HEMATOPATHOLOGY REQUEST FORM

Providence
Alaska Medical Center
P.O. Box 196604 Anchorage, AK 99519-6604

Main Lab: 907-212-3631
Pathology: 907-212-3098
Fax: 907-212-3632

PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED USE BLACK OR BLUE INK ONLY

PATIENT'S FULL LEGAL NAME (REQUIRED) LAST:	FIRST:	MI:	**DATE OF BIRTH (REQUIRED)**	**SEX (REQUIRED):** ☐ MALE ☐ FEMALE ☐ OTHER

BILL: ☐ **CLIENT/PHYSICIAN ACCOUNT #:_____ COMPLETE REQUIRED AREAS** ☐ **PATIENT BILL COMPLETE REQUIRED & AREAS BELOW** ☐ **INSURANCE COMPLETE ALL AREAS**	SUBSCRIBER (LAST, FIRST, MIDDLE)	DATE OF BIRTH

GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)	DATE OF BIRTH	ADDRESS (CITY, STATE, ZIP)	
ADDRESS		PHONE #	PATIENT RELATIONSHIP
CITY/STATE/ZIP CODE:		INSURANCE CO.	
PT. RELATIONSHIP:		CLAIMS ADDRESS (CITY, STATE, ZIP)	
HOME PHONE NO.:	WORK PHONE NO.:	INSURANCE PHONE	INSURANCE/MEMBER POLICY # / GROUP #

Date of Service (Collection): _____/_____/_____ **Time:** _____ **COPY To:**_____

Specimen: ☐ Peripheral Blood ☐ Blood Marrow Aspirate ☐ Iliac Core: ☐ Right ☐ Left

Gleevec: ☐ Yes ☐ No Rituxan: ☐ Yes ☐ No GCSF: ☐ Yes ☐ No

Ancillary Tests: ☐ CBC w/diff and slide review ☐ Other: _____

Microbiology (Use bone marrow culture collection kit or place in sterile container. Obtain kit from Microbiology Lab (907) 212-3025): ☐ AFB ☐ Routine ☐ Fungus

DIAGNOSIS*

☐ **B-Cell Lymphoma** C85.10 ☐ **T-Cell Lymphoma** C86.5 ☐ **CML** C92.10 ☐ **CLL** C91.10 ☐ **ALL** C91.00 ☐ **AML** C92.00

☐ **MDS** D46.9 ☐ **Myeloproliferative** D47.1 ☐ **Myeloma/MGUS** C90.00

☐ **Hodgkin Lymphoma** C81.90 ☐ **Anemia** D64.9 ☐ **Thrombocytopenia** D69.6 ☐ **Other** _____

*All diagnosis should be provided by the ordering physician or their authorized designee. For a complete listing of ICD-10 codes refer to a current version of the ICD-10-CM Book.

☐ **Ancillary testing ordered at Pathologist's discretion**

CYTOGENETICS (Na Heparin tube at room temp. 7-10 mL peripheral blood or 1-2 mL marrow)

☐ Routine Karyotype

FISH *NHL = Non-Hodgkin Lymphoma

☐ CML ☐ B/T ALL ☐ MDS ☐ AML ☐ APL ☐ Myeloma/MGUS ☐ Indolent B-NHL* ☐ Aggressive B-NHL* ☐ Other _____

FLOW CYTOMETRY (Na Heparin tube preferred, 72 hour stability. Or EDTA 24 hour stability)

☐ Leukemia/Lymphoma ☐ Myeloma/MGUS ☐ PNH ☐ Spherocytosis ☐ CLL Prognostic Markers

☐ CD34 Enumeration ☐ T-Cell Receptor

MOLECULAR STUDIES (EDTA tube at room temp. 5mL peripheral blood or 3 mL marrow.)

☐ Qualitative BCR/abl ☐ Quantitative BCR/abl ☐ P210 ☐ P190 ☐ MYD88 ☐ CLL Prognostic Panel

☐ B-cell clonality ☐ T-cell clonality ☐ FLT3 mutation ☐ NPM1 ☐ _____ Reflex if negative to CEBPA (check if reflex also approved)

☐ Reflex testing JAK2 > CALR > MPL OR ☐ JAK2 ☐ Calreticulin ☐ MPL ☐ PML – RARA PCR ☐ Other _____

Additional Test/Comments:

Pertinent Clinical history:

Ordering Provider (Print First and Last Name) _____

WARNING: FRIDAY COLLECTIONS WILL NOT HAVE PRELIMINARY RESULTS UNTIL THE FOLLOWING MONDAY

Lab Use Only: Prior testing (flow/molecular) ☐ Yes ☐ No Lab _____ Date _____

MEDICAL NECESSITY STATEMENT FOR PHYSICIANS

The ordering physician certifies that the tests ordered and to be billed to Medicare are medically necessary and understands that all available tests may be ordered individually and, profiles may, where appropriate, be billed separately. Only tests that the ordering physician believes appropriate for patient care should be ordered. Medicare will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10CM diagnosis code(s) **must** be provided for each test ordered.

AMA Panels

Comprehensive Metabolic Panel 80053
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Bilirubin, total
Albumin
AST (SGOT)
Alkaline Phosphatase
Protein, total
ALT (SGPT)

Electrolyte Panel 80051
Sodium
Potassium
Chloride
Carbon Dioxide

Basic Metabolic Panel 80048
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium

Renal Function Panel 80069
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Albumin
Phosphorus, inorganic (Phosphate)

Hepatitis Acute Panel 80074
Hep B surface antigen (HBsAg)
Hep B core antibody (HBcAb), IgM
Hep C antibody
Hep A antibody, IgM

Lipid Panel 80061
Cholesterol, total
Triglycerides
HDL cholesterol
LDL cholesterol (calculated)

Liver Panel 80076
Albumin
Bilirubin, total and direct
ALT (SGPT)
AST (SGOT)
Alkaline Phosphatase
Protein, total

Obstetric Panel 80055
CBC
Hep B Surface antigen (HbsAg)
Antibody, Rubella
RPR
ABO/Rh type
Antibody screen

REFLEX/CONFIRMATORY TESTING NOTICE

It is the policy of Providence Alaska Medical Center laboratory to perform reflex or confirmatory test automatically on microbiological cultures (gram stain, bacterial identification and susceptibility, if warranted, unless otherwise requested), positive HIV (Western Blot), positive Hepatitis B Surface Antigen test, positive, reactive RPRs (FTA-Abs), CSF or Body Fluid Cell Count, Lipid Panel Triglyceride >400mg/dL (direct measure LDL), and CSF Cell Count, Malaria smear, CBC/Blood Count (Pathologist review). CBC will be ordered if not completed within 24 hours of flow cytometry request. Many of these tests are also available without confirmation, if desired. Transfusion Medicine will perform additional testing as needed to identify auto- and allo-antibodies, and/or to provide compatible blood products for transfusion. The subsequent testing is performed at additional charge. Medical necessity must apply to the reflex test also. Refer to Providence Alaska Medical Center laboratory's Testing Manual for details.

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Alkaline Phosphatase
Protein, total
ALT (SGPT)

Electrolyte Panel 80051
Sodium
Potassium
Chloride
Carbon Dioxide

Basic Metabolic Panel 80048
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium

Renal Function Panel 80069
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Albumin
Phosphorus, inorganic (Phosphate)

Hepatitis Acute Panel 80074
Hep B surface antigen (HBsAg)
Hep B core antibody (HBcAb), IgM
Hep C antibody
Hep A antibody, IgM

Lipid Panel 80061
Cholesterol, total
Triglycerides
HDL cholesterol
LDL cholesterol (calculated)

Liver Panel 80076
Albumin
Bilirubin, total and direct
ALT (SGPT)
AST (SGOT)
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