Ship to: HematoLogics, Inc.
3161 Elliott Ave. Suite 200
Seattle, WA 98121

Phone: (206) 223-2700
or: (800) 860-0934
FAX: (206) 223-5550
Billing (206) 805-3045

HEMATOLOGICS USE ONLY

HLID#_____

PATIENT INFORMATION—ATTACH LABEL HERE

Patient Name (Last, First):

DOB: Age: Sex at birth:

Specimen ID:

BILLING INFORMATION

Effective 6 12 2025

Bill: ☐Clinic ☐Medicare ☐Insurance ☐Patient

Hospital Status: ☐Inpatient ☐Outpatient ☐Non-patient

Please attach face sheet with insurance information/patient demographics

SUBMIT ONE REQUISITION PER SPECIMEN TYPE:

☐Bone Marrow Aspirate
☐Bone Marrow Biopsy
☐Tissue Biopsy
☐Paraffin Block
☐Peripheral Blood
☐Paraffin Shavings
☐Fluid (source):_____
☐Other:_____

Collection Date: **Time:**

Ordering Physician Signature (Required):

_____

results will be held pending physician signature

NPI:_____

Phone: (**)**_____

CLINICAL DATA. ATTACH CHART NOTES / CBC / PATHOLOGY

ICD10:_____

Is this a Diagnostic Specimen?
☐Yes ☐No

NARRATIVE DIAGNOSIS

TREATMENT STATUS

- Is The Patient Post Transplant?
  ☐No ☐Yes—Transplant Date:____/____/____
- Chemotherapy Timing (if applicable):
  Cycle Number_____ Day in Cycle_____
- Patient receiving Immunotherapy or CAR-T? If yes, which:
  ☐Blinatumomab ☐Inotuzumab ☐Daratumomab
  Other:_____

Diagnostic Flow Cytometry CPT: 88184/88185/88189

☐Leukemia/Lymphoma Immunophenotyping
  ☐Reflex to Karyotyping/FISH/Molecular to confirm diagnosis IF NEEDED

ΔN:™ MRD by Flow Cytometry (Clinic Bill Only) CPT: 88184/88185/88189

☐AML ☐B-ALL ☐T-ALL ☐CLL ☐MDS

Specific Antigen Assessment:

Cell Sorting (CPT Codes Attached)

☐Sorting for Chimerism (CD3 & CD33) CPT: 81268
  ☐CD19+ B-cells ☐NK-Cells ☐Other_____
☐Sorting Tumor Population (flow required) CPT: 88184/88185

Cytogenetics CPT: 88237/88264/88280/88291

☐Chromosome Analysis only
  ☐Chromosome Analysis with Reflex to FISH Analysis
  ☐Chromosome Analysis with Reflex to Microarray

FISH Panels See Back for CPT Codes

☐AML, adult
☐AML, pediatric
☐AML, suppl.
☐MDS
☐CML
☐MPN/*eosinophilia*
☐MM *with reflex to IGH probes or restriction*
☐B-ALL, adult
☐B-ALL, pediatric
☐B-ALL, Ph-like
☐CLLw/BCL1
☐CLLw/oBCL1
☐T-ALL
☐T-NHL
☐B-NHL §
☐HGBCL §
☐Burkitt §

§ One H&E slide is required for paraffin

FISH Probes See Back for CPT Codes

☐BCR/ABL1
☐KMT2A (MLL)
☐MYC
☐IGH/MYC
☐IGH/CCND1
☐FGFR1
☐PDGFRA
☐PDGFRB
☐Other Probes *(on back-page)*
or Prior Abnormalities:
☐PML/RARA
☐RARA *for variant APL*

FAX report to: (**)**_____

Attn:_____

Phone questions to: (**)**_____

Molecular Studies (May Require Preauthorization) (CPT Codes Listed)

☐ABL1 TKD Mutation Analysis (81170/81206/81207)
☐B-Cell IGH Gene Rearrangement (81261)
  ☐Reflex to IGK Gene Rearrangement (81264)
☐BCR::ABL1 IS Quantitative t(9;22)* (81206/81207)
☐BCR::ABL1 Qualitative Breakpoints p190 vs p210 (81206/81207)
☐BRAF V600E Mutation Analysis (81210)
☐Kit D816V Mutation Analysis (81273)
☐CBFA2T3::GLIS2 (81479)
☐CBFB::MYH11 inv(16)*(81401)
☐CD33 SNP Genotyping (81479)
☐CEBPa bZip Mutation Analysis (81218)
☐CXCR4 Mutation Analysis (81479)
☐DEK::NUP214 t(6;9)*(81401)
☐ETV6::RUNX1 t(12;21)*(81401)
☐FIP1L1::PDGFRA del(4q12)* (81314)
☐FLT3 ITD/TKD Mutation Analysis (81245)
☐IDH1 Mutation Analysis (81120)
☐IDH2 Mutation Analysis (81121)
☐IgHV Mutation Analysis (81263)
☐JAK2 V617F Mutation Analysis (81270)
  ☐Reflex to JAK2 Exon12 Mutation Analysis (81279)
  ☐Reflex to MPL Mutation Analysis (81338)
  ☐Reflex to CALR Mutation Analysis (81219)
☐KMT2A::AFF1 t(4;11)*(81401)
☐KMT2A::AFDN t(6;11)*(81479)
☐KAT6A::CREBBP t(8;16)*(81479)
☐KMT2A::MLLT3 t(9;11)*(81401)
☐KMT2A::MLLT10 t(10;11)*(81479)
☐KMT2A::MLLT11 t(1;11)*(81479)
☐KMT2A::MLLT1/ELL t(11;19)*(81479)
☐MYD88 L265P Mutation Analysis (81305/88112)
☐NPM1 Mutation Analysis (81310)
☐NUP98::KDM5A t(11;12)*(81479)
☐NUP98::NSD1 t(5;11)*(81479)
☐PML::RARA t(15;17)*(81315)
☐RBM15::MRTFA t(1;22)*(81479)
☐RUNX1::RUNX1T1 t(8;21)*(81334)
☐STAT3 Mutation Analysis (81479)
☐T-Cell Gene Rearrangement (81342)
  ☐Reflex to T-Cell Beta Gene Rearrangement (81340)
☐TCF3::PBX1 t(1;19)*(81401)
☐WT1 Expression RT PCR* (81479)

*Quantitative

Some assays may not be appropriate for monitoring. See https://www.hematologics.com/services/molecular-analysis/ for details.

Next Generation Sequencing (Prior Authorization / Coverage Limitations Apply)

☐AML Panel CPT: 81450
☐MDS Panel CPT: 81450
☐MPN, MPN/MDS (CMML, aCML, JMML) Panel CPT: 81450
☐NGS Monitoring (Include previous NGS report) CPT: 81450
☐Custom/Gene Specific NGS (Clinic Bill Only):_____
CPT: 81450 or 81479 (depending on gene count)

Submitting Institution: ☐ Barnes Jewish Hospital -St. Louis, MO
☐ Barnes Jewish Hospital West County
☐ Barnes Jewish Hospital—St. Peters Laboratory