

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: <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
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 <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	<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
<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

LABCORP HEMEPATH CASE - Comprehensive Analysis Services & Expertise Primary Diagnosis (bone marrow in formalin, green/lavender top tubes, smears) CBC report required
<input type="checkbox"/> 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
<input type="checkbox"/> Bone marrow morphology <input type="checkbox"/> Peripheral blood morphology

HEMATOPATHOLOGY CONSULTATION (tissue block, with or without slides)
<input type="checkbox"/> Hematopathology consultation with diagnostic stains and diagnostic/prognostic tests per Labcorp hematopathologist consultation
<input type="checkbox"/> Second opinion consultation (stained slides without tissue block)

FLOW CYTOMETRY® (see reverse for antibody list)
<input type="checkbox"/> Leukemia/lymphoma phenotyping <input type="checkbox"/> BAL CD4:CD8 Assessment
<input type="checkbox"/> Add diagnostic/prognostic tests - per LCO reflex criteria (see reverse) <input type="checkbox"/> Stem Cell Enumeration
<input type="checkbox"/> PNH <input type="checkbox"/> CLL MRD
Blood only for the two tests below: <input type="checkbox"/> B- ALL MRD (meets COG requirements)
<input type="checkbox"/> Leukocyte Adhesion Deficiency Assessment

VIRTUAL FLOW CYTOMETRY (technical component; see add-on criteria on reverse)
<input type="checkbox"/> Leukemia/lymphoma phenotyping (Blood, Bone Marrow, or tissue samples)

CYTOGENETICS®
<input type="checkbox"/> Cancer Cytogenetics

FISH (select disease state profile OR individual probes)
Disease State Profiles (see reverse for panel components)
<input type="checkbox"/> ALL (Adult) <input type="checkbox"/> ALL (Pediatric) <input type="checkbox"/> ALL (Philadelphia-like) <input type="checkbox"/> CLL
<input type="checkbox"/> High Grade B-cell Lymphoma <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> AML <input type="checkbox"/> MDS
<input type="checkbox"/> B-cell Lymphoma <input type="checkbox"/> MPN/CML <input type="checkbox"/> MPN w/ Eosinophilia

Individual Probes (for a complete list of probes visit oncology.labcorp.com)
<input type="checkbox"/> ALK (2p23) <input type="checkbox"/> BCL6 (3q27) <input type="checkbox"/> BCR/ABL1, t(9;22) <input type="checkbox"/> JAK2 (9p24)
<input type="checkbox"/> BCR/ABL1, if neg reflex to JAK2 V617F Qual, if JAK2 neg reflex to CALR and MPL
<input type="checkbox"/> CBFB (inv16) <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"/> MALT1 (18q21) <input type="checkbox"/> PML/RARA, t(15;17) <input type="checkbox"/> KMT2A (MLL; 11q23) <input type="checkbox"/> RUNX1/RUNX1T1, t(8;21)
<input type="checkbox"/> TRA/D (14q11.2) <input type="checkbox"/> TP53 (17p-) <input type="checkbox"/> MYC (8q24)
<input type="checkbox"/> Other FISH, specify: _____

Pediatric (COG) COG Single Probes
<input type="checkbox"/> ALL (Std Risk) <input type="checkbox"/> ALL (High Risk) <input type="checkbox"/> AML
<input type="checkbox"/> ABL1 <input type="checkbox"/> ABL2 <input type="checkbox"/> PDGFRb

MOLECULAR®
Labcorp NGS Tests (bone marrow aspirate, peripheral blood, cell suspension from fresh tissue or FFPE for select tests)
<input type="checkbox"/> Labcorp Myeloid NGS <input type="checkbox"/> Blood/BM
<input type="checkbox"/> Labcorp Lymphoid NGS <input type="checkbox"/> Blood/BM <input type="checkbox"/> FFPE
<input type="checkbox"/> Labcorp Pan-Heme NGS <input type="checkbox"/> Blood/BM <input type="checkbox"/> FFPE
<input type="checkbox"/> TP53 Mutation NGS <input type="checkbox"/> Blood/BM

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

Acute Leukemia	Lymphoid Neoplasms	MPN/CML
<input type="checkbox"/> Rapid AML Panel* <input type="checkbox"/> B-cell Rearrangement IGH/IGK	<input type="checkbox"/> B-cell Rearrangement TRG/TRB	<input type="checkbox"/> BCR/ABL1 Quantitative
<input type="checkbox"/> IDH1/2 Mutation <input type="checkbox"/> CEBPA Mutation	<input type="checkbox"/> T-cell Rearrangement TRG/TRB	<input type="checkbox"/> ABL Kinase Domain Mutation (BCR/ABL1 will be run)
<input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> PML/RARA (Quantitative)	<input type="checkbox"/> B-cell Rearrangement IGH	<input type="checkbox"/> JAK2 V617F Mutation
<input type="checkbox"/> cKIT Mutation <input type="checkbox"/> FLT3 Mutation	<input type="checkbox"/> B-cell Rearrangement IGK	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative
	<input type="checkbox"/> T-cell Rearrangement TRG	if negative reflex to:
	<input type="checkbox"/> T-cell Rearrangement TRB	<input type="checkbox"/> CALR
	<input type="checkbox"/> IGHV Mutation	<input type="checkbox"/> JAK2 Exon 12-15
	<input type="checkbox"/> TP53 Mutation NGS	<input type="checkbox"/> MPL 515
	<input type="checkbox"/> BRAF Mutation	<input type="checkbox"/> JAK2 Exon 12-15 Mutation
	<input type="checkbox"/> MYD88 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: _____

*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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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.

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), CBFβ 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 ** antibodies CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD14, CD16, CD19, CD20, CD23, 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. DNA Ploidy/S-Phase Assessment may be added.

**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 Add-on 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 required.	
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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, TCRA, 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 (Pediatric/Std Risk) BCR/ABL1, t(9;22) 4 10 17 KMT2A (MLL: 11q23) CDKN2A (p16) TCF3 (E2A) ETV6/RUNX1, t(12;21)	AML PML/RARA, t(15;17) CBFB, inv(16) RUNX1T1/RUNX1, t(8;21) 5q 7q KMT2A (MLL) TP53 (17p-)	CLL TP53 (17p-) ATM (11q) CCND1/IGH, t(11;14) 13q14 (DLEU) 12	MPN/CML 20q 8 9 13q14 (DLEU) BCR/ABL1, t(9;22)	Multiple Myeloma Monosomy 13/13q- TP53 (17p-) 7 9 15 CCND1/IGH, t(11;14) CKS1B (1q21) FGFR3/IGH, t(4;14) ¹ IGH/MAF, t(14;16) ¹ IGH/MAFB, t(14;20) ¹ [offered in Shelton, CT only] ¹ Performed as a reflex in the Shelton, CT laboratory	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)
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		

Lab Locations		
Accupath Diagnostic Laboratories, Inc.		Esoferix 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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