GEMiNi Diagnostics

HEMATOPATHOLOGY
Requisition

PATIENT INFORMATION

Name (Last, First, MI)

☐ Male ☐ Female | DOB (Month/Day/Year) | ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient

MRN/Chart # | SSN

Address (Street, City, State, ZIP)

Home Phone | ☐ See Attached for patient address & phone information

CLINICAL INFORMATION

Clinical History/DX Under Consideration/Request

ICD-9#

☐ Cytopenia 289.9
- ☐ Pancytopenia 284.1
- ☐ Anemia, Unspecified 285.9
- ☐ Refractory Anemia 238.72
- ☐ Iron Deficiency 280.9
- ☐ Leukopenia 288.60
- ☐ Neutropenia 288.00
- ☐ Lymphopenia
- ☐ Thrombocytopenia 287.5

Elevated counts
- ☐ Polycythemia 289.0
- ☐ Leukocytosis 288.60
- ☐ Lymphocytosis 288.61
- ☐ Neutrophilia 288.2
- ☐ Monocytosis 285.63
- ☐ Eosinophilia 288.3
- ☐ Thrombocytosis 238.71

☐ Monoclonal paraproteinemia 273.1

☐ Aplastic Anemia 284.9 ☐ PNH 283.2 ☐ ITP 287.31

☐ Neoplasm of Uncertain Behavior, Lymphatic and Hematopoietic 238.79
- ☐ Acute Leukemia (AL)
- ☐ AL, Unspecified 208.00 ☐ CMML 206.10 ☐ MPN, NOS
- ☐ AML 205.00 ☐ PV 238.4 ☐ CML 205.10
- ☐ AML, w/ remission 205.01 ☐ ET 238.71 ☐ PMF 238.76
- ☐ ALL 204.00
- ☐ ALL w/ remission 204.01 ☐ MDS 238.75

☐ Lymphadenopathy/Adenopathy 785.6

☐ Malignant Neoplasm, Other Lymphomas 202.80

☐ Lymphoid Leukemia w/o mention of remission 204.10

☐ Non-Hodgkin Lymphoma, B-cell, 202.80
- ☐ CLL/SLL 204.10 ☐ Diffuse large B cell lymphoma
- ☐ Mantle cell lymphoma 200.4 ☐ MGUS 273.1
- ☐ Hairy cell leukemia 202.40 ☐ PCD 273.9
- ☐ MALT lymphoma 200.3 ☐ Multiple Myeloma 203.00
- ☐ Follicular lymphoma ☐ Waldenstroms 273.3

☐ Non-Hodgkin Lymphoma, T-cell, 202.10

☐ Hodgkin Lymphoma 201.90

Status: ☐ New Diagnosis ☐ S/P Treatment: ☐ Remission ☐ Relapse

SPECIMEN SUBMITTED

Specimen ID#/Pathology#/Block#

Collection Date | Time | ☐ AM ☐ PM

Specimen Type

☐ Blood: Green Top(s)_____ Purple Top(s)_____ Other_____

☐ Marrow Aspirate: Green Top(s)_____ Purple Top(s)_____ Other_____

☐ Marrow Core_____ ☐ Marrow Clot_____

☐ CSF ☐ Body Fluid (specify site below)____

☐ Fresh Tissue/FNA (specify site below)_____

☐ Paraffin Block(s) (specify site below)_____

☐ Smears: #Air dried_____ #Fixed_____ #Stained_____

☐ Slides: #Stained_____ #Unstained_____

Specimen Site

REQUESTING INSTITUTION

Client

Address

Phone & Fax

Ordering Physician | UPIN# | NPI#

Phone | Fax

Email

Treating Physician | UPIN# | NPI#

Phone | Fax

BILLING (Please attach paperwork including a copy of both sides of insurance card)

☐ Insurance ☐ Client ☐ Patient ☐ Medicare
☐ MediCal/Medicaid ☐ Workers Comp ☐ IPA/HMO
☐ Other

Insured Name

Relationship to Patient ☐ Self ☐ Spouse ☐ Child ☐ Other

Primary Insurance ☐ See Attached Billing

Policy# | Group/Plan# | Pre-Authorization #

Secondary Insurance ☐ See Attached Billing

Medicare # ☐ See Attached

TESTING REQUESTED

FLOW CYTOMETRIC ANALYSIS
- ☐ Leukemia/Lymphoma ☐ PNH (FLAER)
- ☐ Plasma Cell Tumor

BONE MARROW MORPHOLOGY
- ☐ With Differential and Cytochemistry, with Immunohistochemistry if necessary

CONSULTATION
- ☐ Morphology with Immunohistochemistry

ONCOLOGY GENETICS

Cytogenetics – Chromosome Analysis
- ☐ For Lymphoma/Leukemia ☐ For Solid Tumor
- ☐ With reflex FISH (IF NEEDED)

Fluorescence in-situ Hybridization (FISH):
- ☐ CLL Panel ☐ Myeloma Panel ☐ MDS Panel
- ☐ Burkitt Panel ☐ CCND1/IGH ☐ BCL2/IGH
- ☐ BCL6/IGH ☐ BCR/ABL ☐ PML/RARA

PCR
- ☐ B-cell (IgH) ☐ T-cell (TCR-γ) ☐ BCR/ABL ☐ JAK2 (V617F)

OTHER

GEMINI DX USE ONLY