

### HEMATOPATHOLOGY REQUISITION

#### PATIENT 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 – MM/DD/YYYY	Age	Sex	Ordering Physician	NPI
Patient ID	Encounter/Visit#		Treating Physician	NPI

#### BILLING/INSURANCE INFORMATION

BILL: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Patient <input type="checkbox"/> Account	Medicare#	Medicaid#
Name of Insured/Responsible Party (Last/First) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Date of Birth of Insured/Responsible Party - MM/DD/YYYY	
Insurance Company Name	Street Address/PO Box	City State Zip
Policy Number	Group#	
ICD-9 Code	ICD-9 Code	ICD-9 Code

#### SPECIMEN INFORMATION

Date Collected – MM/DD/YYYY	Time Collected	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Collection Location	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### SPECIMEN INFORMATION - PLEASE INDICATE NUMBER OF TUBES/VIALS/SLIDES/BLOCKS PROVIDED

Specimen ID#	Body Site	Collection Date	Collection Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<input type="checkbox"/> Bone Marrow Aspirate: Green Top(s)	Purple Top(s)	Smears	Fixed Clot	Paraffin Block
<input type="checkbox"/> Bone Marrow Biopsy: Fixed Core	Paraffin Block/Core		Fresh Core	Touch Prep(s)
<input type="checkbox"/> Peripheral Blood: Green Top(s)	Purple Top(s)	Smears	<input type="checkbox"/> Fluid, Specify	Unstained Slides Stained Slides
<input type="checkbox"/> Tissue Biopsy: Fixed Tissue	Paraffin Block(s)	Fixative	Fresh Tissue	Touch Preps
		Unstained Slides	Stained Slides	

#### CLINICAL INFORMATION - PLEASE ALSO ATTACH MOST RECENT CBC RESULTS

**INDICATIONS:** (eg. Anemia, Enlarged Lymph Node, etc.)

**DIAGNOSIS:** (eg. Multiple Myeloma, Acute Myeloid Leukemia, etc.)

**STATUS:**  Under investigation  Previously Diagnosed; Date:  Staging  Relapse

**THERAPY:** Specify:

For Transplant Patients: Date of Transplant Autologous or Allogeneic: Diagnosis:

#### ORDER CHOICE 1: BONE MARROW OR PERIPHERAL BLOOD HEMATOPATHOLOGY COMPREHENSIVE ASSESSMENT

- BONE MARROW – Hematopathology Comprehensive Assessment  
 PERIPHERAL BLOOD – Hematopathology Comprehensive Assessment  
 \*\*Morphology, Flow Cytometry (blood, marrow), Chromosome Analysis (marrow), with reflex to FISH, Molecular Analysis and/or other studies as needed.

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

#### ORDER CHOICE 2: COMPONENT ORDERING

##### MORPHOLOGY

- 1000164  CBC and Differential  
 MORPH \*\*Morphology (Histology) with special stains as necessary

##### FLOW CYTOMETRY

- 1003140  Leukemia/Lymphoma Panel by Flow\*  
 1003013  PNH by FLOW

##### FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

- 1001112  ALL Panel\*  
 1001103  AML Panel\*  
 1001102  B-Cell Lymphoma Panel\*  
 1001105  BCL6 gene rearrangement (3q27)\*  
 1003132  BCR/ABL1 translocation, t(9;22)\*  
 1001099  \*\* CLL Panel\*  
 1003137  c-MYC gene rearrangement (8q24)\*  
 1003126  IGH/MYC translocation, t(8;14)\*  
 1003147  IGH/BCL2 translocation, t(14;18)\*  
 1001100  MDS Panel\*  
 1001101  \*\*Multiple Myeloma Panel\*  
 1002650  PDGFRA gene rearrangement (CHIC2 deletion)\*

##### FLUORESCENCE IN SITU HYBRIDIZATION (FISH) CONT'D

- 1003142  PML/RARA translocation, t(15;17) (always STAT)\*  
 Other

##### CHROMOSOME ANALYSIS

- \*\*Chromosome Analysis with FISH studies as necessary\*  
 1003135  Chromosome Analysis\*

##### MOLECULAR DIAGNOSTICS

- 1003714  BCR/ABL1 by Quantitative RT-PCR: Major (p210) and Minor (p190)\*  
 1003716  BCR/ABL1 by Quantitative RT-PCR: Minor (p190)\*  
 1003715  BCR/ABL1 by Quantitative RT-PCR: Major (p210)\*  
 1004852  CALR - Calreticulin Mutation Analysis  
 1002264  CEBPA Mutation Analysis\*  
 1003134  Chimerism Analysis After Stem Cell Transplantation - Non Fractionated\*  
 1003136  c-Kit D816V Mutation by PCR\*  
 1002094  FLT3 Mutation Analysis\*  
 1003138  Ig Heavy Chain Gene Rearrangement\*  
 1002731  Ig Kappa Light Chain Gene Rearrangement\*  
 1003139  JAK2 V617F Mutation Analysis\*

##### MOLECULAR DIAGNOSTICS CONT'D

- 1003096  JAK2 Exon 12 Mutation Analysis\*  
 1003141  Lineage Specific Chimerism Analysis After Stem Cell Transplantation - Fractionated\*  
 1003407  MPL codon 515 Mutation Analysis\*  
 1001798  NPM1 Mutation Analysis\*  
 1003143  PML/RARA t(15;17) by RT-PCR\*  
 1003144  Pre-Transplant STR Analysis - Donor\*  
 1003145  Pre-Transplant STR Analysis- Recipient\*  
 1002732  T Cell Receptor Beta Gene Rearrangement\*  
 1003146  T Cell Receptor Gamma Gene Rearrangement\*

##### MOLECULAR PANELS

- 1015161  AML Panel (includes: FLT3, NPM1, CEBPA, c-Kit)  
 B-Cell Panel (includes: Ig Heavy Chain Gene Rearrangement) - If negative reflex to Ig Kappa Light Chain Gene Rearrangement\*\*  
 1004138  JAK2 Reflexive Panel - JAK2 V617F reflex to Exon 12 and MPL Codon 515\*\*  
 T-Cell Receptors Panel (includes: Gamma Gene Rearrangement) - If negative reflex to Beta Gene Rearrangement\*\*

##### OTHER TESTS/COMMENTS

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.

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##### OTHER TESTS/COMMENTS

## 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 Lavender 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 Lavender 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 Tissue Transport Medium*** ≥ 2 cm in length and 2-4 touch preps*	Fresh Tissue (unfixed) in Tissue Transport Medium*** ≥ 2 cm in length	Fresh Tissue (unfixed) in Tissue 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 Tissue Transport Medium*** 2-4 touch preps* and 1cm <sup>3</sup> (minced tissue)	Fresh Tissue (unfixed) in Tissue Transport Medium*** 1cm <sup>3</sup> (minced tissue)	Fresh Tissue (unfixed) in Tissue Transport Medium*** 1cm <sup>3</sup> (minced tissue)	Overnight - refrigerate and transport on cold pack
<b>FNA</b>	Request Cytology	Fresh Tissue (unfixed) in Tissue Transport Medium***	Fresh Tissue (unfixed) in Tissue Transport Medium***	Fresh Tissue (unfixed) in Tissue 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

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

\*\*\*Available from Client Services at (972) 966-7300/(855) 500-8535

Contact PBM for additional information on Pathology specimen requirements.

FISH PANEL	TESTS
<b>Acute Lymphoid Leukemia (ALL) panel</b>	MLL gene rearrangement (11q23) BCR/ABL1 translocation, t(9; 22) ETV6 (TEL)/ RUNX1 (AML1) Translocation, t(12; 21) Aneuploidy 4, 10, 17 (Pediatric) Aneuploidy 6, 21 (Adult)
<b>Acute Myeloid Leukemia (AML) Panel High-Grade Myelodysplastic Syndrome Profile</b>	RUNX1T1(ETO)/RUNX1(AML1) translocation, t(8; 21) BCR/ABL1 translocation, t(9; 22) PML/RARA translocation, t(15;17) CBFB/MYH11translocation,inv(16) t(16;16) MLL gene rearrangement (11q23)
<b>B-Cell Lymphoma Panel</b>	Rearrangement probes for BCL2, BCL6, IGH and MYC
<b>Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma Panel</b>	MYB-6q23 deletion ATM (11q23) deletion Trisomy 12 D13S319 (13q13.4) deletion IGH(14q32.3) rearrangement P53 (17p13) deletion IGH/CCND1 translocation t(11;14) REFLEX: if IGH is positive we will add IGH/BCL2 translocation t(14; 18) and IGH/CCND1 translocation t(11;14) probes ZAP-70 Analysis

FISH PANEL	TESTS
<b>Myelodysplastic Syndrome (MDS) Panel</b>	Monosomy 5/deletion 5q Monosomy 7/deletion 7q Trisomy 8 D20S108 (20q12) deletion
<b>Multiple Myeloma (MM) Panel</b>	D13S319 (13q13.4) deletion ATM (11q22.3) deletion IGH (14q32.3) rearrangement P53 (17p13) deletion IGH/CCND1 translocation t(11q13) REFLEX 1: if IGH rearrangement is positive and translocation, t(4;14) and IGH/MAF translocation, t(14,16) REFLEX 2: (optional) In case of normal MM panel results we will recommend Aneuploidy FISH for chromosome 5, 9, and 15 to detect hyperdiploid MM.

### 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.medfusionservices.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 1100  
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 Client Services (972) 966-7300/(855) 500-8535 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 Client Services (972) 966-7300.

All tests must be ordered by calling med fusion Client Services at (972) 966-7300/(855) 500-8535. Assistance, including collection requirements and courier arrangements, is available 24/7/365.