

CUNNINGHAM PATHOLOGY, LLC

924 MONTCLAIR ROAD, SUITE 200

BIRMINGHAM, AL 35213

Birmingham 205-591-7999 • Tuscaloosa 205-752-8576



081693391

Embossing Area

① 081693391	② 081693391	③ 081693391	④ 081693391
NAME _____ DOS _____ <input type="checkbox"/> BLOOD MARROW <input type="checkbox"/> CORE CLOT	NAME _____ DOS _____ <input type="checkbox"/> BLOOD MARROW <input type="checkbox"/> CORE CLOT	NAME _____ DOS _____ <input type="checkbox"/> BLOOD MARROW <input type="checkbox"/> CORE CLOT	NAME _____ DOS _____ <input type="checkbox"/> BLOOD MARROW <input type="checkbox"/> CORE CLOT

Patient Information

Social Security Number	Date of Birth	Last Name	First Name	Middle Initial	Date of Service	
Street Address	City	State	Zip Code	Telephone Number	Sex	Marital Status
Medical Record or Account Number	Attending Physician	Requesting Physician	Physician's Signature			

Responsible Party / Primary Insurance

Attach All Billing Information or Complete Below

Relationship to Insured	Last Name	First Name	M.I.
Insurance Plan	Group Number	Contract Number	Effective Date

SPECIMEN INFORMATION: COLLECTION DATE ____/____/____ COLLECTION TIME ____:____:____ AM
PM

CLINICAL INFORMATION (Please write legibly and include diagnosis under consideration; Do not use ICD9 Codes)

STAT CALL WITH PRELIMINARY RESULT (Phone # _____)

Status/Therapy

- New Diagnosis Relapse Monitoring
- Chemotherapy GCSF/GMCSF Tyrosine kinase inhibitor (e.g. imatinib)
- Anti-monoclonal therapy (e.g. Rituxan, Campath) Bone Marrow Transplant

SPECIMEN INFORMATION

- Bone Marrow __Green Top(s) __Lavender Top(s) __Core __Clot __Marrow Aspirate Smears
- Right iliac Left iliac Other site
- Peripheral Blood __Green Top(s) __Lavender Top(s)
(Please provide two (2) unstained smears and CBC with histogram)
- Fresh Tissue Source _____
- Fluid Source _____

TESTS TO BE PERFORMED

HemeDX Comprehensive Analysis- (Includes Morphologic evaluation with immunohistochemistry, Flow Cytometry, Cytogenetic Analysis with reflex to FISH and/or PCR as medically necessary)

Or request individual studies as follows:

- Peripheral Smear review only(Please provide two (2) unstained smears and CBC with histogram.)
- Bone Marrow Morphology (including IHC as medically necessary)
- Flow Cytometry Comprehensive Analysis (Panel selected based on Clinical and Morphological data)
- Leukemia/Lymphoma Panel ZAP70 PNH (High Sensitive)
- Cytogenetic Analysis Reflex to FISH/PCR as medically necessary
(For specific FISH/PCR studies, see adjacent order boxes.)
- Other _____

FISH PROFILES & PROBES (Green Top Tube)

(See back of requisition for Profile components, ordering instructions, and specimen requirements)

FISH PROFILES

- Acute Myelogenous Leukemia (AML)
- Acute Lymphocytic Leukemia (ALL)
- Myeloproliferative Disorders - (CML, ET, PV, PMF)
- Myelodysplastic Syndromes (MDS)
- Chronic Lymphocytic Leukemia (CLL)
- Non-Hodgkins Lymphoma (NHL)
- Multiple Myeloma (MM)

PROBE SETS

- CML t(9;22)
- Mantle Cell Lymphoma t(11;14)
- Follicular Lymphoma t(14;18)
- Burkitt's Lymphoma MYC-BA
- MALT Lymphoma 18q21
- Other _____

INDIVIDUAL MOLECULAR TESTS (Lavender Top Tube)

- BCR/ABL1 Mutation Analysis Qualitative Quantitative
- BCR/ABL1 Kinase Mutation Analysis
- JAK2 Mutation Analysis Qualitative Quantitative
- FLT3/NPM1 Mutation Analysis
- CEBPA Mutation Analysis
- MPL W515L/K Mutation Analysis
- PML/RARA_STAT
- T-Cell Clonality
- B-Cell Clonality
- IgVH Hypermutation Analysis
- Other _____

Physician's Signature _____

ADVANCE BENEFICIARY NOTICE (ABN)
PLEASE ATTACH COMPLETED AND SIGNED ABN FORM.
FORWARD TO CUNNINGHAM PATHOLOGY WITH SPECIMEN.

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FORM CP29

EASTERN BUSINESS FORMS, INC. (205) 822-6504

C-59863