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Code 128

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1355 RIVER BEND DRIVE
DALLAS, TX 75247
(214) 638-2000
(214) 237-1731 Fax
1-800-258-1253
www.propath.com

REFERR BY

Code 128

PATIENT INFORMATION — PLEASE PRINT

PATIENT NAME (LAST) (FIRST) (M.I.)

ADDRESS APT. #

CITY STATE ZIP

(AREA CODE) PHONE BIRTH DATE SEX

PATIENT S.S. # PATIENT I.D. #

BILL TO: Account Patient (Self Pay) Medicare Medicaid Insurance Please submit a copy of ID card (front and back).

INSURANCE COMPANY NAME (attach card) EMPLOYER NAME

NAME OF INSURED INSURED POLICY / MEMBER ID # INSURED'S GROUP #

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

MAIL CLAIM TO

ADDRESS

CITY/STATE/ZIP

Referring Physician NPI

DATE AND TIME COLLECTED

Send Duplicate Report To:

Form for date and time collection

Name Address City/State/Zip

DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

DIAGNOSIS CODE DIAGNOSIS CODE DIAGNOSIS CODE

MEDICARE PATIENTS ONLY

Must complete Advance Beneficiary Notice (ABN) on back of the first copy of this requisition.

HEMATOPATHOLOGY REQUISITION

ProPath Comprehensive Evaluation

Includes blood/bone marrow morphology, flow cytometry, cytogenetics, FISH, molecular diagnostics, and special and immunohistochemical stains as the ProPath hematopathologist deems medically necessary for a comprehensive diagnosis. PLEASE MAKE SURE ALL THREE ANTICOAGULANT TUBES CONTAIN SUFFICIENT (2-3 ml/tube) MARROW ASPIRATE.

INDIVIDUAL TESTS

Morphology

- Bone Marrow Morphology
Hematopathology Consultation for second opinion

Flow Cytometry

- Comprehensive Leukemia/Lymphoma
PNH, with FLAER

Molecular Diagnostics

- JAK2 V617F
JAK2 V617F reflex to JAK2 Exon 12
JAK2 V617F reflex to JAK2 Exon 12, MPL and CALR
JAK2 Exon 12
MPL W515L/K Mutation Detection
CALR
FLT3
NPM1
KIT D816 (Mastocytosis)
c-KIT (AML)
CEBPA
MYD88
T-Cell Clonality Assessment by TCR-Gamma PCR
B-cell Clonality Assessment by IgH PCR
IgVH Immunoglobulin Heavy-chain Variable-region (CLL)
IDH 1/2
BCR/ABL1 t(9;22) Quantitative Assay for CML

Cytogenetics/FISH

- Cytogenetics, Karyotyping
Cytogenetics with reflex FISH as necessary (indicate probes below)
FISH (Indicate probes below)

For single probe(s), check the individual probe boxes. For all probes in a panel, check the panel box.

MDS/AML Panel

- Deletion 5q/Monosomy 5
Deletion 7q/Monosomy 7
t(8;21), trisomy 8 - RUNX1T1/RUNX1
KMT2A (MLL) Rearrangement - 11q23
t(15;17) - PML/RARa
inv(16) - CBFb
17p13.1 - TP53
Deletion 20q

CLL Panel

- Deletion 6q - MYB
Deletion 11q22.3 - ATM
Trisomy 12
Deletion 13q/Monosomy 13
IGH rearrangement - 14q32; reflex to CCND1/IGH, IGH/BCL2
19q13.2 rearrangements - BCL3
17p13.1 - TP53

Myeloma Panel

- Deletion 1p/1q Gain
Trisomy 5, 9, 15
Deletion 13q/Monosomy 13
IGH rearrangement - 14q32; reflex to FGFR1/IGH, CCND1/IGH
If 1st reflex neg, reflex to IGH/MAF, CCND3/IGH, IGH/MAFB
17p13.1 - TP53

Eosinophilia Panel

- FIP1L1/CHIC2/PDGFRFA, Deletion 4q12
PDGFRB Rearrangement - 5q33
FGFR1 Rearrangement - 8q21

Chronic Myeloid Leukemia

- BCR/ABL1 rearrangement - t(9;22)

Large B-Cell Lymphoma Panel

- BCL6 Rearrangements - 3q27
cMYC Rearrangements - 8q24
Reflex to cMYC/IGH t(8;14)
BCL2 Rearrangements - 18q21
Reflex to IGH/BCL2 - t(14;18)

Additional FISH Probes

- TLX3 - 5q35
TRB - 7q35
TLX1 - 10q24
TRAC - 14q11.2
TCL1A - 14q32
CDKN2A (p16) - 9p21
CCND1/IGH
FGFR3/IGH
ETV6/RUNX1 (TEL/AML1) - t(12;21)
Trisomy 4, 10, 17
BIRC3 (API)/MALT1 - t(11;18)
MALT1 - 18q21
ALK - t(2;5) and variants
X/Y for Bone Marrow Transplant
IGH/BCL2

(V54 2/16)

Code 128

Code 128

SPECIMEN REQUIREMENTS – TO SEND A SPECIMEN CALL 800.258.1253 OR 214.638.2000

ADDITIONAL NOTES	TEST / TECHNOLOGY	PERIPHERAL BLOOD	PERIPHERAL BLOOD SMEAR	BONE MARROW ASPIRATE	BONE MARROW SMEAR	BONE MARROW TREPHINE IMPRINT	BONE MARROW FIXED CLOT	BONE MARROW FIXED CORE	BONE MARROW FRESH CORE	LYMPH NODES / FRESH TISSUE
Specimens should be sent as soon as possible after draw and kept at room temperature.	Blood Morphology ¹		2 bedside blood smears (Air Dried Only)							
Always include CBC and clinical history.	Bone Marrow Morphology ¹		2 bedside blood smears (Air Dried Only)		6 bedside marrow smears (Air Dried Only)	2 air dried imprint preparations from fresh bone marrow core biopsy specimen	In Formalin ⁴	Optimal length: 2.0 cm in Formalin ⁴		
Clearly label each tube with patient name and SS# or birth date.										
Clearly label each slide with the patient name and date in pencil. Allow slides to air-dry completely before placing in slide holder(s) provided.	Blood or Marrow Flow Cytometry ^{2,3}	7-10 ml in green top (sodium heparin) tube		2-3 ml in green top (sodium heparin) tube					Call ProPath	Call ProPath
SPECIMEN STORAGE										
Store at room temperature. DO NOT freeze specimens.	Blood or Marrow Cytogenetics/ FISH ^{2,3}	7-10 ml in green top (sodium heparin) tube		2-3 ml in green top (sodium heparin) tube					Call ProPath	Call ProPath
SPECIMEN SHIPPING										
Ship at room temperature in special mailer.	Blood or Marrow Molecular Diagnostics ^{2,3}	2-3 ml in purple top (EDTA) tube		2-3 ml in purple top (EDTA) tube					Call ProPath	Call ProPath
Please provide only one patient per mailer.										
DO NOT INCLUDE PATIENT IDENTIFYING INFORMATION ON THE MAILER. HIPAA regulations prohibit disclosure of confidential patient information.										
	Complete Test Requisition Form. Include patient insurance information and appropriate clinical data. Retain the bottom copy for your records. To send specimen, call ProPath at 800.258.1253 or 214.638.2000 for pick-up.									
	ProPath, 1355 River Bend Drive, Dallas, TX 75247 Client Services: Ph: 800.258.1253 or 214.638.2000, Fax: 214.237.1731 www.propath.com									

FLUORESCENCE IN SITU HYBRIDIZATION (FISH) TESTS

Acute Myeloid Leukemia (AML) / Myelodysplastic Syndromes (MDS) FISH Panel	
Detects deletions and other aberrations of chromosomes 5, 7 and 11 (MLL), gain of chromosome 8, deletions in the long arm of 20 and TP53 gene, inv(16) and the t(15;17) rearrangements.	
Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma (CLL) FISH Panel	
Detects deletions of MYB gene (chromosome 6), ATM gene (chromosome 11), long arm of chromosome 13 and TP53 gene, gain of chromosome 12 and the t(11;14) and t(14;18) rearrangements.	
Multiple Myeloma (MM) FISH Panel	
Detects gains of chromosomes 5, 9 and 15, deletions of the long arm of chromosome 13 and TP53 gene and the t(11;14) rearrangement.	



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CITY/STATE/ZIP

Referring Physician _____ NPI _____

DATE AND TIME COLLECTED

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Name _____

Address _____

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INDIVIDUAL TESTS

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- Bone Marrow Morphology
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- Hematopathology Consultation for second opinion

Flow Cytometry

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- Comprehensive Leukemia/Lymphoma
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- PNH, with FLAER

Molecular Diagnostics

-
- JAK2 V617F
-
-
- JAK2 V617F reflex to JAK2 Exon 12
-
-
- JAK2 V617F reflex to JAK2 Exon 12, MPL and CALR
-
-
- JAK2 Exon 12
-
-
- MPL W515L/K Mutation Detection
-
-
- CALR
-
-
- FLT3
-
-
- NPM1
-
-
- KIT D816 (Mastocytosis)
-
-
- c-KIT (AML)
-
-
- CEBPA
-
-
- MYD88
-
-
- T-Cell Clonality Assessment by TCR-Gamma PCR
-
-
- B-cell Clonality Assessment by IgH PCR
-
-
- IgVH Immunoglobulin Heavy-chain Variable-region (CLL)
-
-
- IDH 1/2
-
-
- BCR/ABL1 t(9;22) Quantitative Assay for CML

Cytogenetics/FISH

-
- Cytogenetics, Karyotyping
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- Cytogenetics with reflex FISH as necessary (indicate probes below)
-
-
- FISH (Indicate probes below)

For single probe(s), check the individual probe boxes. For all probes in a panel, check the panel box.

 MDS/AML Panel

-
- Deletion 5q/Monosomy 5
-
-
- Deletion 7q/Monosomy 7
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- t(8;21), trisomy 8 - RUNX1T1/RUNX1
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- KMT2A (MLL) Rearrangement - 11q23
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- t(15;17) - PML/RAR
- α
-
-
- inv(16) - CBF
- β
-
-
- 17p13.1 - TP53
-
-
- Deletion 20q

 Eosinophilia Panel

-
- FIP1L1/CHIC2/PDGFR
- α
- , Deletion 4q12
-
-
- PDGFRB Rearrangement - 5q33
-
-
- FGFR1 Rearrangement - 8q21

 Chronic Myeloid Leukemia

-
- BCR/ABL1 rearrangement - t(9;22)

 Large B-Cell Lymphoma Panel

-
- BCL6 Rearrangements - 3q27
-
-
- cMYC Rearrangements - 8q24
-
- Reflex to cMYC/IgH t(8;14)
-
-
- BCL2 Rearrangements - 18q21
-
- Reflex to IgH/BCL2 - t(14;18)

 CLL Panel

-
- Deletion 6q - MYB
-
-
- Deletion 11q22.3 - ATM
-
-
- Trisomy 12
-
-
- Deletion 13q/Monosomy 13
-
-
- IGH rearrangement - 14q32; reflex to CCND1/IgH, IGH/BCL2
-
-
- 19q13.2 rearrangements - BCL3
-
-
- 17p13.1 - TP53

 Myeloma Panel

-
- Deletion 1p/1q Gain
-
-
- Trisomy 5, 9, 15
-
-
- Deletion 13q/Monosomy 13
-
-
- IGH rearrangement - 14q32; reflex to FGFR1/IgH, CCND1/IgH
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- If 1st reflex neg, reflex to IGH/MAF, CCND3/IgH, IGH/MAFB
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- 17p13.1 - TP53

 Additional FISH Probes

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- TLX3 - 5q35
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- TRB - 7q35
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- TLX1 - 10q24
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- FGFR3/IgH
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- ETV6/RUNX1 (TEL/AML1) - t(12;21)
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- Trisomy 4, 10, 17
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- BIRC3 (API)/MALT1 - t(11;18)
-
-
- MALT1 - 18q21
-
-
- ALK - t(2;5) and variants
-
-
- X/Y for Bone Marrow Transplant
-
-
- IGH/BCL2

A. Notifier(s): ProPath 1355 River Bend Drive Dallas, Texas 75247 800.654.1888

B. Patient Name:

C. Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for **D. Procedure(s)** 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 **D. Procedure(s)** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost:
Cytogenetics for Bone Marrow Flow Cytometry	Not covered for patient's condition Not covered for patient's condition	\$ 900 - \$5000 \$1300 - \$5500

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 **D. Procedure(s)** listed above.

Note: If you choose Option 1 or 2, we may help you use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the **D. Procedure(s)** 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 **D. Procedure(s)** 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 **D. Procedure(s)** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. 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.

I. Signature:

J. 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.