

## HEMATOPATHOLOGY REQUISITION

PATIENT INFORMATION				CLIENT INFORMATION			
Last Name:	First Name:	M.I.:		Client Name:	Account ID:		
Street Address:	Apt#:			Street Address:			
City:	State:	Zip:		City:	State:	Zip:	
Phone Number:	SSN:			Phone Number:	Fax Number:		
Date of Birth: / /	Sex:	Male	Female	Ordering Physician:	NPI:		
Patient ID:	Encounter/Visit#:			Treating Physician:	NPI:		

BILLING/INSURANCE INFORMATION							
BILL:	Insurance	Medicaid	Medicare	Patient	Account	Insurance Company Name:	
Medicaid/Medicare#:						Street Address/PO Box:	
Name of Insured:							
Relationship to Insured:							
Date of Birth of Insured/Responsible Party: / /							
				City:	State:	Zip:	
				Policy Number:	Group #:		
ICD-10 Code(s):							

SPECIMEN INFORMATION - PLEASE INDICATE NUMBER OF TUBES/VIALS/SLIDES/BLOCKS PROVIDED							
Specimen ID#:	<b>Bone Marrow Aspirate</b>			<b>Peripheral Blood</b>			
Body Site:	Green Top(s): ____	Purple Top(s): ____	Smears: ____	Green Top(s): ____	Purple Top(s): ____	Smears: ____	
Collection Date:	Fixed Clot: ____	Paraffin Block ____		Fluid, Specify:	Unstained Slides: ____	Stained Slides: ____	
Collection Time: A.M. P.M.	<b>Bone Marrow Biopsy</b>			<b>Tissue Biopsy</b>			
	Fixed Core: ____	Paraffin Block/Core ____		Fixed Tissue: ____	Fixative: ____	Fresh Tissue: ____	
	Fresh Core: ____	Touch Prep(s): ____		Touch Preps: ____	Paraffin Block(s) ____	Unstained Slides: ____	
				Stained Slides: ____			

CLINICAL INFORMATION - PLEASE ALSO ATTACH MOST RECENT CBC RESULTS							
<b>INDICATIONS:</b> (eg. Anemia, Enlarged Lymph Node, etc.)				<b>THERAPY:</b> Specify:			
<b>DIAGNOSIS:</b> (eg. Multiple Myeloma, Acute Myeloid Leukemia, etc.)				<b>FOR TRANSPLANT PATIENTS</b>			
<b>STATUS:</b>	Under investigation	Previously Diagnosed; Date: / /		Date of Transplant: / /	Autologous	Allogeneic	
	Staging	Relapse		Diagnosis:			

ORDER CHOICE 1: BONE MARROW OR PERIPHERAL BLOOD HEMATOPATHOLOGY COMPREHENSIVE ASSESSMENT	
1002641	BONE MARROW – Hematopathology Comprehensive Assessment (HEMC)
1004637	PERIPHERAL BLOOD – Hematopathology Comprehensive Assessment (HEMCBLOOD)
**Morphology, Flow Cytometry (blood, marrow), Chromosome Analysis (marrow), with reflex to FISH, Molecular Analysis and/or other studies at pathologist's discretion.	

**PLEASE ORDER SPECIFIC STUDIES YOU WANT ADDED TO YOUR COMPREHENSIVE ASSESSMENT**

**ORDER CHOICE 2: COMPONENT ORDERING\***  
 \*Provide documentation of diagnosis (e.g. pathology report) and signed ABN when necessary

MORPHOLOGY REVIEW	LYMPHOID MALIGNANCIES CONT'D	MYELOPROLIFERATIVE NEOPLASMS CONT'D
1003295 Bone marrow or peripheral blood morphology with special stains as needed	1003138 Ig Heavy Chain Gene Rearrangement	1003714 BCR/ABL1 by Quantitative RT-PCR: Major (p210) and Minor (p190)
<b>FLOW CYTOMETRY</b>	1002731 Ig Kappa Light Chain Gene Rearrangement	1003715 BCR/ABL1 by Quantitative RT-PCR: Major (p210)
1003140 Leukemia/Lymphoma Panel by Flow	1002732 T Cell Receptor Beta Gene Rearrangement	1003716 BCR/ABL1 by Quantitative RT-PCR: Minor (p190)
1003013 PNH by Flow analysis (peripheral blood only)	1003146 T Cell Receptor Gamma Gene Rearrangement	1003139 JAK2 V617F Mutation by PCR
<b>CHROMOSOME ANALYSIS</b>	<b>MYELOMA</b>	1002650 PDGFRA gene rearrangement (CHIC2 deletion) by FISH
1003135 Chromosome Analysis	1001101 Multiple Myeloma FISH Panel	1003118 PDGFR-B (5q32) gene rearrangement by FISH
<b>LYMPHOID MALIGNANCIES</b>	<b>MYELOID NEOPLASMS</b>	<b>CHIMERISM STUDIES</b>
1001112 ALL FISH Panel	1016111 AML Profile (NGS and FISH)	1003148 XX/XY-Opposite Sex Bone Marrow Transplant by FISH
1016115 CLL Profile (NGS and FISH)	1016109 AML Mutation Analysis Only (NGS)	1003134 Chimerism Analysis After Stem Cell Transplantation - Non Fractionated
1003013 CLL Mutation Analysis Only (NGS)	1001103 AML FISH Panel	1003141 Lineage Specific Chimerism Analysis After Stem Cell Transplantation - Fractionated
1001099 CLL FISH Panel	1001100 MDS FISH Panel	1003144 Pre-Transplant STR Analysis - Donor
1016119 DLBCL Profile (NGS and FISH)	1003142 PML/RARA t(15;17) by FISH	1003145 Pre-Transplant STR Analysis- Recipient
1016117 DLBCL Mutation Analysis Only (NGS)	1003143 PML/RARA t(15;17) by RT-PCR	
1001102 B-Cell Lymphoma FISH Panel	1016123 CEBPA Mutation Analysis by Sanger Sequencing	
1003137 MYC (8q24) by FISH	1003136 c-Kit D816V Mutation by PCR	
1001108 IGH/CCND1 translocation, t(11;14) by FISH	1002094 FLT3-ITD-TKD dual mutant analysis	
1003147 IGH/BCL2 translocation, t(14;18) by FISH	<b>MYELOPROLIFERATIVE NEOPLASMS</b>	
1003126 IGH/MYC translocation, t(8;14) by FISH	1016121 MPN Profile (NGS)	
1015184 IgVH Mutation Status for CLL by PCR	1003132 BCR/ABL1 translocation, t(9;22) by FISH	
1015984 BRAF V600 Mutation Analysis by PCR		

**NOTE:** Chimerism studies require Pre-Donor and Pre-Recipient DNA, Patient Diagnosis, and Date of Treatment

Notifier:

Patient Name:

Identification Number:

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## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE: If Medicare doesn't pay for the laboratory tests below, you may have to pay.**

**Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the laboratory tests below.**

Laboratory Tests	Reason Medicare May Not Pay:	Estimated Cost

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the laboratory tests listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### OPTIONS:      Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the laboratory tests listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the laboratory tests listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the laboratory tests listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

### Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

**Signature:**

**Date:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

## HEMATOPATHOLOGY REQUISITION

	MORPHOLOGY	FLOW CYTOMETRY/ IMMUNOPHENOTYPING	CYTOGENETICS/FISH	MOLECULAR DIAGNOSTICS	STORAGE & TRANSPORT
<b>Peripheral Blood</b>	1-2 smears* CBC results	3-5 mL Green Top Sodium Heparin tube – do not centrifuge 1-2 smears* CBC results	3-5 mL Green Top Sodium Heparin tube – do not centrifuge CBC results	3-5 mL Purple Top EDTA tube – do not centrifuge See note under Lineage Specific Chimerism on front page	Overnight - refrigerate and transport on cold pack
<b>Bone Marrow Aspirate</b>	3 or more aspirate particle smears* Remainder of specimen in formalin container #1	2-3 mL Green Top Sodium Heparin tube – do not centrifuge 1 smear* CBC results	2-3 mL Green Top Sodium Heparin tube – do not centrifuge CBC results	2-3 mL Purple Top EDTA tube – do not centrifuge CBC results	Overnight - refrigerate and transport on cold pack
<b>Bone Marrow Core Biopsy</b>	≥ 2 cm in formalin container #2 2-4 touch preps*	Fresh Tissue (unfixed) in issue Transport Medium*** ≥ 2 cm in length and 2-4 touch preps*	Fresh Tissue (unfixed) in issue Transport Medium*** ≥ 2 cm in length	Fresh Tissue (unfixed) in issue Transport Medium*** ≥ 2 cm in length	Overnight - refrigerate and transport on cold pack
<b>Fresh Tissue, Lymph Node, Solid Tumor, Skin</b>	Request Histology 2-4 touch preps*	Fresh Tissue (unfixed) in issue Transport Medium*** 2-4 touch preps* and 1cm <sup>3</sup> (minced tissue)	Fresh Tissue (unfixed) in issue Transport Medium*** 1cm <sup>3</sup> (minced tissue)	Fresh Tissue (unfixed) in issue Transport Medium*** 1cm <sup>3</sup> (minced tissue)	Overnight - refrigerate and transport on cold pack
<b>FNA</b>	Request Cytology	Fresh Tissue (unfixed) in issue Transport Medium***	Fresh Tissue (unfixed) in issue Transport Medium***	Fresh Tissue (unfixed) in issue Transport Medium***	Overnight - refrigerate and transport on cold pack
<b>Body Fluids</b>	Request Cytology	≥ 50 mL		>1 mL in Sterile Transport Tube	Overnight - refrigerate and transport on cold pack
<b>CSF</b>	Request Cytology and/or Cell Count	>1 mL in Sterile Transport Tube		>1 mL in Sterile Transport Tube	Overnight - refrigerate and transport on cold pack
<b>Paraffin-embedded Tissue</b>			10% formalin fixed (6-48 hours 4 unstained slides each 4 microns thick, with 1 H&E stained slide with the area(s) to be examined marked clearly	Paraffin Block 1 H&E slide Pathology Report	Overnight - refrigerate and transport on cold pack

\*air-dried, unfixed, unstained

\*\*\*Available from Oncology Support at (972) 966-7050 / (844) 966-7050

**NOTE:** Contact med fusion Directory of Service for additional information on specimen requirements for Molecular Microbiology and General Lab. Contact PBM for additional information on Pathology specimen requirements.

### Specimen Requirements for Hematologic Neoplasm Profiles

PROFILE(S)	BONE MARROW	PERIPHERAL BLOOD	TISSUE
AML Profil CLL Profile	Green Top sodium heparin tube (2-3 mL) <b>AND</b> Purple Top EDTA tube (2-3 mL)	Green Top sodium heparin tube (2-10 mL) <b>AND</b> Purple Top EDTA tube (5-10 mL)	N/A
DLBCL Profil	Green Top sodium heparin tube (2-3 mL) <b>AND</b> Purple Top EDTA tube (2-3 mL)	Green Top sodium heparin tube (2-10 mL) <b>AND</b> Purple Top EDTA tube (5-10 mL)	Fresh tissue (1cm <sup>3</sup> ) <b>AND</b> FPPE tissue (block or 10 unstained slides)
MPN Profil	Purple Top EDTA tube, 2-3 mL	Purple Top EDTA tube (5-10 mL)	N/A

AML Mutation Analysis	ASXL1, CEBPA, DNMT3A, ETV6 (TEL), FLT3-ITD, FLT3-TKD, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, PHF6, PTEN, RUNX1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1
AML FISH Panel	MLL (11q23) rearrangement, RUNX1T1(ETO)/RUNX1(AML1) t(8;21) translocation, PML/RARA t(15;17) translocation, CBFB rearrangement (inversion 16), BCR/ABL t(9;22) translocation, reflex to RUNX1 (21q22) rearrangement
CLL Mutation Analysis	BIRC3, BTK, MYD88, NOTCH1, PLCG2, SF3B1, TP53
CLL FISH Panel	Trisomy 12, 13q deletion, TP53 (17p13) deletion, ATM (11q22.3) deletion, 6q deletion, IGH (14q32.3) rearrangement, IGH/CCND1 t(11;14) translocation, reflex to IGH/BCL2 t(14;18) translocation
DLBCL Mutation Analysis	CARD11, CD79A, CD79B, EZH2, MYD88, TNFAIP3 (A20), TP53
B-Cell Lymphoma FISH Panel	MYC (8q24.1) rearrangement, BCL2 (18q21) rearrangement, BCL6 (3q27) rearrangement, IGH (14q32.3) rearrangement
MPN Profil	CALR, CBL, CSF3R, JAK2, MPL, SETBP1, TP53
ALL FISH Panel	MLL (11q23) rearrangement, BCR/ABL1 t(9; 22) translocation, ETV6(TEL)/RUNX1(AML1) t(12; 21) translocation, Aneuploidy for chromosomes 6 and 21
MDS FISH Panel	Monosomy 5/deletion 5q, Monosomy 7/deletion 7q, Trisomy 8, D20S108 (20q12) deletion
Mutiple Myeloma FISH Panel	1q Gain, 13q deletion, ATM (11q22.3) deletion, TP53 (17p13) deletion, IGH (14q32.3) rearrangement, IGH/CCND1 t(11;14) translocation, Aneuploidy for chromosomes 5, 9, and 15, reflex to IGH/FGFR3 t(4;14) translocation and IGH/MAF t(14;16) translocation

#### Medicare Hospital Rules

Under Medicare rules, med fusion can only bill Medicare for a hospital-referred test when the specimen was not collected as part of an in-patient or out-patient encounter, i.e., the specimen was not drawn in a hospital facility. All testing for registered hospital patients must be billed directly to the hospital. If client is a hospital and has requested that med fusion bill the Medicare program directly for any referred tests, client warrants and represents to med fusion that the patient's specimen was not collected by hospital personnel.

#### Medically Necessary Tests

Medicare generally does not cover routine screening tests; Medicare will only pay for those tests that are reasonable and necessary. Tests ordered pursuant to panels and/or profiles should be reviewed to ensure that all of the tests are medically necessary. Diagnosis codes should be reviewed to ensure that they accurately reflect the patient's condition and supports the medical necessity of the tests ordered.

#### CPT Codes, Reflex Testing and Confirmation

For the most comprehensive, up-to-date listing of CPT coding guidelines, please consult the med fusion Web site: www.medfusionlabs.com. In some circumstances, based on a test result, we will reflex to additional testing as specified in the Directory of Service. If a test is reflexed for further testing, additional or different CPT codes may be added and charges for the added tests will be billed to the payer specified

#### Reportable Diseases

Positive findings for reportable diseases are reported by med fusion to State and/or Local Health Departments in compliance with Communicable Diseases surveillance and control regulations.

#### Specimen Transport

Please call Client Services (972) 966-7300/(855) 500-8535 for information on Courier Services in your area.

#### Shipping Locations

Send overnight delivery packages to:

med fusion  
2501 S. State Hwy 121 Business, Suite 1200  
Lewisville, TX 75067  
(972) 966-7300/(855) 500-8535

#### Packaging Instructions for Diagnostic Specimens

Shipping regulations require that specimen packaging include the following:

1. Watertight primary receptacle.
2. Watertight secondary packaging with biohazard labeling. Either the primary or secondary tube must pass a pressure test.
3. Absorbent material (desiccant) placed between the primary receptacle and the secondary packaging.
4. Sturdy outside packaging constructed of corrugated cardboard, wood, metal, or plastic with appropriate labels, i.e. dry ice, UN3373 Biological Substance, etc.

Please call Oncology Support (972) 966-7050/(844) 966-7050 for shipping supplies or any other questions concerning how to package and ship samples to med fusion.

#### Specimen Temperature

med fusion lists the critical specimen temperature requirements for each assay in the Directory of Service. If no temperature is specified, store and ship specimens at ambient (room) temperature. Please note that temperature ranges are as follows:

- (F) Frozen (dry ice) - 20° C or Colder
- (R) Refrigerated (cold pack) + 2° to + 8° C
- (A) Ambient (room temperature) + 18° to + 26° C

If you have questions, want to order copies of the Directory of Service, requisitions, packaging supplies or would like additional information on a specific assay, please call Oncology Support (972) 966-7050.