All TC charges billed to client listed in client identification section, all PC charges to insurance.
   - OP Molecular to Medicare: Molecular testing billed to Medicare, all other testing to client (listed in client identification section).
   - Bill charges to other Hospital/Facility: If an entity other than who is listed in the Client Information section (#1 above) is to be billed, provide the Account Name and Account Number. Contact CSI with any questions.

4. **Specimen Information:** **Required** – Specimen ID, Dates/Times (collection, discharge), specimen type and prep method. Only provide information for the specimen type submitted. Note that specimen requirements are listed on the back of each requisition.

5. **Clinical Information:** **Required** – Diagnosis code/ICD codes, reason for referral, stage or disease status. Attach copy of lab results (i.e. CBC or pathology reports), when appropriate. Information in this section is important to support faster turn-around-time and assist our pathologists in the assessment of the case.

6. **Laboratory Test Requested:** **Required** – Select requested tests, including the appropriate level of service on FLOW, FISH and IHC tests. Note that tech-only tests are only available for authorized accounts. Unauthorized accounts will automatically be accessioned as global. Contact CSI to set-up tech-only authorization.

7. **Additional Tests, Comments or Differential Diagnosis:** Include additional tests, comments or differential diagnoses that may assist our pathologists in their assessment.

8. **Signature:** Signature is **required for orders of cytogenetic testing** that include products of conception and/or constitutional analysis. By signing, the ordering physician confirms that the patient has been informed and provided consent for testing.

CSI Laboratories

2580 Westside Parkway, Alpharetta, GA 30004
P: 1-800-459-1185 | F: 1-888-809-9071

Hematopathology Requisition

Date packaged:

CLIENT IDENTIFICATION (1)

PATIENT IDENTIFICATION (2)

La… First Name: Middle Initial:
Ge… ☐ M ☐ F DOB: MPN:
Ordering Physician: Treating Physician:

INSURANCE / BILLING INFORMATION (3)

R… **Please include face sheet and front/back of patient's insurance card.**
B… ☐ Client bill ☐ Insurance ☐ Patient/Self Pay ☐ Split Bill: Client (TC) and Insurance (PC)
☐ OP Molecular to Medicare ☐ Bill charges to other hospital/facility: ______ *Account Name & C-Number*
Prior Authorization Number:

SPECIMEN INFORMATION* (4) *Two unique identifiers are required on requisition & specimen.

…pecimen ID: Block ID:
☐ Bone Marrow asp # Na-Heparin # EDTA
☐ 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:
Body Site:
Formalin Fixed: ☐ Yes ☐ No ☐ Other Fixation:

…INICAL INFORMATION (5) PLEASE PROVIDE CBC

IDC-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.

☐ New Diagnosis ☐ Relapse ☐ Remission
☐ Abnormal Previous Cytogenetics / FISH (Provide Report) ☐ Bone Marrow Transplant
THERAPY ☐ Current Therapy ☐ Prior (>1 month ago)
☐ Anti-CD19 Therapy ☐ Anti-CD20 Therapy ☐ Anti-CD30 Therapy
☐ Anti-CD38 Therapy ☐ Erythropoietin Therapy ☐ G-CSF Therapy

LABORATORY TESTS REQUESTED (Specimen requirements on back) (6)

Test Options
☐ **Diagnostic Consultation** - Consultation level performed based on specimen and report materials/information provided**
☐ **Global Interpretation** (specify stains):
☐ **Reflex as medically necessary** (could include FISH, Cyto, IHC or PCR - see reverse for complete probe/panel list)

CYTOGENETICS ☐ CULTURE & HOLD
☐ Oncology Chromosome Analysis ☐ Non-Oncology Chromosome Analysis†
☐ POC Chromosome Analysis† ☐ Microarray Analysis

MOLECULAR ☐ HOLD

SINGLE GENE ASSAYS
☐ AML mutation panel – FLT3 / IDH1 / IDH2: CEPBA/NPM1 (if Cyto/FISH/FLT3 is negative); NPM1 (if FLT3(+); KIT exons 8, 17 (if inv(16) or t(8;21) is present)
☐ FLT3 ☐ IDH1, IDH2 ☐ PML-RARA ☐ KIT (D816V)
☐ BCR-ABL1 screening p190, p210 (no previous results on file at CSI) ☐ SF3B1
☐ BCR-ABL1 follow-up: (select ☐ p190 or ☐ p210) ☐ ABL1 kinase domain mutation
☐ JAK2 V617F ☐ JAK2 reflex exon 12 (PV) ☐ JAK2 reflex to CALR, MPL
☐ B-Cell clonality (IGH reflex to IGK) ☐ T-Cell clonality (TCRG reflex to TCRB)
☐ BRAF (HCL) ☐ IGH-BCL2 ☐ MYD88 ☐ IgVH (CLL/SLL)

NEXT GENERATION SEQUENCING (7)
☐ Hematology Profile: panel of 177 genes implicated in hematologic neoplasms (AML, MDS, CMML, MPN, PCN/MM, NHL; see reverse for specific genes tested)
☐ Liquid Biopsy, Hematology Profile: 177 Genes (full list of genes on reverse)

FLOW CYTOMETRY ☐ HOLD

	Global	Tech		Global
Leukemia / Lymphoma	☐	☐	PNH (blood only)	☐
ZAP-70	☐	☐		

☐ Smears submitted for correlation only

FISH *(see reverse for additional panels/probes and reflex testing)* ☐ HOLD

	Global	Tech		Global	Tech
ALK (Lymphoma)	☐		LPL/Waldenstrom Panel	☐	☐
AML Panel 1	☐	☐	MALT Panel	☐	☐
AML Panel 2	☐	☐	Marginal Zone Panel	☐	☐
AML Panel 3	☐	☐	MCL	☐	☐
AML Panel 4	☐	☐	MCL w/ reflex CLL/SLL Panel	☐	☐
AML w/ Monocytosis	☐	☐	MDS Panel	☐	☐
B-ALL Panel	☐		MPN/Eosinophilia Panel	☐	
Burkitt Lymphoma	☐		MPN Panel	☐	☐
CLL/MCL Panel	☐	☐	Myeloma/PCD Panel	☐	☐
CLL/SLL Panel	☐	☐	PML-RARA-Routine	☐	☐
CML (BCR-ABL1)	☐	☐	PML-RARA-STAT	☐	
Eosinophilia Panel	☐		T-ALL Panel	☐	☐
Follicular Panel	☐	☐	T-PLL Panel	☐	
HGBL/Triple-Hit Panel	☐	☐	X/Y Sex Mismatch	☐	
			Other:______	☐	☐

ADDITIONAL TESTS, COMMENTS OR DIFFERENTIAL DIAGNOSIS

(8) **…uthorized Signature:** **Phone Number for STAT Cases:**

Signature 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
CSI_102819