

Highlighted fields are required information

PATIENT INFORMATION
Last Name, First Name, MI, Address, City, State, Zip, Phone, Date of Birth, Sex Assigned at Birth, Patient MR#

CLIENT INFORMATION

ORDERING PHYSICIAN/PRACTITIONER SIGNATURE

INSURANCE/BILLING INFORMATION

Attach a copy of the patient's demographic sheet, both sides of the patient's insurance card(s) and all secondary insurance information (if applicable).

BILL TO: Medicare, MediCal, Insurance, Patient/Self Pay, Client Billing, IPA/MED GROUP AFFILIATION, PRIOR AUTHORIZATION NUMBER

ICD-10 CODE(S) ICD-10 information is required - Physician Notice: Only tests or diagnostic services that are medically necessary should be ordered.

PERTINENT INDICATION OR CLINICAL HISTORY Please provide relevant patient reports

CLINICAL HISTORY/INDICATIONS AND NARRATIVE DIAGNOSIS/CLINICAL DATA Please attach copy of recent CBC, copy of doctor's notes/clinical history, pathology reports, and any relevant test results

Acute Lymphoblastic Leukemia, Acute Myeloid Leukemia, Anemia, Blast Cells in Blood, Chronic Lymphocytic Leukemia, Chronic Myeloid Leukemia, Chronic Myelomonocytic Leukemia, Eosinophilia, Hodgkin Lymphoma, Leukemia, Unspecified, Leukocytosis, Unspecified, Leukopenia, Lymphadenopathy, Lymphocytosis, Monoclonal Gammopathy, Monocytosis, Myeloma, Plasma Cell, Myelodysplastic Syndrome, Myeloproliferative Neoplasm, MDS/MPN Neoplasm, Neutrophilia, Non-Hodgkin Lymphoma, Polycythemia, Suspected Malignant Neoplasm, Thrombocytopenia

DIAGNOSIS New, Follow up, Remission, History of, Rule out, AML, T-ALL, Hepatosplenomegaly, MDS, CLL/SLL, Bone Lesions, MPN, B-NHL (type), Skin Lesions, CML, T-NHL (type), Carcinoma (type), B-ALL, Hodgkin Lymphoma, Other

PREVIOUS CYTOGENETICS/FISH Normal, Abnormal (please provide report), Allogeneic Bone Marrow Transplant, Autologous Bone Marrow Transplant, Donor Sex: Male, Female

THERAPY Current Therapy, Prior (>1 month ago), Anti-CD19 Therapy, Anti-CD30 Therapy, Erythropoietin Therapy, Anti-CD Therapy, Anti-CD18 Therapy, G-CSF

SPECIMEN INFORMATION Indicate number of tubes, vials, slides or tissue blocks provided

PATIENT STATUS WHEN SPECIMEN COLLECTED (must choose one): Hospital Inpatient, Hospital Outpatient, Non-Hospital Outreach/Clinic Patient, Date of Collection, Bone Marrow Biopsy, Bone Marrow Aspirate, Peripheral Blood, Tissue Biopsy, Other (CSF, FNA, Body Fluid, etc. - include location):

COMPREHENSIVE HEMATOLOGICAL EVALUATION RECOMMENDED LUMERA™ COMPREHENSIVE HEMATOLOGICAL EVALUATION* Evaluation includes a full clinical history review, morphology, flow cytometry, and cytogenetics.

FLOW LAB PARTNERSHIP PROGRAM If participating in the Flow Lab Partnership Program, please select level of service My Lab Performs Flow Cytometry, Fulgent Performs Flow Cytometry

INDIVIDUAL DIAGNOSTIC/PROGNOSTIC TESTS Select individual tests below

Morphology/Microscopic Evaluation, Flow Cytometric Analysis, Cytogenetic Analysis, Fluorescence In Situ Hybridization (FISH), Molecular Testing (with Interpretation), APL Monitoring, Mastocytosis, Lymphoproliferative Disorder, Myeloproliferative Neoplasms, AML

HEMATOLOGY/ONCOLOGY OPTIMAL SPECIMEN REQUIREMENTS

The matrix below indicates the optimal specimens required for testing. Please include as many specimens as possible for each technology. For a complete and timely analysis, please include all recommended specimen types.

TEST/TECHNOLOGY	BONE MARROW CORE	BONE MARROW CLOT	BONE MARROW ASPIRATE	PERIPHERAL BLOOD	PERIPHERAL BLOOD SMEAR	LYMPH NODES/FRESH TISSUE	FIXED TISSUE (PARAFFIN BLOCK W/H&E)	FLUIDS	STORAGE & TRANSPORT
Comprehensive Bone Marrow Analysis	Place in 10% formalin	Place in 10% formalin	2-3 ml in green-top (sodium heparin) tube AND 3-6 ml in purple-top (EDTA) tube	3-6 ml in purple-top (EDTA) tube and CBC (a CBC will be performed if not submitted)	4-6 freshly prepared smears preferred				Store at room temperature. Use FROZEN cold pack for transport.
Comprehensive Bone Marrow Analysis (Dry Tap)	One (1) core in formalin and one (1) core in RPMI [§]			2-3 ml in green-top (sodium heparin) tube AND 3-6 ml in purple-top (EDTA) tube	4-6 freshly prepared smears preferred				Store at room temperature. Use FROZEN cold pack for transport.
Comprehensive Peripheral Blood Analysis				2-3 ml in green-top (sodium heparin) tube AND 3-6 ml in purple-top (EDTA) tube	2-3 freshly prepared smears preferred				Store at room temperature. Use FROZEN cold pack for transport.
Morphology	At least four (4) touch preparations (air-dried). Place core in 10% formalin	Place in 10% formalin	4-5 freshly prepared smears preferred AND 1 ml aspirate in purple-top (EDTA)	2-3 ml in purple-top (EDTA) tube and CBC (a CBC will be performed if not submitted)	2 freshly prepared smears	Place in 10% formalin	Representative paraffin block		Store at room temperature. Use FROZEN cold pack for transport.
Flow Cytometry			2-3 ml in purple-top (EDTA) tube preferred	2-3 ml in purple-top (EDTA) tube preferred		Representative tissue in RPMI [§] or saline		Representative fluid	Store at room temperature. Use FROZEN cold pack for transport.
ZAP-70 for CLL or PNH Evaluation				2-3 ml in purple-top (EDTA) tube preferred					Store at room temperature. Use FROZEN cold pack for transport.
Immunohistochemistry (IHC)	Place in 10% formalin	Representative paraffin block				Place in 10% formalin	Representative paraffin block		Store at room temperature. Use FROZEN cold pack for transport.
Cytogenetics - Karyotype			2-3 ml in green-top (sodium heparin) tube	2-3 ml in green-top (sodium heparin) tube Peripheral blood is not an optimal specimen for Cytogenetics except for CLL and CML					Store at room temperature. Use FROZEN cold pack for transport.
Fluorescence in situ Hybridization (FISH)			3 ml in green-top (sodium heparin) preferred or purple-top (EDTA) tube	3 ml in green-top (sodium heparin) preferred or purple-top (EDTA) tube Peripheral blood is not an optimal specimen for FISH except for CLL and CML			Paraffin block accepted for select FISH panels; please check panel descriptions below		Store at room temperature. Use FROZEN cold pack for transport.
Molecular (PCR, Sequencing)			2-3 ml in purple-top (EDTA) tube	3-6 ml in purple-top (EDTA) tube			Representative paraffin block		Store at room temperature. Use FROZEN cold pack for transport.

[§]DO NOT use RPMI if it is cloudy, yellow or is at or beyond expiration date. Use only pink/orange RPMI. If RPMI is not available, use saline.

FISH: The panels are designed to detect the most common abnormalities for a given disease group. Additional probes may be added, as medically necessary, to further characterize abnormalities found in the primary panel(s). Peripheral blood is not an optimal specimen for Cytogenetics or FISH except for CLL and CML.

AML RPN1/MECOM [inv(3)/t(3;3)/ins(3;3)] RUNX1T1::RUNX1 [t(8;21)] KMT2A (11q23.3) PML::RARA [t(15;17)] CBFB [inv(16)/t(16;16)]	MDS EGRI (5q31.2) D7S522 (7q31) CEN 8 D20S108 (20q12) Reflex RPN1/MECOM [inv(3)/t(3;3)/ins(3;3)] KMT2A (11q23.3) RB1(13q14.2)/LAMP1(13q34) TP53 (17p13.1)/CEN 17	CML BCR::ABL1 [t(9;22)]	Eosinophilia PDGFRA (4q12) PDGFRB (5q32-q33) FGFR1 (8p11.23) JAK2 (9p24.1)	B-ALL PBX1::TCF3 [t(1;19)] CEN 4 CDKN2A (9p21.3)/CEN 9 BCR::ABL1 [t(9;22)] CEN 10 KMT2A (11q23.3) ETV6::RUNX1 [t(12;21)]	T-ALL CDKN2A (9p21.3)/CEN 9 BCR::ABL1 [t(9;22)] KMT2A (11q23.3) TP53 (17p13.1)/CEN 17	CLL MYB (6q23.3)/CEN 6 ATM (11q22.3) CCND1::IGH [t(11;14)] CEN 12 D13S319 (13q14.3) TP53 (17p13.1)
B-Cell NHL BCL6 (3q27) MYC (8q24) CCND1::IGH [t(11;14)] IGH::BCL2 [t(14;18)] MALT1 (18q21) Bone marrow aspirate and FFPE are acceptable specimen types	PCM CDKN2C/CKS1B (1p32.3/1q21) CEN 9 CEN 11 CCND1::IGH [t(11;14)] RB1(13q14.2)/LAMP1(13q34) IGH (14q32) TP53 (17p13.1)/CEN 17 Reflex FGFR3::IGH [t(4;14)] IGH::MAF [t(14;16)] IGH::MAFB [t(14;20)]	MPN EGRI (5q31) D7S522 (7q31) CEN 8 JAK2 (9q24.1) CDKN2A (9p21.3)/CEN 9 BCR::ABL1 [t(9;22)] RB1(13q14.2)/LAMP1(13q34) D20S108 (20q12)	DLBCL-Double, Triple Hit BCL6 (3q27) MYC (8q24) MYC::IGH [t(8;14)] BCL2 (18q21.33) IGH::BCL2 [t(14;18)]	APL STAT PML::RARA [t(15;17)] Reflex RARA (17q21.2) Ⓢ TAT 24 hours	CD5(-)/CD10(-) Lymphoproliferative BCL6 (3q27) D7S522 (7q31) CEN 12 IGH (14q32) TP53 (17p13.1)/CEN 17 MALT1 (18q21) Reflex CCND1::IGH [t(11;14)] IGH::BCL2 [t(14;18)]	Marginal Zone/MALT1 BCL6 (3q27) BIRC3::MALT1 [t(11;18)] CEN 12 IGH (14q32) MALT1 (18q21) FFPE or fresh tissue only Reflex CCND1::IGH [t(11;14)] IGH::BCL2 [t(14;18)]
Burkitt Lymphoma MYC (8q24)	Mantle Cell Lymphoma CCND1::IGH [t(11;14)]	Follicular Lymphoma IGH::BCL2 [t(14;18)]	Anaplastic Large Cell Lymphoma ALK (2p23) If negative, reflex to: TP63 (3q28) IRF4/DUSP (6p25.3)	AML w/monocytic differentiation CBFB [inv(16)/t(16;16)] KMT2A (11q23.3) NUP98 (11p15.4)	Additional Available Probes HER2/CEN 17 ROSI, MET, RET Melanoma (CCND1, RREB1, MYB, CEN 6, CDKN2A, CEN 9) Oligodendroglioma (1p/19q) Undecalcified Formalin-Fixed Tissues Only	

Fulgent/Inform Diagnostics medical staff will select the number and type of antibodies, other reagents or probes that are necessary. In keeping with the requirements of Medicaid and Medicare, it is the policy of Fulgent/Inform Diagnostics to only perform testing that is medically necessary for the diagnosis and treatment of the patient. Medicare does NOT pay for routine screening tests. Phone: 888.354.8168 | Fax: 855.856.0655 | 12202023