labcorp | Oncology

Client Services
TN: (800) 874-8532 fax: (615) 370-8074
AZ: (800) 710-1800 fax: (800) 481-4151
CT: (800) 447-5816 fax: (212) 698-9532

HEMATOPATHOLOGY

oncology.labcorp.com

Highlighted fields are REQUIRED

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: ☐ Male ☐ Female

Address:

City, State, Zip:

Phone Number:

Med. Rec. # / Patient #:

BILLING INFORMATION (attach face sheet and copy of insurance card – both sides)

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp

Patient Hospital Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Insurance Information: ☐ See attached Authorization # _____

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
INSURANCE CARRIER	INSURANCE CARRIER
ID #	ID #
GROUP #	GROUP #
INSURANCE ADDRESS	INSURANCE ADDRESS
NAME OF INSURED PERSON	NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT	RELATIONSHIP TO PATIENT
EMPLOYER NAME	EMPLOYER NAME

*IF MEDICAID STATE | PHYSICIAN'S PROVIDER # | WORKERS COMP ☐ Yes ☐ No

SPECIMEN INFORMATION

Collection Date: Time: ☐ AM ☐ PM

Specimen ID #(s):

Body Site/ Descriptor:

Fixative: ☐ 10% Neutral Buffered Formalin ☐ Other: Hours Fixed:

Specimen Type:		Smears:
☐ BM Aspirate	☐ Fluid:	☐ Peripheral Blood #
☐ BM Clot	☐ FNA:	☐ BM Touch Preps #
☐ BM Core	☐ CSF	☐ BM Aspirate #
☐ Dry Tap	☐ Lymph Node:	☐ Effusion #/Source
☐ Peripheral Blood	☐ Slides #	☐ 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: ☐ COG Study ☐ 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
☐ Acute Lymphoblastic Leukemia ☐ B-cell ☐ T-cell ☐ Lineage Uncertain	☐ Hodgkin Lymphoma	☐ Myelodysplastic Syndrome
☐ Acute Myeloid Leukemia	☐ Leukemia, Unspecified	☐ Myeloproliferative Neoplasm
☐ Anemia	☐ Leukocytosis, Unspecified	☐ Non-Hodgkin Lymphoma
☐ Chronic Lymphocytic Leukemia	☐ Leukopenia	☐ Polycythemia
☐ Chronic Myelogenous Leukemia	☐ Lymphadenopathy	☐ Suspected malignant neoplasm
	☐ Monoclonal Gammopathy	☐ Thrombocytopenia
	☐ Myeloma, Plasma Cell	☐ Thrombocytosis

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.

MORPHOLOGIC EVALUATION (Tissue block with or without slides)

- ☐ Hematopathology consultation with diagnostic stains and diagnostic/prognostic tests per LCO reflex criteria (see reverse) [bone marrow and tissue]
- ☐ Hematopathology consultation with diagnostic stains (without diagnostic/prognostic reflex tests)
- ☐ Second opinion consultation (stained slides without tissue block)
- ☐ Peripheral Blood Morphology (CBC required)
- ☐ Other: _____

FLOW CYTOMETRY

- ☐ Leukemia/lymphoma phenotyping
  - ☐ Add diagnostic/prognostic tests - per LCO reflex criteria (see reverse)
- ☐ DNA Ploidy/S-Phase Assessment
- ☐ Leukocyte Adhesion Deficiency Assessment♦
- ☐ ZAP70* panel assessment
- ☐ BAL CD4:CD8 Assessment
- ☐ PNH♦
- ☐ Stem Cell Enumeration
- ☐ CLL MRD
- ☐ B- ALL MRD (meets COG requirements)

VIRTUAL FLOW CYTOMETRY (Technical Component; reflex criteria on reverse)

- ☐ Leukemia/lymphoma phenotyping (Blood, Bone Marrow, or tissue samples)

CYTOGENETICS@

- ☐ Cancer Cytogenetics
- ☐ Constitutional Cytogenetics‡

FISH (select disease state profile OR individual probes)

Disease State Profiles (see reverse for panel components)

- ☐ ALL (Adult)
- ☐ ALL (Pediatric)
- ☐ ALL (Philadelphia-like)
- ☐ CLL
- ☐ High Grade B-cell Lymphoma
- ☐ Multiple Myeloma
- ☐ AML
- ☐ MDS
- ☐ MPN/CML
- ☐ MPN w/ Eosinophilia

Pediatric (COG) ☐ ALL (Std Risk) ☐ ALL (High Risk) ☐ AML

COG Single Probes ☐ ABL1 ☐ ABL2 ☐ PDGFRb

Individual Probes (for a complete list of probes visit oncology.labcorp.com)

- ☐ ALK (2p23)
- ☐ BCL6 (3q27)
- ☐ BCR/ABL1, t(9;22)
- ☐ JAK2 (9p24)
- ☐ BCR/ABL1, if neg reflex to JAK2 V617F Qual, If JAK2 neg reflex to CALR and MPL
- ☐ CBFB (inv16)
- ☐ CCND1/IGH, t(11;14)
- ☐ IGH/BCL2, t(14;18)
- ☐ IGH/MYC, t(8;14)
- ☐ MALT1 (18q21)
- ☐ PML/RARA, t(15;17)
- ☐ KMT2A (MLL; 11q23)
- ☐ RUNX1/RUNX1T1, t(8;21)
- ☐ TRA/D (14q11.2)
- ☐ TP53 (17p-)
- ☐ MYC (8q24)
- ☐ Other FISH, specify: _____

MOLECULAR

IntelliGEN® NGS Assay (visit oncology.labcorp.com/intelligen-myeloid for gene list, bone marrow or peripheral blood)

- ☐ IntelliGEN® NGS Assay Myeloid for AML, MDS, MPN

Indication: _____

Reveal® SNP Microarray± *If suspect balanced translocations, run cytogenetics and/or FISH*

- ☐ SNP Microarray for ALL, AML, CLL, MDS and other Hematologic Malignancies

indication: _____

- ☐ FISH + SNP Microarray for Multiple Myeloma
- ☐ SNP Microarray for Multiple Myeloma

If MM(FISH+SNP) is ordered, probes t(4; 14), t(11; 14), t(14; 16) are performed

Acute Leukemia

- ☐ IDH1/2 Mutation
- ☐ CEBPA Mutation
- ☐ NPM1 Mutation
- ☐ PML/RARA (Quantitative)
- ☐ cKIT Mutation
- ☐ FLT3 Mutation
- ☐ LeukoStrat® CDx FLT3 Mutation+

Lymphoid Neoplasms

- ☐ B-cell Rearrangement IGH/IGK
- ☐ T-cell Rearrangement TRG/TRB
- ☐ B-cell Rearrangement IGH
- ☐ B-cell Rearrangement IGK
- ☐ T-cell Rearrangement TRG
- ☐ T-cell Rearrangement TRB
- ☐ IGHV Mutation
- ☐ TP53 (B-cell Lymphoma and CLL ONLY)
- ☐ BRAF Mutation
- ☐ MYD88 Mutation

MPN/CML

- ☐ BCR/ABL1 Quantitative
- ☐ ABL Kinase Domain Mutation (BCR/ABL1 will be run)
- ☐ JAK2 V617F Mutation
  - ☐ Qualitative ☐ Quantitative
  - if negative reflex to:
  - ☐ CALR
  - ☐ JAK2 Exon 12-15
  - ☐ MPL 515
- ☐ JAK2 Exon 12-15 Mutation
- ☐ MPL 515 Mutation
- ☐ CALR Mutation
- ☐ KIT D816V Mutation Digital PCR-Systemic Mastocytosis

- ☐ Other Molecular, specify: _____

SPECIAL CHEMISTRY (Serum ONLY)

Multiple Myeloma Diagnostic: *Meets IMWG Guidelines

- ☐ 120256 Immunofixation (sIFE), Protein Electrophoresis (SPE), Quant Free κ/λ Light Chains (sFLC)*
- ☐ 123200 Mutiple Myeloma Cascade, SPE Reflex to sIFE and sFLC

Multiple Myeloma Monitoring:

- ☐ 001495 sIFE, SPE
- ☐ 001487 SPE
- ☐ 001685 sIFE
- ☐ 123218 sIFE DARZALEX® (daratumumab patients ONLY)
- ☐ 123062 sIFE SARCLISA® (isatuximab patients ONLY)
- ☐ 121137 sFLC, Quantitative Free Light κ/λ Chains plus Ratio

♦Peripheral blood only

*If 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.
+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

Test Reflex Guidelines

Disease Category	Timing	Findings (Morphology, Flow cytometry, FISH and/or karyotyping)	Tests to Perform
ALL	Initial Diagnosis	ALL	Pediatric FISH Profile (<= 18 yrs or up to 30 yrs if treated in pediatric oncology setting) or Adult FISH Profile (>18 years); Reveal® SNP Array
AML	Initial Diagnosis	AML or borderline AML (MDS/AML)	Select AML Panel FISH probes, as indicated; NGS myeloid panel + FLT3 and IDH1/2 testing
AML	Relapse	Findings indicative of relapse	NGS myeloid panel
CLL (peripheral blood/bone marrow)	Initial Diagnosis; Follow-up*	CD5+ neoplasm with classic or variant CLL features; features of refractory disease or disease progression/transformation#	CLL FISH profile, TP53 mutation analysis, ZAP70 panel assessment (ZAP70/CD38/CD49d[1] ZAP70/CD38[2])# and/or IGHV mutation analysis#
CML	Initial Diagnosis	Compatible or diagnostic findings for CML	FISH for BCR/ABL1 and/or RT-PCR Quantitative and cytogenetics
CML	Follow-up*	Prior diagnosis of CML	Quantitative BCR/ABL1 assay; add ABL Kinase mutation analysis if features of progression, discuss addition of NGS myeloid panel with client or place comment in report
MPN	Initial Diagnosis; Follow-up*	Morphologic features of MPN, but negative for JAK2 V617F, CALR, and MPL mutations; History of MPN with features of progression	NGS myeloid panel for patients
MDS/MPN	Initial Diagnosis	Findings suspicious for MDS/MPN	NGS myeloid panel for patients
MDS	Initial Diagnosis	Morphologic diagnosis of MDS	NGS myeloid panel for patients
Plasma cell neoplasia	Initial Diagnosis; Follow-up*	Evidence of abnormal/monotypic plasma cells	Myeloma FISH profile
SLL	Initial Diagnosis	SLL identified in tissue sample by flow cytometry with 5% or more neoplastic cells	CLL FISH profile
B-cell lymphoma	Initial Diagnosis	Findings suspicious or diagnostic for B-cell lymphoma, but with equivocal findings with regard to subclassification	FISH probes from NHL FISH panel 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; SNP micro-array to detect 11q abnormalities as needed
Eosinophilia	Initial Diagnosis	Peripheral blood or bone marrow with increased eosinophils	FISH probes for PDGFRA (4q), PDGFRB (5q), FGFR1, JAK2
Hairy Cell Leukemia (HCL)	Initial Diagnosis	Abnormal/monotypic B-cells with features indicating HCL in the differential diagnosis	BRAF mutation
Lymphoplasmacytic Lymphoma (LPL)	Initial Diagnosis	Abnormal/monotypic B-cells with features indicating LPL in the differential diagnosis	MYD88 mutation
Mantle cell lymphoma (MCL)	Initial Diagnosis	Abnormal/monotypic B-cells with features indicating MCL in the differential diagnosis	FISH probe for CCND1/IGH t(11;14), TP53 mutation analysis
Mastocytosis	Initial Diagnosis	Atypical mast cells	High-sensitivity KIT D816V mutation analysis for mast cell disease
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; TRA/D (14q11.2) FISH, as indicated

Testing may vary from this table depending on clinical and morphologic context.

* recommendation for follow-up evaluation requires that prior material was evaluated in an Labcorp Oncology (LCO) facility

ZAP70 and IGHV will not be performed on follow-up

[1] AZ/TN [2] CT

Flow Cytometry*

Leukemia/lymphoma phenotyping panel (peripheral blood/bone marrow) 24 *◎ antibodies	Tissue/fluids panel 21 *◎ 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, CD11b, CD19, CD20, CD23, CD30, CD38, CD43, CD45, CD56, CD57, FMC-7, HLA-DR, 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.
◎Antibodies performed determined by testing facility and may vary from the list above. Performed antibodies will appear in the patient report.

Technical Component Flow Cytometry Reflex Criteria

Labcorp Oncology uses a 24 antibody panel for peripheral blood/bone marrow and a 21 antibody panel for tissue/fluids. If necessary, additional antibodies will be added based on the following reflex criteria. Additional CPT codes and associated charges will apply if reflex testing is performed.

- If submitted history of monoclonal gammopathy or if ≥0.5% plasma cells are detected cytoplasmic kappa and lambda light chains, and possibly CD138, will be added.
- If monoclonal/suspicious B-cells are present in blood or bone marrow samples, CD23, FMC-7, CD22, CD103, and CD11c will be added; if the atypical cells express CD103, CD25 will be added; if surface immunoglobulin light chains are absent, cKappa and cLambda may be added.
- If atypical T-lymphoblasts detected, CD1a, cCD3, cCD22, cCD79a, cMPO, and/or cTdT may be added.
- If ≥10% blasts are present, CD15, CD11c, CD25, cMPO, cTdT, cCD79a, cCD3, CD61, CD41, CD235a, and CD71 may be added.
- If atypical B-lymphoblasts are detected, cTdT, cCD22, cCD79a, cMPO, cCD3 and CD25 may be added.
- If atypical T-cells possibly representing T-cell lymphoma are detected, CD1a, CD11c, CD25, TCRAB, TRCGD, cTdT, CD30, CD52, cCD3, and CD103 may be added.
- If insufficient sample for a full study is received or atypical findings outside the above protocols are detected, you will be contacted by an analyst in order to define a strategy for the case.

FISH (disease state profile OR individual probes)

ALL (Adult)
- BCR/ABL1, t(9;22)
- KMT2A (MLL; 11q23)
- MYC (8q24)
- 6
- 21q

ALL (Philadelphia-like)
- CRLF2
- ABL1
- ABL2
- JAK2
- PDGFRB

ALL (Pediatric/Std Risk)
- BCR/ABL1, t(9;22)
- 4
- 10
- 17
- KMT2A (MLL; 11q23)
- CDKN2A (p16)
- TCF3 (E2A)
- ETV6/RUNX1, t(12;21)

ALL (High Risk) includes the above probes PLUS:
- ABL1
- ABL2
- PDGFRB

AML
- PML/RARA, t(15;17)
- CBFB, inv(16)
- RUNX1T1/RUNX1, t(8;21)
- 5q
- 7q
- KMT2A (MLL)

High grade B-cell Lymphoma
- BCL2 (18q21)
- BCL6 (3q27)
- MYC (8q24)

CLL
- TP53 (17p-)
- ATM (11q-)
- CCND1/IGH, t(11;14)
- 13q14 (DLEU)
- 12

MDS
- 5q
- 7q
- 20q
- 8

MPN/CML
- 20q
- 8
- 9
- 13q14 (DLEU)
- BCR/ABL1, t(9;22)

MPN with Eosinophilia
- FGFR1
- PDGFRA
- PDGFRB
- JAK2

Multiple Myeloma
- 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)

Individual Probes
- ALK (2p23)
- BCL6 (3q27)
- CCND1/IGH, t(11;14)
- IGH/BCL2, t(14;18)
- IGH/MYC, t(8;14)
- MALT1 (18q21)
- TRA/D (14q11.2)
- MYC (8q24)
- BCL2 (18q21)

SERUM - Multiple Myeloma Cascade, Protein Electrophoresis (SPE) reflex to Immunofixation (sIFE) and Free Light Chain (sFLC)

for interpretation, refer to www.Labcorp.com

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

Lab Locations

Accupath Diagnostic Laboratories, Inc.		Esoterix Genetic Laboratories, LLC
201 Summit View Drive, Suite 100 Brentwood, TN 37027	5005 South 40th Street Phoenix, AZ 85040	3 Forest Parkway Shelton, CT 06484

onc-783-v25-07232024