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

HEMATOLOGY/ONCOLOGY

oncology.labcorp.com

Highlighted fields are REQUIRED

CLIENT INFORMATION

ORDERING PHYSICIAN	NPI #
TREATING PHYSICIAN	NPI #
PHYSICIAN/AUTHORIZED SIGNATURE	

Client #:
Client Name:
Address:

Phone #:
Fax #:

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

Disease Stage/Clinical Course: ☐ New Diagnosis ☐ Relapse ☐ Follow-Up ☐ Other:
☐ Post Treatment: ☐ Radiation ☐ Chemotherapy ☐ BM Transplantation Donor: ☐ M ☐ 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.

LABCORP HEMEPATH CASE (Comprehensive Analysis Services & Expertise)

(Peripheral Blood or Bone Marrow)

☐ Comprehensive Evaluation: Morphologic Evaluation, FLOW Cytometry, Cytogenetics, and Other Relevant Diagnostic and/or Prognostic Tests per Opinion of Reviewing Pathologist (see reverse for reflex criteria)
☐ Comprehensive Evaluation as above without Cytogenetics

MORPHOLOGIC EVALUATION (include a copy of CBC report)

☐ Bone Marrow Morphology ☐ Peripheral Blood Morphology

FLOW CYTOMETRY@ (see reverse for antibody list)

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

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) COG Single Probes ☐ ALL (Std Risk) ☐ ALL (High Risk) ☐ AML ☐ ABL1 ☐ ABL2 ☐ PDGFRb

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

☐ 5q ☐ 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@

Labcorp NGS Tests (bone marrow aspirate, peripheral blood or cell suspension from fresh tissue)

☐ Labcorp Myeloid NGS
☐ Labcorp Lymphoid NGS
☐ Labcorp Pan-Heme NGS

This patient meets the following medical necessity criteria for this test (please mark/complete **all** that apply):

☐ Undefined cytopenia for greater than __ months and other possible causes have been reasonably excluded
☐ The working/clinical diagnosis is (mark **all** that apply):
☐ AML ☐ MDS ☐ MPN ☐ Other (i.e., CLL, ALL)_____

See oncology.labcorp.com for a full gene list for each panel

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
☐ Rapid AML Panel+
☐ IDH 1/2 Mutation
☐ CEBPA Mutation
☐ NPM1 Mutation
☐ PML/RARA (Quantitative)
☐ cKIT Mutation
☐ FLT3 Mutation

Lymphoid Neoplasm
☐ 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 Somatic Hypermutation
☐ TP53 Mutation NGS
☐ BRAF Mutation
☐ MYD88 Mutation

MPN/CML/Mastocytosis
☐ 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.
‡Informed consent is required for non-oncology genetics testing for New York state patients
+Rapid AML Panel includes FLT3 mutation, IDH1/2 mutation and NPM1 mutation analyses

Test Reflex Guidelines

Disease Category	Timing	Findings (Morphology, Flow cytometry, FISH and/or karyotyping)	Tests to Perform
ALL	Initial Diagnosis; Follow-up*	ALL	Pediatric FISH Profile (<= 18 yrs or up to 30 yrs if treated in pediatric oncology setting) or Adult FISH Profile (>22 years); Reveal® SNP Array; Labcorp Lymphoid NGS depending on clinical presentation
AML	Initial Diagnosis	AML or borderline AML (MDS/AML)	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/RARA t(15;17) or KMT2A/MLL respectively, as indicated; Labcorp Myeloid NGS + FLT3 and IDH1/2 testing
AML	Relapse	Findings indicative of relapse	Labcorp Myeloid NGS
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 profi le; TP53 mutation analysis and IGHV Somatic Hypermutation#; Labcorp Lymphoid NGS depending on clinical presentation
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 Labcorp Myeloid NGS 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	Labcorp Myeloid NGS
MDS/MPN	Initial Diagnosis	Findings suspicious for MDS/MPN	Labcorp Myeloid NGS
MDS	Initial Diagnosis	Morphologic diagnosis of MDS	Labcorp Myeloid NGS
Plasma cell neoplasia	Initial Diagnosis; Follow-up*	evidence of abnormal/monotypic plasma cells	Myeloma FISH profile
SLL	Initial Diagnosis; Follow-up*	SLL identified in tissue sample by flow cytometry with 5% or more neoplastic cells	CLL FISH profile; Labcorp Lymphoid NGS depending on clinical presentation
B-cell lymphoma	Initial Diagnosis; Follow-up*	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)	FISH probes from NHL FISH panel and molecular assays as indicated; SNP micro-array to detect 11q abnormalities as needed; Labcorp Lymphoid NGS depending on clinical presentation
Large B-cell lymphoma or Burkitt lymphoma	Initial Diagnosis; Follow-up*	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; Labcorp Lymphoid NGS depending on clinical presentation
Eosinophilia	Initial Diagnosis	peripheral blood or bone marrow with increased eosinophils	FISH probes for PDGFRA (4q); PDGFRB (5q); and FGFR1 (8q)
Hairy Cell Leukemia (HCL)	Initial Diagnosis; Follow-up*	abnormal/monotypic B-cells with features indicating HCL in the differential diagnosis	BRAF mutation; Labcorp Lymphoid NGS depending on clinical presentation
Lymphoplasmacytic Lymphoma (LPL)	Initial Diagnosis; Follow-up*	abnormal/monotypic B-cells with features indicating LPL in the differential diagnosis	MYD88 mutation; Labcorp Lymphoid NGS depending on clinical presentation
Mantle cell lymphoma (MCL)	Initial Diagnosis; Follow-up*	abnormal/monotypic B-cells with features indicating MCL in the differential diagnosis	FISH probe for CCND1/IGH t(11;14); TP53 mutation analysis; Labcorp Lymphoid NGS depending on clinical presentation
Mastocytosis	Initial Diagnosis	Atypical mast cells	High-sensitivity KIT D816V mutation analysis for mast cell disease
T-cell lymphoma/leukemia	Initial Diagnosis; Follow-up*	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; Labcorp Lymphoid NGS depending on clinical presentation

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
#IGHV will not be performed on follow-up
[1] AZ/TN [2] CT

Morphologic Evaluation Common Components (Please include patient CBC report)

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

Flow Cytometry*

Leukemia/lymphoma phenotyping panel (peripheral blood/bone marrow)
21 *⊕ antibodies
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

Tissue/fluids panel
21 *⊕ antibodies
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

PNH Evaluation
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 t
⊕Antibodies performed determined by testing facility and may vary from the list above. Performed antibodies will appear in the patient report.

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)

NHL (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)

Note: *1 in genotype results denoes detection of thie normal (reference) sequence at all the variant sites assessed.

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

for interpretation, refer to www.labcorp.com

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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

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.