



CoCoPATH

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HEMATOPATHOLOGY
SPECIMEN REQUISITION

CONTRA COSTA PATHOLOGY ASSOCIATES

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PATIENT INFORMATION
REQUIRED: Last Name, First Name, COLLECTION DATE, COLLECTION TIME, Date of Birth, [] Male [] Female, ORDERING PHYSICIAN NAME (Last, First) PLEASE PRINT
OPTIONAL (Only if billing patient): Address, City, State, Zip, Home Number, Work Number, PHYSICIAN OFFICE INFORMATION
BILLING: ATTACH BOTH SIDES OF ALL INSURANCE CARDS, COPIES TO: NAME / FAX
DIAGNOSIS: ICD10, COPIES TO: NAME / FAX

HEMATOPATHOLOGY

- Non-Hodgkin lymphoma, Acute leukemia, Monoclonal gammopathy, Hodgkin lymphoma, Myelodysplastic syndrome, Plasma cell dyscrasia, Chronic lymphocytic leukemia, Myeloproliferative neoplasm, Other diagnosis

CLINICAL STATUS

- New diagnosis, Follow-up/Staging, Residual disease

PRIOR THERAPY

- Chemotherapy, Radiation, Bone marrow transplant, Rituxan, Campath, Gleevec, GCSF/GMCSF, EPO

SPECIMENS

- Body site, Bone marrow, Aspirate smears/Touch preps, Peripheral smear, Peripheral blood

For Lab Use Only
Green + = ml
Purple + = ml
Core Clot

TESTS TO BE PERFORMED

Comprehensive Hematopathology Analysis, Bone Marrow Morphology, Flow Cytometry, Cytogenetics, Fluorescence In-Situ Hybridization (FISH), Polymerase Chain Reaction (PCR)

SPECIMEN REQUIREMENTS FOR HEMATOPATHOLOGY TESTING (Peripheral Blood/Bone Marrow)

Table with 4 columns: Flow Cytometry: 5-10/2-3 mL Green Top, Cytogenetics: 5-10/2-3 mL Green Top, FISH: 5-10/2-3 mL Green Top, PCR: 5-10/2-3 mL Purple Top