PRECISION PATHOLOGY®
Quality diagnostics for optimum patient care
HEMAQ™ *Hematopathology*
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www.precisionyp.com

NOTE: CA TITLE 17 (SEC. 1050 REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY, AND SLIDE/VIAL LABELED APPROPRIATELY - TWO (2) IDENTIFIERS.

Date Collected:	Patient Name:		Birth Date:	Sex:
Street Address/Apt #:		City:	State:	Zip:
Responsible Party Phone #:	Social Security No.:	MRN #:	Physician Performing Procedure:	
Type of Billing: ☐ Patient ☐ Insurance ☐ Medicare ☐ Medi-Cal ☐ Client ☐ Slide Prep Only (Please attach a copy of the front and back of the patients insurance card.)		Diagnosis Codes:	Copy To Physician(s):	

Physician Signature: _____

CLINICAL HISTORY

Signs and/or Symptoms: _____

SPECIMEN(S) SUBMITTED

PHQ1234567

Bone Marrow Biopsy: **Core:**_____ **Clot:**_____ **Touch Prep:**_____
Bone Marrow Aspirate: **Green Top(s)** (Sodium Heparin):_____ **Purple Top(s)** (EDTA):_____ **Smear:**_____
Peripheral Blood: **Green Top(s)** (Sodium Heparin):_____ **Purple Top(s)** (EDTA):_____ **Smear:**_____
Tissue Biopsy: **Tissue Type:**_____ **Location:**_____
Fixative: ☐ 10% Formalin ☐ RPMI ☐ Saline ☐ **Other:** _____
Paraffin Block(s) or Slide(s):_____ **Specimen ID:**_____
Other (FNA, Body Fluid, etc.): _____ **Location:** _____

COMPREHENSIVE DIAGNOSTIC ANALYSIS

Comprehensive Diagnostic Analysis:

☐ A comprehensive analysis which includes a review of clinical history, global histomorphologic review, flow cytometry, cytogenetics, FISH, molecular testing, and a summary with correlation of all technologies. Please attach any previous reports which have not been issued by PPMG and CBC report. All tests will be ordered under the discretion of a Hematopathologist.

INDIVIDUAL DIAGNOSTIC/PROGNOSTIC TEST

Histomorphology:
☐ Global Histomorphology ☐ Consult
☐ Tech Only- H&E, Iron, & Reticulin Stains

Flow Cytometry:
☐ Leukemia/Lymphoma ☐ ZAP-70 (Peripheral blood only)
☐ PNH (Peripheral blood only) ☐ Plasma Cell

Cytogenetics:
☐ Cytogenetic Analysis Only ☐ With reflex to FISH

FISH (Panels): ☐MPD
☐ AML ☐ ALL ☐ CLL ☐ CML ☐ Eosinophilia ☐ MDS
☐ MM ☐ NHL ☐ Individual Probes: _____

Array Comparative Genomic Hybridization:
☐ AML ☐ CLL ☐ MDS ☐ Myeloma

Molecular:
☐ BCR/ABL by RT-PCR ☐ PML/RARA by RT-PCR
☐ JAK2 V617F by PCR ☐ IgVH Mutation Analysis
☐ MPL by PCR ☐ B-Cell Clonality by PCR
☐ JAK2 Exon 12 by PCR ☐ T-Cell Clonality by PCR
☐ AML Prognostic Panel by PCR (FLT-3, NPM1, c-KIT, CEBPA) ☐ BCL-1 by PCR
☐ BCL-2 by PCR
☐ Other:_____

Please Attach A Copy Of The Following: CBC, History (Past Reports if Possible), and Face Sheet/Insurance

Pt. Name:_____ Source:_____ PHQ1234567	Pt. Name:_____ Source:_____ PHQ1234567	Pt. Name:_____ Source:_____ PHQ1234567	Pt. Name:_____ Source:_____ PHQ1234567