

| CLIENT INFORMATION | |
|--------------------------------|------------|
| ORDERING PHYSICIAN | NPI # |
| TREATING PHYSICIAN | NPI # |
| PHYSICIAN/AUTHORIZED SIGNATURE | |
| Client# | |
| Client Name | |
| Address | |
| Phone Number | Fax Number |

| PATIENT INFORMATION | |
|--------------------------|--|
| Name (LAST, FIRST, MI): | |
| Date of Birth: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | |
| City, State, Zip: | |
| Phone Number: | |
| Med. Rec. # / Patient #: | |

| BILLING INFORMATION (attach face sheet and copy of insurance card – both sides) | |
|---|---|
| Bill: | <input type="checkbox"/> My Account <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Workers Comp |
| Patient Hospital Status: | <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient |
| Insurance Information: | <input type="checkbox"/> See attached Authorization # |

| PRIMARY BILLING PARTY | | SECONDARY BILLING PARTY | |
|-------------------------|-------------------------|-------------------------|--|
| INSURANCE CARRIER | INSURANCE CARRIER | INSURANCE CARRIER | INSURANCE CARRIER |
| ID # | ID # | ID # | ID # |
| GROUP # | GROUP # | GROUP # | GROUP # |
| INSURANCE ADDRESS | INSURANCE ADDRESS | INSURANCE ADDRESS | INSURANCE ADDRESS |
| NAME OF INSURED PERSON | NAME OF INSURED PERSON | NAME OF INSURED PERSON | NAME OF INSURED PERSON |
| RELATIONSHIP TO PATIENT | RELATIONSHIP TO PATIENT | RELATIONSHIP TO PATIENT | RELATIONSHIP TO PATIENT |
| EMPLOYER NAME | EMPLOYER NAME | EMPLOYER NAME | EMPLOYER NAME |
| *IF MEDICAID STATE | PHYSICIAN'S PROVIDER # | WORKERS COMP | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| SPECIMEN INFORMATION | |
|--|---|
| Collection Date: | Time: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Specimen ID #(s): | |
| Body Site/Descriptor: | |
| Fixative: <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Other: | Hours Fixed: |
| Specimen Type: | Smears: |
| <input type="checkbox"/> BM Aspirate <input type="checkbox"/> Fluid: | <input type="checkbox"/> Peripheral Blood # |
| <input type="checkbox"/> BM Clot <input type="checkbox"/> FNA: | <input type="checkbox"/> BM Touch Preps # |
| <input type="checkbox"/> BM Core <input type="checkbox"/> CSF | <input type="checkbox"/> BM Aspirate # |
| <input type="checkbox"/> Dry Tap <input type="checkbox"/> Lymph Node: | <input type="checkbox"/> Effusion #/Source |
| <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Slides # | <input type="checkbox"/> Fresh Tissue #/Site |
| If Slide Procurement required, indicate below: | |
| Facility Name: | |
| Address: | |
| Phone Number: | Fax Number: |

| CLINICAL INDICATION FOR STUDY (attach clinical history and pathology reports) | |
|---|--|
| Narrative Diagnosis/Clinical Data (please include Pathology report with diagnosis, indication for study, and previous test results) | |
| | |
| | |
| For pediatric patients ONLY: <input type="checkbox"/> COG Study <input type="checkbox"/> COG Post Treatment | |
| All diagnoses should be provided by the ordering physician or an authorized designee. Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) | |

| ICD-CM | ICD-CM | ICD-CM |
|--|--|---|
| <input type="checkbox"/> Acute Lymphoblastic Leukemia <input type="checkbox"/> B-cell <input type="checkbox"/> T-cell <input type="checkbox"/> Lineage Uncertain | <input type="checkbox"/> Hodgkin Lymphoma <input type="checkbox"/> Leukemia, Unspecified <input type="checkbox"/> Leukocytosis, Unspecified | <input type="checkbox"/> Myelodysplastic Syndrome <input type="checkbox"/> Myeloproliferative Neoplasm <input type="checkbox"/> Non-Hodgkin Lymphoma <input type="checkbox"/> Polycythemia |
| <input type="checkbox"/> Acute Myeloid Leukemia <input type="checkbox"/> Anemia <input type="checkbox"/> Chronic Lymphocytic Leukemia <input type="checkbox"/> Chronic Myelogenous Leukemia | <input type="checkbox"/> Leukopenia <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Monoclonal Gammopathy <input type="checkbox"/> Myeloma, Plasma Cell | <input type="checkbox"/> Suspected malignant neoplasm <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Thrombocytosis |
| Disease Stage/Clinical Course: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Post Treatment: <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> BM Transplantation Donor: <input type="checkbox"/> M <input type="checkbox"/> F | | |

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

| COMPREHENSIVE HEMATOPATHOLOGY ANALYSIS (Peripheral Blood or Bone Marrow) | |
|--|---|
| <input type="checkbox"/> Comprehensive Evaluation: Morphologic evaluation, Flow Cytometry, Cytogenetics, and Other Relevant Diagnostic and/or Prognostic Tests per Opinion of Reviewing Pathologist (see reverse for prognostic reflex criteria) | |
| <input type="checkbox"/> Comprehensive Evaluation as above without Cytogenetics | |
| MORPHOLOGIC EVALUATION (include a copy of CBC report) | |
| <input type="checkbox"/> Bone Marrow Morphology (with IHC/special stains) <input type="checkbox"/> Peripheral Blood Morphology | |
| FLOW CYTOMETRY (see reverse for antibody list) | |
| <input type="checkbox"/> Hematolymphoid Neoplasia Assessment (HNA) <input type="checkbox"/> Add diagnostic tests per IO Reflex Criteria (see reverse) <input type="checkbox"/> Add prognostic tests per IO Reflex Criteria (see reverse) | |
| <input type="checkbox"/> DNA Ploidy/S-Phase Assessment | <input type="checkbox"/> BAL CD4:CD8 Assessment ¹ <input type="checkbox"/> ZAP70/CD38 Assessment <input type="checkbox"/> PNH \blacklozenge <input type="checkbox"/> Stem Cell Enumeration ¹ <input type="checkbox"/> CLL MRD <input type="checkbox"/> ALL MRD (meets COG requirements) ¹ Send to TN |
| <input type="checkbox"/> Leukocyte Adhesion Deficiency Assessment \blacklozenge | |

| CYTOGENETICS [®] | |
|---|--|
| <input type="checkbox"/> Cancer Cytogenetics <input type="checkbox"/> Constitutional Cytogenetics [†] | |
| FISH (select disease state profile OR individual probes) | |
| Disease State Profiles (see reverse for panel components) | |
| <input type="checkbox"/> ABC Lymphoma <input type="checkbox"/> ALL (Adult) <input type="checkbox"/> ALL (Pediatric) <input type="checkbox"/> AML <input type="checkbox"/> CLL | <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> MPN/CML <input type="checkbox"/> MPN w/ Eosinophilia <input type="checkbox"/> MDS |
| Pediatric (COG) <input type="checkbox"/> ALL (Std Risk) <input type="checkbox"/> ALL (High Risk) <input type="checkbox"/> AML | COG Single Probes <input type="checkbox"/> ABL1 <input type="checkbox"/> ABL2 <input type="checkbox"/> PDGFR β |
| Individual Probes (for a complete list of probes visit oncology.labcorp.com) | |
| <input type="checkbox"/> 5q <input type="checkbox"/> ALK <input type="checkbox"/> BCR/ABL1 <input type="checkbox"/> BCR/ABL1, if neg reflex to JAK2 V617F Qual, if JAK2 neg reflex to CALR and MPL <input type="checkbox"/> CCND1/IGH, t(11;14) <input type="checkbox"/> IGH/BCL2, t(14;18) <input type="checkbox"/> IGH/MYC, t(8;14) <input type="checkbox"/> KM2TA (MLL) <input type="checkbox"/> PML/RARA <input type="checkbox"/> RUNX1/RUNX1T1, t(8;21) <input type="checkbox"/> TCRA/D <input type="checkbox"/> TP53 (17p-) Other FISH, specify: _____ | |

| MOLECULAR [®] | |
|---|--|
| IntelliGEN [®] NGS Assay (see reverse for gene list; bone marrow or peripheral blood) <input type="checkbox"/> IntelliGEN [®] Myeloid for AML, MDS, MPN Indication: _____ | |
| clonoSEQ [®] NGS Assay for MRD for Multiple Myeloma, CLL, B-ALL (Billed by Adaptive Biotechnologies) Indication: _____ Specimen types: Blood or bone marrow. For blood or fresh bone marrow aspirate, use a lavender-top (EDTA) tube only. clonoSEQ ID test for Multiple Myeloma requires bone marrow. | |
| <input type="checkbox"/> clonoSEQ ID. <u>Must be run first to establish baseline.</u> Performed using a high disease burden diagnostic specimen (fresh or archived). If diagnostic specimen is not accompanying this order, complete Procurement information in SPECIMEN INFORMATION section. For CLL/SLL, IGHV mutation status will be reported. | |
| <input type="checkbox"/> clonoSEQ MRD. Performed using fresh specimen collected during or after treatment. Patient must have had a previous clonoSEQ ID test performed. If not, please also check clonoSEQ ID above. <i>If clinical indication is not Multiple Myeloma, CLL, or B-ALL, please complete and submit an ABN, found at www.clonoseq.com/for-clinicians/ordering.</i> | |

| Reveal [®] SNP Microarray* If suspect balanced translocations, run cytogenetics and/or FISH | |
|---|--|
| <input type="checkbox"/> SNP Microarray for ALL, AML, CLL, MDS and other Hematologic Malignancies Indication: _____ | |
| <input type="checkbox"/> FISH + SNP Microarray for Multiple Myeloma <input type="checkbox"/> SNP Microarray for Multiple Myeloma <i>If MM(FISH+SNP) is ordered, probes t(4;14), t(11;14), t(14;16) are performed</i> | |

| Acute Leukemia | Lymphoid Neoplasms | MPN/CML/Mastocytosis |
|--|---|--|
| <input type="checkbox"/> FLT3 Mutation <input type="checkbox"/> IDH 1/2 Mutation <input type="checkbox"/> CEBPA Mutation <input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> PML/RARA (Quantitative) <input type="checkbox"/> cKIT Mutation <input type="checkbox"/> LeukoStrat [®] CDx <input type="checkbox"/> FLT3 Mutation | <input type="checkbox"/> B-cell Rearrangement Igh <input type="checkbox"/> T-cell Rearrangement TRG <input type="checkbox"/> B-cell Rearrangement IgK <input type="checkbox"/> T-cell Rearrangement TRB <input type="checkbox"/> BCL1 Rearrangement <input type="checkbox"/> BCL2 Rearrangement <input type="checkbox"/> IgVH Mutation <input type="checkbox"/> p53 (CLL/B-cell ONLY) <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> MYD88 Mutation | <input type="checkbox"/> BCR/ABL1 Quantitative <input type="checkbox"/> ABL Kinase Domain Mutation (BCR/ABL will be run) <input type="checkbox"/> JAK2 V617F Mutation, Qual if negative reflex to: <input type="checkbox"/> CALR <input type="checkbox"/> JAK2 Exon 12-15 <input type="checkbox"/> MPL 515 <input type="checkbox"/> JAK2 Exon 12-15 Mutation <input type="checkbox"/> MPL 515 Mutation <input type="checkbox"/> CALR Mutation <input type="checkbox"/> KIT D816V Mutation Digital PCR |
| <input type="checkbox"/> Other Molecular, specify: _____ | | |

| SPECIAL CHEMISTRY (Serum ONLY) | |
|---|--|
| Multiple Myeloma Diagnostic: ^{**Meets IMWG Guidelines} <input type="checkbox"/> 120256 Immunofixation (sIFE), Protein Electrophoresis (SPE), Quant Free K/λ Light Chains (sFLC) * <input type="checkbox"/> 123200 Multiple Myeloma Cascade, SPE Reflex to sIFE and sFLC | |
| Multiple Myeloma Monitoring: <input type="checkbox"/> 001495 sIFE, SPE <input type="checkbox"/> 001487 SPE <input type="checkbox"/> 001685 sIFE <input type="checkbox"/> 123218 sIFE DARZALEX [®] (daratumumab patients ONLY) <input type="checkbox"/> 123062 sIFE SARCLISA [®] <input type="checkbox"/> 121137 sFLC, Quantitative Free Light K/λ Chains plus Ratio (isatuximab patients ONLY) | |

[†] Peripheral blood only
^{*} sending DNA, the lab only accepts isolated or extracted nucleic acids for which extraction or isolation is performed in an appropriately qualified CLIA or CAP/CMS equivalent laboratory.
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Prognostic Test Reflex Criteria

| Disease Category | Timing | Findings (Morphology, Flow cytometry, FISH and/or karyotyping) | Tests to Perform |
|------------------------------------|-------------------|--|--|
| ALL | Initial Diagnosis | ALL | Pediatric FISH Profile (<22 years) or Adult FISH Profile (>22 years); Reveal® SNP Array |
| AML | Initial Diagnosis | AML or borderline AML | FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| AML | Relapse | Findings indicative of relapse | NGS myeloid panel <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| CLL (peripheral blood/bone marrow) | Initial Diagnosis | CD5+ neoplasm with classic or variant CLL features; >5K/uL circulating monoclonal B-cells or 10% or more marrow based monoclonal B-cells | CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), ZAP70/CD38 assay, and IgVH mutation analysis |
| CLL (peripheral blood/bone marrow) | Follow-up* | Features of refractory disease or disease progression/transformation | FISH probe for TP53 (17p-) deletion, TP53 mutation analysis, and SNP array |
| CML | Initial Diagnosis | Compatible or diagnostic findings for CML | Quantitative BCR/ABL1 assay and cytogenetics |
| CML | Follow-up* | Prior diagnosis of CML | Quantitative BCR/ABL1 assay; if features of progression, discuss addition of NGS myeloid panel with client or place comment in report |
| MPN | Initial Diagnosis | Morphologic features of MPN, but negative for JAK2 V617F, CALR, and MPL mutations | NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| MPN | Follow-up* | History of MPN, currently with features of progression (increased blasts or dysplastic features) | Discuss addition of NGS myeloid panel with client or place comment in report |
| MDS | Initial Diagnosis | Morphologic diagnosis of MDS with normal cytogenetic karyotype | NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| Plasma cell neoplasia | Initial Diagnosis | 5% or more neoplastic plasma cells by morphology or 1% or more by flow cytometry | Myeloma FISH profile |
| Plasma cell neoplasia | Follow-up* | Features of disease progression | FISH probes for TP53 (17p-), CKS1B (1q21), Monosomy 13/13q- |
| SLL | Initial Diagnosis | SLL identified in tissue sample by flow cytometry with 10% or more neoplastic cells | CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), IgVH mutation analysis |

*recommendation for follow-up evaluation requires that prior material was evaluated in an IO facility

Diagnostic Test Reflex Criteria Based on Flow Cytometry or Surgical Pathology Consultation Findings

| Disease Category | Timing | Findings | Tests to Perform |
|---|-------------------|--|--|
| AML | Initial Diagnosis | Diagnostic or suspicious for AML with RUNX1T1/RUNX1 t(8;21), CBFB inv (16), or PML/RARA t(15;17), acute myelomonocytic, or acute monocytic/monoblastic leukemia | FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| B-cell lymphoma | Initial Diagnosis | Findings suspicious or diagnostic for B-cell lymphoma, but with equivocal findings with regard to subclassification (for tissue cases 5% or more abnormal B-cells by flow cytometry; for peripheral blood/bone marrow cases, 10% or more abnormal B-cells) | NHL FISH probes and molecular assays as indicated |
| Large B-cell lymphoma or Burkitt lymphoma | Initial Diagnosis | Abnormal B-cells diagnostic or suspicious for large B-cell lymphoma or Burkitt lymphoma | FISH probes for MYC, BCL6, and BCL2 translocations and cytogenetic karyotyping, as indicated; reflex to 11q FISH probe (BCL1 and ATM) for MYC, BCL6, BCL2 negative cases suspicious for Burkitt lymphoma, as indicated |
| Eosinophilia | Initial Diagnosis | Peripheral blood with 1.0K/uL or more eosinophils | FISH probes for PDGFRA, PDGFRB, and FGFR1 |
| Hairy Cell Leukemia (HCL) | Initial Diagnosis | CD103+ monoclonal B-cells (5% or more) inconclusive for HCL | BRAF mutation |
| Lymphoplasmacytic Lymphoma (LPL) | Initial Diagnosis | Monoclonal B-cells (10% or more) with features indicating LPL in differential diagnosis | MYD88 mutation |
| Mantle cell lymphoma (MCL) | Initial Diagnosis | Monotypic B-cells (5% or more) diagnostic or suspicious of MCL | FISH probe for CCND1/IGH t(11;14) |
| Mastocytosis | Initial Diagnosis | Atypical mast cells by flow cytometry | High-sensitivity KIT D816V mutation analysis for mast cell disease |
| CML | Initial Diagnosis | Flow cytometric findings suspicious for CML | FISH for BCR/ABL1 |
| MDS/MPN | Initial Diagnosis | Findings suspicious for MDS/MPN (CMML, aCML, etc.) | NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years |
| T-cell lymphoma/leukemia | Initial Diagnosis | Atypical T-cells diagnostic or suspicious for T-cell lymphoma/leukemia | TCR gene rearrangement ; ALK FISH probe for CD30+ cases, as indicated; cytogenetic karyotyping if material adequate |

*LeukoStrat® CDx FLT3 Mutation performed by The Laboratory for Personalized Molecular Medicine (LabPMM®)

†Informed consent is required for non-oncology genetics testing for New York state patients.

Morphologic Evaluation Common Components (Please include patient CBC report)

- Peripheral Blood Interpretation (85060) • Clot (88305) • Core (88305) • Additional Studies/Special Stains (88313) – Iron and Reticulin
- Bone Marrow Aspirate Smear & Interpretation (85097) • Decalcification (88311) • IHC Global marker number (88342) varies but typically 0-4

Flow Cytometry*

| Peripheral blood/bone marrow panel (HNA) 24 ** antibodies | Tissue/fluids panel (HNA) 19 ** antibodies | PNH Evaluation |
|--|--|--|
| CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD14, CD16, CD19, CD20, CD23, CD57, CD33, CD34, CD38, CD45, CD56, CD64, HLA-DR, kappa light chain, lambda light chain | CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11c, CD13 or CD33, CD19, CD20, CD22, CD23, CD38, CD45, CD56, CD71, kappa light chain, lambda light chain | CD14, CD15, CD24, CD45, CD64, FLAER. CD59 and CD235a may be added at discretion of reviewing pathologist |

*Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.

**Markers performed determined by testing facility.

FISH/TARGETGENE® (disease state profile OR individual probes)

| ALL (Adult) | ALL (Pediatric) | AML | CLL | MPN/CML | Multiple Myeloma | NHL |
|---|--|--|--|---|---|---|
| BCR/ABL1, t(9;22) KMT2A (MLL) MYC 6 21q | BCR/ABL1,t(9;22) 4 10 17 KMT2A (MLL) CDKN2A (p16) TCF3 (E2A) ETV6/RUNX1, t(12;21) | PML/RARA, t(15;17) CBFB, inv(16) RUNX1T1/RUNX1, t(8;21) 5q 7q KMT2A (MLL) | TP53 (17p-) ATM (11q-) CCND1/IGH, t(11;14) 13q14 (DLEU) 12 | 20q 8 9 13q14 (DLEU) BCR/ABL1, t(9;22) | Monosomy 13/13q- TP53 (17p-) 7 9 15 CCND1/IGH, t(11;14) CKS1B (1q21) FGFR3/IGH, t(4;14) IGH/MAF, t(14;16) | ALK BCL6 CCND1/IGH, t(11;14) IGH/BCL2, t(14;18) IGH/MYC, t(8;14) MALT1 TCRA/D |
| | | Aggressive B-cell (ABC) Lymphoma BCL2 BCL6 MYC | MDS 5q 7q 20q 8 | MPN with Eosinophilia FGFR1 PDGFRA PDGFRB | | |

SERUM - Multiple Myeloma Cascade, Protein Electrophoresis (SPE) reflex to Immunofixation (sIFE) and Free Light Chain (sFLC) for interpretation, refer to Labcorp.com

IntelliGEN® (for genes evaluated, refer to oncology.labcorp.com)

Darzalex® is a registered trademark of Johnson & Johnson Corporation.

SARCLISA® is a registered trademark of Sanofi.

LeukoStrat® is a registered trademark of Invivoscribe Technologies, Inc.

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Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.
Symbols Legend
© = Subject to Medicare medical necessity guidelines
^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.