HEMATOPATHOLOGY
Requisition

GEMINI Diagnostics

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-10#

☐ Cytopenia
- ☐ Pancytopenia
- ☐ Anemia, Unspecified
- ☐ Refractory Anemia
- ☐ Iron Deficiency
- ☐ Leukopenia
- ☐ Neutropenia
- ☐ Lymphopenia
- ☐ Thrombocytopenia

Elevated counts
- ☐ Polycythemia
- ☐ Leukocytosis
- ☐ Lymphocytosis
- ☐ Neutrophilia
- ☐ Monocytosis
- ☐ Eosinophilia
- ☐ Thrombocytosis

☐ Monoclonal paraproteinemia

☐ Aplastic Anemia ☐ PNH ☐ ITP

☐ Neoplasm of Uncertain Behavior, Lymphatic and Hematopoietic
- ☐ Acute Leukemia (AL)
- ☐ AL, Unspecified
- ☐ AML
- ☐ AML, w/ remission
- ☐ ALL
- ☐ ALL w/ remission
- ☐ CMML
- ☐ PV
- ☐ ET
- ☐ MDS
- ☐ MPN, NOS
- ☐ CML
- ☐ PMF

☐ Lymphadenopathy/Adenopathy

☐ Malignant Neoplasm, Other Lymphomas

☐ Lymphoid Leukemia w/o mention of remission

☐ Non-Hodgkin Lymphoma, B-cell
- ☐ CLL/SLL
- ☐ Mantle cell lymphoma
- ☐ Hairy cell leukemia
- ☐ MALT lymphoma
- ☐ Follicular lymphoma
- ☐ Diffuse large B cell lymphoma
- ☐ High Grade B-cell lymphoma
- ☐ MGUS
- ☐ Multiple Myeloma
- ☐ Waldenstroms

☐ Non-Hodgkin Lymphoma, T-cell

☐ Hodgkin Lymphoma

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

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

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