

PATHOLOGY ASSOCIATES

305 Park Creek Drive
Clovis, CA 93611
(559) 326-2849

Medical Director: William C. Pitts M.D

Sierra Pathology Laboratory Inc. CLIA # 05D0928145

Specimen and Clinical Information

Collection Date: _____ Time: _____ Body Site: _____

- Bone marrow: Green Top(s): _____ purple top(s): _____
- Peripheral blood: Green Top(s): _____ purple top(s): _____
- core biopsy _____ clot _____
- paraffin block _____ fresh tissue _____ solid tumor _____ lymph node _____
- Fluid _____ slides _____ smears _____

Referring Physician: _____
Treating Physician: _____

Patient Last _____	Patient First _____
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Male: female: D.O.B. _____
SSN _____

Clinical information

- Anemia Refractory Anemia
- Leukocytosis
- Leukopenia
- Thrombocytopenia
- Neutropenia
- Acute Leukemia ALL AML
- Myelodysplastic Syndrome MDS PNH Pancytopenia
- Lymphoid Neoplasms CLL
- Lymphoma: Hodgkin Non Hodgkin B-cell T-cell
- Plasma Cell Neoplasms: Multiple Myeloma Waldenstroms
- MPN /CML CML
- Other(please specify): _____

Tests and Services

- Comprehensive Hematopathology Analysis : Morphology, Flow Cytometry, Cytogenetics with reflex to IHC, FISH, and / or PCR as necessary with pathology consultation and report**
- New Diagnosis**
- Monitoring**
- Progression/ Recurrence**

OR

Perform the following tests:

- Bone Marrow Morphology including IHC and special stains if necessary**
- Peripheral Blood Morphology**

Flow Cytometry

- Diagnostic Panel** (panel selected based upon clinical and morphological data)
- Other Flow Panels:** ZAP 70 only CLL MRD PNH
- Cytogenetics**
- Reflex to FISH if Cytogenetics in normal**
- FISH** (as appropriate for diagnosis)
- Molecular** (as appropriate for diagnosis)
- Other(please specify):** _____

Disease Specific Test Offering

Acute Leukemia

PML/RARA t(8:21) INV (16)

Solid Tumor

- NSCLC :** EGFR Mutation EGFR (FISH) KRAS ERCC1 ALK (FISH) Entire Panel(EGFR, FISH, KRAS, ERCC1, ALK)
- COLORECTAL:** MSI (IHC)MLH-1/ MSH-2/MSH-6/PMS2 MSI (PCR) KRAS BRAF Entire Panel(IHC, MSI, KRAS, BRAF)

Myeloproliferative Neoplasms

Quantitative BCR/ABL by Rt-PCR FISH for BCR/ABL only JAK2 V617F Mutation

BILLING INFORMATION

- Billing Information Attached(please include copy of insurance card or face sheet)
- PPO HMO Medical Group /IPA: _____ Medicare Medicaid Self Pay

HEMATOLOGY ONCOLOGY REQUISITION