

<p>Patient Information (Please submit additional demographics separately.)</p> <p>Name:</p> <p>DOB:</p> <p style="text-align: center;"><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Client Information:</p> <hr/> <p>Date Performed:</p> <hr/> <p>Biopsy performed by:</p> <hr/>												
<p>Specimen Type</p> <p><input type="checkbox"/> Bone Marrow <input type="checkbox"/> Peripheral Blood</p> <p><input type="checkbox"/> Other:</p>	<p>Send additional copy of report to:</p> <hr/> <p>Patient History (Please submit CBC and the last clinic note separately if available)</p>												
<p>Materials Submitted</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">Peripheral Smear</td><td style="width:20%;">#</td></tr> <tr><td>Aspirate Smear</td><td>#</td></tr> <tr><td>Green Top Tube</td><td>#</td></tr> <tr><td>Purple Top Tube</td><td>#</td></tr> <tr><td>Culture Specimen:</td><td></td></tr> <tr><td>Other:</td><td></td></tr> </table>	Peripheral Smear	#	Aspirate Smear	#	Green Top Tube	#	Purple Top Tube	#	Culture Specimen:		Other:		
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<p><input type="checkbox"/> COMPREHENSIVE ANALYSIS: Perform testing as necessary for diagnosis</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Flow Cytometry, Leukemia/Lymphoma <input type="checkbox"/> Cytogenetics <input type="checkbox"/> FISH (Perform as necessary for diagnosis.) <ul style="list-style-type: none"> <input type="checkbox"/> CLL Panel <input type="checkbox"/> MDS Panel <input type="checkbox"/> Prognostic Myeloma Panel <input type="checkbox"/> BCR/ABL: <input type="checkbox"/> Other: </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Flow Cytometry, PNH (peripheral blood specimen) <ul style="list-style-type: none"> <input type="checkbox"/> Flow Other: <input type="checkbox"/> PCR (Perform as necessary for diagnosis.) <ul style="list-style-type: none"> <input type="checkbox"/> BCR/ABL, Quantitative <input type="checkbox"/> JAK-2 V617F <input type="checkbox"/> JAK2 V617F-Reflex JAK2 Exon 12-14 <input type="checkbox"/> JAK2 Exon 12-14 <input type="checkbox"/> Other: </td> </tr> </table>		<input type="checkbox"/> Flow Cytometry, Leukemia/Lymphoma <input type="checkbox"/> Cytogenetics <input type="checkbox"/> FISH (Perform as necessary for diagnosis.) <ul style="list-style-type: none"> <input type="checkbox"/> CLL Panel <input type="checkbox"/> MDS Panel <input type="checkbox"/> Prognostic Myeloma Panel <input type="checkbox"/> BCR/ABL: <input type="checkbox"/> Other: 	<input type="checkbox"/> Flow Cytometry, PNH (peripheral blood specimen) <ul style="list-style-type: none"> <input type="checkbox"/> Flow Other: <input type="checkbox"/> PCR (Perform as necessary for diagnosis.) <ul style="list-style-type: none"> <input type="checkbox"/> BCR/ABL, Quantitative <input type="checkbox"/> JAK-2 V617F <input type="checkbox"/> JAK2 V617F-Reflex JAK2 Exon 12-14 <input type="checkbox"/> JAK2 Exon 12-14 <input type="checkbox"/> Other: 										
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<p>Bone Marrow: For comprehensive bone marrow biopsy evaluation, please submit at least 2 mL of aspirate in EDTA/purple top and at least 2 ml of aspirate in sodium heparin/green top. If no aspirate is obtained (dry tap), core biopsy may be submitted in RPMI for ancillary testing (in addition to the core biopsy submitted in formalin for histologic evaluation.)</p> <p>PCR: 2-5 mL of peripheral blood (or 1-2 mL bone marrow aspirate) In EDTA/purple top. Refrigerate/transport with ice pack. Do not freeze.</p> <p>FISH: 2-mL of peripheral blood (or 1-2 mL bone marrow aspirate) in sodium heparin/green top (preferred) or EDTA/purple top. Refrigerate/transport with ice pack. Do not freeze.</p> <p>Flow Cytometry: At least 3 mL of peripheral blood (or 1-2 mL bone marrow aspirate) in EDTA/purple top or sodium heparin/green top. Refrigerate/transport with ice pack. Do not freeze.</p>													
<p>Affix SEPA labels here</p>													