

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 Touch Preps #
<input type="checkbox"/> BM Clot <input type="checkbox"/> FNA: <input type="checkbox"/> BM Core <input type="checkbox"/> CSF <input type="checkbox"/> BM Aspirate #	<input type="checkbox"/> Effusion #/Source
<input type="checkbox"/> Dry Tap <input type="checkbox"/> Lymph Node: <input type="checkbox"/> Fresh Tissue #/Site	<input type="checkbox"/> Slides #
<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Slides #	<input type="checkbox"/> Fresh Tissue #/Site
<input type="checkbox"/> FFPE block(s) #	
If block/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	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"/> 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"/> Polycythemia <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.

LABCORP HEMEPATH CASE - Comprehensive Analysis Services & Expertise
 Primary Diagnosis (bone marrow in formalin, green/lavender top tubes, smears)
 CBC report required

Comprehensive evaluation for BM or PB: morphologic evaluation, flow cytometry, cytogenetics, and other relevant diagnostic and/or prognostic tests will be ordered per opinion of reviewing pathologist (see reverse for reflex criteria).

MORPHOLOGIC EVALUATION (bone marrow in formalin, green/lavender top tubes, smears) - CBC report required

Bone marrow morphology Peripheral blood morphology

FLOW CYTOMETRY® (see reverse for antibody list)

Leukemia/lymphoma phenotyping BAL CD4:CD8 Assessment
 Add diagnostic/prognostic tests - per LCO reflex criteria (see reverse) Stem Cell Enumeration
 CLL MRD
Blood only for the two tests below: B-ALL MRD (meets COG requirements)
 Leukocyte Adhesion Deficiency Assessment
 PNH

CYTOGENETICS®

Cancer 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 Multiple Myeloma AML MDS
 B-cell Lymphoma MPN/CML MPN w/ Eosinophilia

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
 CBFβ (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: _____

Pediatric (COG) ALL (Std Risk) ALL (High Risk) AML
COG Single Probes ABL1 ABL2 PDGFRβ

MOLECULAR®

Labcorp NGS Tests (bone marrow aspirate, peripheral blood, cell suspension from fresh tissue, or FFPE for select tests) - For the gene list for each panel, see oncology.labcorp.com. Refer to the gene list to determine clinical needs.

Labcorp Myeloid NGS Blood/BM
 Labcorp Lymphoid NGS Blood/BM FFPE
 Labcorp Pan-Heme NGS Blood/BM FFPE
 TP53 Mutation NGS Blood/BM Note: This gene is included in the panels above, so a standalone test may not be necessary when ordering a panel.

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) _____

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), t(14;20) are performed. t(14;20) is offered in Shelton, CT only.

Acute Leukemia <input type="checkbox"/> Rapid AML Panel+ <input type="checkbox"/> IDH 1/2 Mutation <input type="checkbox"/> CEBPA Mutation <input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> PML/RARA <input type="checkbox"/> cKIT Mutation <input type="checkbox"/> FLT3 Mutation	Lymphoid Neoplasm <input type="checkbox"/> B-cell Rearrangement IGH/IGK <input type="checkbox"/> T-cell Rearrangement TRG/TRB <input type="checkbox"/> B-cell Rearrangement IGH <input type="checkbox"/> B-cell Rearrangement IGK <input type="checkbox"/> T-cell Rearrangement TRG <input type="checkbox"/> T-cell Rearrangement TRB <input type="checkbox"/> IGHV Somatic Hypermutation <input type="checkbox"/> TP53 Mutation NGS <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> MYD88 Mutation	MPN/CML/Mastocytosis <input type="checkbox"/> BCR/ABL1 Quantitative <input type="checkbox"/> ABL Kinase Domain Mutation (BCR/ABL1 will be run) JAK2 V617F Mutation <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative 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-Systemic Mastocytosis
<input type="checkbox"/> Other Molecular, specify: _____		

SPECIAL CHEMISTRY (Serum ONLY)

Multiple Myeloma Diagnostic: 120256 Immunofixation (sIFE), Protein Electrophoresis (SPE), Quant Free K/A Light Chains (sFLC)*
Multiple Myeloma Monitoring: 001495 sIFE, SPE 001487 SPE 001685 sIFE
 123218 sIFE DARZALEX® (daratumumab patients ONLY) 123062 sIFE SARCLISA® (satutumab patients ONLY)
 121137 sFLC, Quantitative Free Light K/A 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
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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/MPN)	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, IDH1/2 and NPM1 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 profile; 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	MDS FISH; Labcorp Myeloid NGS
Plasma cell neoplasia	Initial Diagnosis; Follow-up*	evidence of abnormal/monotypic plasma cells	Myeloma FISH profile; TP53 mutation analysis by NGS (depending on plasma cell burden)
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); FGFR1 (8q); JAK2
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

Flow Cytometry*

Leukemia/lymphoma phenotyping panel (peripheral blood/bone marrow) 24 * ^o antibodies	Tissue/fluids panel 21 * ^o 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. DNA Ploidy/S-Phase Assessment may be added.

^oAntibodies 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)	ALL (Pediatric/Std Risk)	AML	CLL	MPN/CML	Multiple Myeloma	Individual Probes
BCR/ABL1, t(9;22) KMT2A (MLL; 11q23) MYC (8q24) 6 21q	BCR/ABL1, t(9;22) 4 10 17 KMT2A (MLL; 11q23) 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-)	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) [†] IGH/MAFB, t(14;20) [†] [offered in Shelton, CT only] [†] Performed as a reflex in the Shelton, CT laboratory	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)
ALL (Philadelphia-like) CRLF2 ABL1 ABL2 JAK2 PDGFRB	ALL (High Risk) includes the above probes PLUS: ABL1 ABL2 PDGFRB	High grade B-cell Lymphoma BCL2 (18q21) BCL6 (3q27) MYC (8q24)	MDS 5q 7q 20q 8 TP53 (17p-)	MPN with Eosinophilia FGFR1 PDGFRA PDGFRB JAK2		

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

for interpretation, refer to www.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	

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.

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