



COCO PATH

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# HEMATOPATHOLOGY SPECIMEN REQUISITION

CONTRA COSTA PATHOLOGY ASSOCIATES

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

HEMATOPATHOLOGY	
DIAGNOSIS	ICD10: _____
	COPIES TO: NAME / FAX

### DIAGNOSIS

- Non-Hodgkin lymphoma
- Hodgkin lymphoma
- Myelodysplastic syndrome
- Myeloproliferative neoplasm
- T-ALL
- B-ALL
- Acute myeloid leukemia
- Monoclonal gammopathy
- Plasma cell myeloma
- Other: \_\_\_\_\_

### CLINICAL STATUS

- New diagnosis
- Follow-up

### PRIOR THERAPY

- Chemotherapy
- Growth factor therapy:  GCSF  EPO
- Rituximab
- Tyrosine Kinase Inhibitor
- Radiation
- Stem cell transplant

### SPECIMENS

- Body site:  RPIC  LPIC
- Bone marrow:  
 \_\_\_ Green top(s) \_\_\_ Purple top(s)  
 \_\_\_ Biopsy \_\_\_ Clot \_\_\_ Touch prep
- Peripheral blood:  
 \_\_\_ Green top(s) \_\_\_ Purple top(s)

#### For Lab Use Only

Green \_\_\_ + \_\_\_ = \_\_\_ ml      Core \_\_\_\_\_  
 Purple \_\_\_ + \_\_\_ = \_\_\_ ml      Clot \_\_\_\_\_

## TESTS TO BE PERFORMED

### Comprehensive Hematopathology Analysis

Includes morphology, flow cytometry, and cytogenetics, with reflex to FISH and/or molecular studies as indicated based on pat hologic findings and clinical diagnosis being considered

### Flow Cytometry Special Requests

- Standard leukemia/lymphoma panel
- Plasma cell panel
- PNH (peripheral blood only)
- MRD for B-acute lymphoblastic leukemia (B-ALL)
- MRD for T-acute lymphoblastic leukemia (T-ALL)
- MRD for acute myeloid leukemia (AML)
- MRD for plasma cell myeloma

### Fluorescence In-Situ Hybridization (FISH) Special Requests

- CLL/SLL panel [includes t(11;14)]
- Plasma cell myeloma panel
- BCR-ABL1 t(9;22)
- Hypereosinophilia panel
- Other: \_\_\_\_\_

### Molecular/Next-Generation Sequencing Special Requests

- Myeloproliferative neoplasm panel (JAK2 V617F, JAK2 exons 12-14, CALR, MPL)
- Next-generation sequencing for MDS or MDS/MPN
- Reflex to next generation sequencing for MDS or MDS/MPN only if normal karyotype
- BCR-ABL1 t(9;22) quantitative by RT-PCR
- ABL1 Kinase Domain Mutation Analysis
- PML-RARA t(15;17) quantitative by RT-PCR
- NPM1 mutation MRD analysis for AML
- Other: \_\_\_\_\_

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

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	Molecular: 5-10/2-3 mL Purple Top
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