Stanford MEDICINE | Health Care

Hematopathology

3375 Hillview Avenue, Palo Alto, CA 94304
Phone: (650) 723-1111 • Fax: (650) 725-7409
www.StanfordLab.com

Patient Information

Patient Name (Last) (First) | Date of Birth

Referring Facility MRN | Sex M F | Patient's Phone Number ( )

Patient Address | City | State | Zip Code

Collection Date (REQUIRED): | **TIME IN FORMALIN: (REQUIRED for breast FNA)**

Requestor Information

Practice Name & Address

Submitter ID | Physician Email

Requesting Physician Name | Date | Physician NPI #

Requesting Physician Signature REQUIRED ▶ _____

BILL TO:

☐ Patient ☐ PPO ☐ HMO* ☐ Client ☐ Medicare

HMO Insurance Authorization # _____ ☐ Outatient ☐ Inpatient

**Referring facility is responsible for obtaining HMO authorization. If claim is denied due to lack of authorization, the referring facility will be billed for services.*

Insurance Info: Attach a copy of front & back of insurance card or face sheet.
Technical (lab) and professional (M.D.) charges are billed separately.

For Lab Use Only

REQUIRED INFORMATION - ICD Code(s):

COPIES TO:

Name, Address, Fax, & Phone

Each individual test and CMS approved panel must have ICD code(s) to indicate the medical necessity of the test requested. Please provide all applicable ICD code(s) for the tests ordered. @ Tests for Medicare patients must be screened to determine if an Advanced Beneficiary Notice (ABN) is required. An ABN must be provided to the Medicare patient if there is a reason to believe Medicare will deny the test. Medicare my deny tests due to frequency. Medicare does not generally cover routine screening tests. Section 1862(a)(1)(A) of the Social Security Act states, "no Payment may be made under Part A or Part B for any expense incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of any illness or to improve the functioning of a malformed body member." Tests submitted for Medicare reimbursement must meet program requirements or the claim may be denied. @ This test is subject to Medicare NCD or LCD, coverage, is limited to certain diagnoses that support medical necessity.

SAMPLE TYPE *(REQUIRED)*

☐ Peripheral Blood
☐ Bone Marrow Aspirate
☐ Bone Marrow Core Biopsy
☐ Slides: site _____
☐ Fresh Tissue; site_____
☐ Fluid; type _____
☐ FNA; site _____
☐ Slide quantity _____

Clinical History: _____

☐ **BONE MARROW COMPREHENSIVE TESTING WITH INTERPRETATION (COMPHE)**

Test performed as indicated by Stanford Pathologist after review of morphology and histology, including morphology, flow cytometry, cytogenetics, FISH, molecular pathology, histology, special stains, and immunohistochemistry. See page 2 for collection information. For bone marrow, collect one 4mL green sodium heparin and two 4mL lavender EDTA tubes.

NOTE: *If this comprehensive test is chosen, do not order any of the tests below since they will be included if needed.*

FLOW CYTOMETRY

☐ LABPATH13 Flow Cytometry for PNH Screen
☐ LABPATH18 Sezary/T-Cell Panel + CD30/CD25/CD52, Blood Only
☐ LABPATH22 Flow Cytometry for Leukemia/Lymphoma, Blood
☐ LABPATH23 Flow Cytometry for Leukemia/Lymphoma, Bone Marrow
☐ LABPATH24 Flow Cytometry for Leukemia/Lymphoma, Misc
☐ LABPATH25 Flow Cytometry for B-ALL Minimal Residual Disease, Blood
☐ LABPATH26 Flow Cytometry for B-ALL Minimal Residual Disease, Bone Marrow
☐ LABPATH27 Flow Cytometry for AML MRD, Bone Marrow
☐ Other; Specify _____

Please call Flow Lab at (650) 724-2250 to get correct test name.

CHROMOSOME STUDIES (CYTGEN)

☐ Bone Marrow Cytogenetics Analysis @
☐ Blood, Leukemia Cytogenetic Analysis @ WBC _____% BLASTS _____
(Blood must have circulating blasts when bone marrow is unobtainable)

FLUORESCENCE IN SITE HYBRIDIZATION (Order code: LABCYTGEN)

AML PANEL
☐ PML/RARA
☐ KMT2A
☐ CBFB
☐ RUNX1T1/RUNX1

CLL PANEL
☐ Cen 12 [+12]
☐ del(13q)
☐ ATM
☐ TP53

COG ALL *(Pediatrics Only)*
☐ BCR/ABL1
☐ KMT2A
☐ ETV6/RUNX1
☐ Cen 4/Cen 10 [+4/+10]

EOSINOPHILIA PANEL PROBES
☐ CHIC2 deletion (FIP1L1/PDGFRA) ☐ JAK2
☐ BCR/ABL1 [t(9;22)] ☐ FLT3
☐ FGFR1
☐ PDGFRB

FACONI ANEMIA MDS PANEL
☐ EGR1/D5S23 [-5/5q-] ☐ 1q+ (cKS1B)
☐ D7S522/CEP7 [-7/7q-] ☐ 3q+ (MECOM)
☐ D8Z2 [+8]
☐ D20S108/20qtel [20q-]

HG DLBCL PANEL
☐ cMYC
☐ If cMYC+ reflex to
☐ BCL2
☐ BCL6

MDS PANEL PROBES
☐ EGR1/D5S23 [-5/5q-]
☐ D7S522/CEP7 [-7/7q-]
☐ D8Z2 [+8]
☐ D20S108/20qtel [20q-]

MYELOMA PANEL PROBES with CD138 CELL ENRICHMENT
☐ CKS1B/CDKN2C [1p-/1q+]
☐ IGH break-apart (with Reflex)
☐ del(13q)
☐ TP53
☐ CEP3/CEP7, CEP9
☐ cMYC

TOT17 ALL *(PEDIATRICS ONLY)*
☐ BCR/ABL1 - [t(9;22)]
☐ KMT2A
☐ EVT6/RUNX1
☐ TCF3/PBX1 [t(1;19)]
☐ Other, Specify: _____

INDIVIDUAL PROBES
☐ CCND1 t(11:14) (mantle cell lymphoma)
☐ IGH rearrangement
☐ ALK rearrangement
☐ MECOM
☐ DUSP22/IRF4 ☐ BCR/ABL1 [t(9;22)]

MOLECULAR PATHOLOGY

✓ DNA Study
☐ AML Prognosis Assay - NPM1 & FLT3
☐ BRAF V600E Mutation Detection *(Include pathology report)*
☐ Calrecticulin Mutation Detection
☐ IDH1/2 Mutation Panel
☐ KIT D816V MUTATION Detection *(Include pathology report)*
☐ JAK2 V617F Mutation, Quantitative
☐ MYD88 L265P Mutation Detection
☐ UBA1 Mutation Detection for VEXAS
☐ Other _____

✓ RNA Study
☐ Qualitative, BCR-ABL1, Diagnostic
☐ Quantitative, BCR-ABL1, p210 MRD
☐ Quantitative, BCR-ABL1, p190, MRD
☐ BCR-ABL1 Kinase Domain Analysis (P210)
☐ PML-RARa t(15,17), Quantitative

✓ Next Generation Sequencing *(Include pathology report)*
☐ Hematopoietic and Lymphoid Neoplasms Panel (Heme-STAMP)
☐ Solid Tumor Actionable Mutation Panel for Fusions (Fusion-STAMP)
☐ B-cell Receptor (IGH AND IGK) by NGS
☐ T-cell Receptor (TRG and TRB) by NGS
☐ IGHV Somatic Hypermutation by NGS

STANFORD SPECIMEN REQUIREMENTS

For specimen collection questions, you may call the testing laboratory at the phone number listed next to the department name or contact our Customer Service department at 1-877-717-3733. Specimen requirements can also be found at **www.StanfordLab.com.**

FLOW CYTOMETRY — Lab Phone Number: (650) 724-2250

WHOLE BLOOD	• Minimum 4 mL • Lavender-top (EDTA) tube • Maintain specimen at room temperature • Peripheral bloods smear requested but not required
BONE MARROW	• Minimum 2 mL • Lavender-top (EDTA) tube or green-top (sodium heparin) tube • Maintain specimen at room temperature • Aspirate smear requested but not required
CORE BIOPSY OR FRESH TISSUE	• 0.5 - 1 cm^3 tissue • Sterile tube containing RPMI cell media • Maintain specimen at room temperature
FLUID	• Minimum 7 Ml • Lavender-top (EDTA) tube or sterile tube • Maintain specimen at room temperature

CHROMOSOME ANALYSIS & FLUORESCENCE IN SITU HYBRIDIZATION (FISH) — Lab Phone Number: (650) 725-6396

First sample collected should always be a green top tube (sodium heparin) when Chromosome Analysis is requested.
Chromosome Analysis and FISH testing can be performed from a single patient sample if volume is adequate.

WHOLE BLOOD	• Minimum 4 mL • Green-top (sodium heparin) tube • Maintain specimen at room temperature • **Blood *MUST* have circulating blasts when bone marrow is unobtainable**
BONE MARROW	• Minimum 1 - 2 mL • Green-top (sodium heparin) tube • Maintain specimen at room temperature
CORE BIOPSY OR FRESH TISSUE	• 0.5 - 1 cm^3 tissue • Sterile tube containing RPMI cell culture media. Sterile saline acceptable if media unavailable • Paraffin embedded tussiue (FISH)

MOLECULAR PATHOLOGY — Lab Phone Number: (650) 723-6574

Specimens with suspected acute lukemia or myeloid neoplasms MUST be shipped on cool packs.

WHOLE BLOOD Provide % blast or lymphoma cells in sample submitted	• Minimum 4 mL • Lavender-top (EDTA) tubes • RNA Studies - ship on wet ice, DNA Studies ship at room temperature
BONE MARROW Provide % blast or lymphoma cells in sample submitted	• Minimum 1 - 2 mL • Lavender-top (EDTA) tubes • Maintain specimen at room temperature
TISSUE Enclose a copy of the patient's pathology report	• FFPE tissue • Maintain specimen at room temperature ***Provide % tumor in sample submitted or H & E stained slide of block submitted***
FLUID	• Volume varies, contact laboratory • Sterile tube • Maintain specimen at room temperature

SPECIMEN SHIPPING INSTRUCTIONS

Shipper's Responsibility: The shipper is required to comply with the rules and guidelines for transport of medical specimens as set forth by the United States government, the government of the country of origin and international regulatory agencies. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens. Stanford Health Care Clinical Laboratories will not be held responsible for any liability attributed to the shipper's improper actions or failure to comply with regulations.

If shipping on Friday, ship for delivery on Saturday
Fax delivery notification to: 650-724-4758

Ship to:
Stanford Anatomic Pathology & Clinical Laboratory
Attn: Specimen Processing
3375 Hillview Ave
Palo Alto, CA 94304
Ph: 1-877-717-3733

FROM:

_____

_____

_____

SHIP TO:
STANFORD ANATOMIC PATHOLGY &
CLINICAL LABORATORY
ATTN: SPECIMEN PROCESSING
3375 HILLVIEW AVE
PALO ALTO, CA 94304

Be sure to include with your shipment:
1. Requisition
2. ABN
3. Sample