

Anatomic Pathology and Clinical Laboratories Customer Service Toll Free 1(877) 717-3733

Hematopathology

STANFORD MEDICINE			e Toll Free	1(Q//)	/1/-3/33				
For Lab Use Only	ne					Ordering Physician Name Last First			
						Physician NPI No.			
	Address						Thysician IVIIIo		
	City, State, Z	Zip				Physician Phone No.			
	Facility Phone Number				Report Fax Number				
)				()				
Patient Name (Last)	(First)						opy of front & back of Insurance card or face sheet [edicare □ Medi-Cal □ Patient □ Client		
Submitter ID # Unique ID or	DOB-Required Sex M F			Responsible Party (Please Print)					
Patient's Phone Number (Collection Date &	Time	Collection by Required	r_	Address				
Copy to: First Name	City, State, Z			City, State, Zip	P				
Copy to complete address for mailing:					ICD Code(s)* -	- REQUI	RED INFORMATION		
					Physician Signa	ature:	Date:	_	
Medicare Patients Must be screened to det deny the test. Medicare may deny tests due A or Part B for any expense incurred for items Medicare reimbursement must meet program r	termine if an Advance e to frequency. Medica or services which are no requirements or the clain	d Beneficia are does not t reasonable n may be den	ry Notice (ABN) is generally cover re and necessary for the ied.@ This test is su	is required. A outine scree e diagnosis of bject to Medi	An ABN must be provi ming tests. Section 1862 r treatment of any illness care NCD or LCD, cover	ided to the 2(a)(1)(A) o or to impro- age is limite	le all applicable ICD code(s) for the tests ordered. @ Tests for Medicare patient if there is a reason to believe Medicare will f the Social Security Act states, "no payment may be made under Part we the functioning of a malformed body member." Tests submitted for d to certain diagnoses that support medical necessity. Let top tubes (See 2nd page for tissue information)		
·					•		st after review of morphology and histology)		
Include morphology, histology, sp	ecial stains, imm	unohisto			ry, cytogenetics, I	FISH and	molecular pathology as needed.		
	uid; type		Clinical Hi	istory:					
☐Bone Marrow Aspirate ☐ FN☐Core Biopsy, Bone Marrow	IA; site								
□Slides; site	Slide No.								
□Fresh Tissue; site ☐ MORPHOLOGY/HISTOLOGY	Гуре				SPECIAL S	TAINIC	HEMATOLOGY		
□Peripheral blood smear interpre					☐ Iron stain		□CBC w/ differential w/ slide review @(CBCS)	,	
☐Bone marrow aspirate interpreta ☐Bone marrow biopsy	·	gy review	, NOS Site:		□Reticulin □Trichrom		□Reticulocyte count (RETIC)	,	
FLOW CYTOMETRY (FCPATH) ☐ Immunophenotyping (Leukemi		eloma/N	IDS) (ANTIB	ODY PAI	NEL SELECTED 1	BY PATI	HOLOGIST)		
□Paroxysmal Nocturnal Hemoglo □Other / Comment:	obinuria (PNH) S	creen							
CHROMOSOME STUDIES (CY'	TGEN)								
☐Bone Marrow Cytogenetics Ana	alysis @				tic Analysis @ V blasts when bone		% Blasts is unobtainable)		
FLUORESCENCE IN SITU HYB	BRIDIZATION (CYTGEN	()	Ŭ			Lymphoid Neoplasms (cont'd)		
Myeloid Neoplasms ☐ -5/5q- del(5q)/monosomy 5 (N	MDS, AML)		oid Neoplasma NX1T1/RUN				☐ CRLF2 Rearrangement (Ph-like ALL)		
\square -7/7q- del(7q)/monosomy 7 (N	☐ MDS Panel (-5/5q-, -7/7q-, +8, 20q-)				☐ DLBCL Panel: Includes (BCL2, BCL6, MYC)				
☐ BCR/ABL1 t(9;22) (CML, ALL) ☐ CBFB (inv16) (AML))**	 ☐ MLL Rearrangement (11q23) (AML, ALL)** ☐ PDGFRB Rearrangement (eosinophilia) 				* □ ETV6/RUNX1 t(12;21) (pre-B ALL) □ IGH Rearrangement			
☐ CHIC2 (FIP1L1/PDGFRA) (H						☐ JAK2 Rearrangement (Ph-like ALL)			
☐ Enumeration (+8, hyperdiploid		T	1 • 1 NT 1				☐ MYC t(8;14) Burkitt lymph/B-ALL ☐ Myeloma panel (t(11;14), del(13q), P53, reflex	,	
☐ FGFR1 Rearrangement (eosing ☐ FLT3 Rearrangement (eosinoph	Lymphoid Neoplasms ☐ BCL2 t(14;18) (follicular lymphoma)					t(4;14), t(14;16), 1e/1p, hyperdiploidy)			
☐ JAK2 Rearrangement (eosinopl	☐ CCND1/IGH t(11;14) mantle cell lymphoma ☐ CLL Panel: Includes (+12, ATM, del(13q), P.								
☐ Other:					•				
MOLECULAR PATHOLOGY		Myoloid	Neoplasms			T 1	haid Naonlasma		
Myeloid Neoplasms ☐ AML -NPM1 & FLT3 ■		•	2 V617F (1849	9G>T), Q	uantitative		hoid Neoplasms Cell Clonality		
□ BCR-ABL ◆**		☐ MYD88 Mutation(L265P, 7947				☐ T-Cell Clonality			
☐ BCR-ABL Kinase Domain Mutation◆ ☐ Calreticulin Mutation Detection			RARa t(15;17) by sequencin			☐ VH Mutation Analysis			
☐ CEBPA by sequencing ■		☐ NGS Myeloid Mutation Panel ■ (A complete list of					etected mutations for the panel can be found at		
☐ KIT D816V Mutation			www.stanfordlab.com.) ** Also used in Lymphoid Neoplasms Provide the % blasts or lymphoma cells in sample submitted						
			ised in Lympho studies: Ship o			ne % blas	its or lymphoma cells in sample submitted 01/201	18	

Customer Service department at 1-877-717-37	STANFORD SPECIMEN REQUIREMENTS Il the testing laboratory at the phone number listed next to the dep 733. Specimen requirements can also be found on www.stanfordlalen.top (sodium heparin) tube when Chromosome Analysis is requ	<u>b.com</u> .
FLOW CYTOMETRY		Lab Phone Number: (650) 724-2250
Whole Blood	 Minimum 4 mL Lavender-top (EDTA) tube Maintain specimen at room temperature Peripheral blood smear requested but not required 	
Bone Marrow	 Minimum 2 mL Lavender-top (EDTA) tube or green-top (sodium hep Maintain specimen at room temperature Aspirate smear requested but not required 	parin) tube
Core Biopsy or Fresh Tissue	 0.5-1 cm³ tissue Sterile tube containing RPMI cell media Maintain specimen at room temperature 	
Fluid (pleural, effusion, ascites etc.)	 Minimum 7 mL Lavender-top (EDTA) tube or sterile tube Maintain specimen at room temperature 	
CHROMOSOME ANALYSIS & FLUOR	ESCENCE IN SITU HYBRIDIZATION (FISH)	Lab Phone Number (650) 725-6396
Chromosome Analysis and FISH testing of Whole Blood	can be performed from a single patient sample if volume is a Minimum 4 mL	adequate
	 Green-top (sodium heparin) tube Maintain specimen at room temperature Blood must have circulating blasts when bone man 	rrow is unobtainable
Bone Marrow	 Minimum 1-2 mL Green-top (sodium heparin) tube Maintain specimen at room temperature 	
Tissue	 0.5-1 cm³ tissue Sterile tube containing RPMI cell culture media, Ste Paraffin embedded tissue (FISH) 	rile saline acceptable if media unavailable
MOLECULAR PATHOLOGY		Lab Phone Number (650) 723-657
	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 r 	oom temperature
Bone Marrow Provide % blast or lymphoma cells in sample submitted	 Minimum 1-2 mL Lavender-top (EDTA) tubes Maintain specimen at room temperature 	
Fissue Enclose a copy of the patient's Pathology Report	 FFPE tissue Maintain specimen at room temperature Provide % tumor in sample submitted or H & E stai 	ned slide of block submitted
Fluid	Volume varies, contact laboratory Stanila table	

If shipping Friday check for Saturday delivery Phone: 1(877) 717-3733 3375 Hillview Ave Palo Alto, CA 94304 Fax delivery notification to: (650) 724-4758

Sterile tube

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 attributable to the shipper's improper actions or failure to comply with regulations.

Maintain specimen at room temperature

Attn: Specimen Processing

Stanford Anatomic Pathology and Clinical Laboratory

ICD Code(s) based on present CMS guidelines.

Ship to:

Patient's First Name:		*** \$	Sta	nford
Patient's Last Name:		囤♪	HEAL	TH CAR
Patient's MRN: Or Affix Label Here			STANFO	ORD MEDICIN
Advance Benefic	ciary Notice of	Nonco	/erage (A	ABN)
NOTE: If Medicare doesn't pay for D Medicare does not pay for everything, good reason to think you need. We expect the second of the secon	even some care that	t you or yo	ur health car	•
D.	E. Reason Medi	care May	Not Pay:	F. Estimated Cost
 Read this notice, so you can read this notice, so you can read the Ask us any questions that you Choose an option below about Note: If you choose Option 1 that you might have, but 	n may have after you or twhether to receive or 2, we may help yo	finish read the D. ou to use a	ing. I ny other inst	isted above.
	ox. We cannot cho			
□ OPTION 1. I want the D also want Medicare billed for an office Summary Notice (MSN). I understand payment, but I can appeal to Medicate does pay, you will refund any payme □ OPTION 2. I want the D ask to be paid now as I am responsible □ OPTION 3. I don't want the D am not responsible for payment, and	ial decision on paym d that if Medicare do are by following the nts I made to you, le listed above ole for payment. I ca listed ab	ent, which esn't pay, directions of ss co-pays e, but do no not appe ove. I und	is sent to m I am respond on the MSN. or deductible of bill Medica al if Medica erstand with	e on a Medicare sible for If Medicare les. Are. You may tre is not billed. this choice I
H. Additional Information:				
This notice gives our opinion, not at this notice or Medicare billing, call 1-80 Signing below means that you have re	00-MEDICARE (1-80	0-633-422	:7/ TTY: 1-87	7-486-2048).
I. Signature:		J. Date:		

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