

REQUIRED INFORMATION ON TEST REQUISITIONS

Always include **PATIENT NAME, DOB, SEX, DATE COLLECTED, TIME COLLECTED**

SPECIMEN ID, SPECIMEN TYPE, & SOURCE

Indicate **HOSPITAL STATUS** & **ORDERING & REFERRING PHYSICIAN**

Patient address required when billing to insurance

ALWAYS MARK WHO TO "BILL TO"

IF BILLING INSURANCE, include copy of insurance card or attach insurance info.

INCLUDE WRITTEN DIAGNOSIS AND/OR ICD-9 CODE

Note: special instructions or additional tests can be written here

THANK YOU ☺

HEMATOLOGY/ONCOLOGY REQUISITION														
PATIENT'S LAST NAME			FIRST	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM						
BILLING ADDRESS				APT. #	PATIENT PHONE #		PATIENT ID:	SURGERY DATE:						
CITY			STATE	ZIP CODE	<input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NON-HOSPITAL PATIENT		<input type="checkbox"/> HOSPITAL OUTPATIENT DATE OF DISCHARGE:							
BILL TO:		BILLING INFORMATION				MEDI-CAL #		MEDICARE #						
<input type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MED-CAL <input type="checkbox"/> MEDICARE <input type="checkbox"/> CASH/CHECK		INSURANCE COMPANY				ORDERING PHYSICIAN		REFERRING PHYSICIAN						
ADDRESS		CITY/STATE/ZIP				C: PHYSICIAN		FAX #						
SUBSCRIBER #		GROUP #				<input checked="" type="checkbox"/>		PHYSICIAN AUTHORIZED SIGNATURE						
RELATION		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other												
CLINICAL HISTORY/DIAGNOSIS						ICD-9 CODE (REQUIRED)								
SPECIMEN INFORMATION														
Specimen ID# _____														
<input type="checkbox"/> Bone Marrow Green Top(s): _____ Purple Top(s): _____ Core Biopsy: _____ Clot _____ Smear: _____ Other: _____ <input type="checkbox"/> Peripheral Blood Green Top(s): _____ Purple Top(s): _____ Smear: _____ Other: _____ <input type="checkbox"/> Tissue Type and Source: _____ Hospital / Facility and Phone #: _____ <input type="checkbox"/> Paraffin Block(s) Other (include source): _____														
HORIZON COMPREHENSIVE EVALUATION:														
<input type="checkbox"/> This includes all medically necessary tests required for diagnosis and may include blood and/or bone marrow morphology, 10-color flow cytometry, cytogenetics, FISH, and/or molecular testing.*														
HEMATOLOGY						SOLID TUMOR								
MORPHOLOGIC ANALYSIS <input type="checkbox"/> Bone Marrow Morphology <input type="checkbox"/> Peripheral Blood Morphology <input type="checkbox"/> Second Opinion Consultation						<input type="checkbox"/> Second Opinion Consultation COLORECTAL <input type="checkbox"/> KRAS with reflex to BRAF V600E/D/K <input type="checkbox"/> ERCC1 <input type="checkbox"/> KRAS <input type="checkbox"/> MSI <input type="checkbox"/> BRAF V600E/D/K <input type="checkbox"/> UGT1A1 <input type="checkbox"/> EGFR Mutation by PCR								
FLOW CYTOMETRY <input type="checkbox"/> Flow Cytometry Analysis with reflex to ZAP-70 for CLL if indicated <input type="checkbox"/> Flow Cytometry with Morphology <input type="checkbox"/> Flow Cytometry Analysis <input type="checkbox"/> Plasma Cell Panel <input type="checkbox"/> PNH - Blood Only						LUNG <input type="checkbox"/> KRAS <input type="checkbox"/> EML4 - ALK by FISH <input type="checkbox"/> EGFR Mutation by PCR <input type="checkbox"/> ERCC1 <input type="checkbox"/> EGFR with reflex to ALK <input type="checkbox"/> UGT1A1								
CYTOGENETICS <input type="checkbox"/> Cytogenetic Chromosome Analysis <input type="checkbox"/> Cytogenetic Chromosome Analysis with reflex to FISH as needed						BREAST <input type="checkbox"/> Prognostic Panel (ER, PR, HER2, Ki67, P53) <input type="checkbox"/> HER2 by IHC <input type="checkbox"/> ER/PR <input type="checkbox"/> HER2 with reflex to FISH <input type="checkbox"/> HER2 Dual ISH <input type="checkbox"/> HER2 by FISH								
FISH (see back for list of probes) <input type="checkbox"/> ALL Panel <input type="checkbox"/> PML/RARA <input type="checkbox"/> AML Panel <input type="checkbox"/> RARA Dual Color Break Apart <input type="checkbox"/> BCR/ABL1 <input type="checkbox"/> MDS Panel <input type="checkbox"/> CLL Panel <input type="checkbox"/> MM Panel (with PC enrichment) <input type="checkbox"/> IgH/BCL-1 <input type="checkbox"/> NHL Panel						MELANOMA <input type="checkbox"/> BRAF V600E/D/K with reflex to KRAS <input type="checkbox"/> BRAF V600E/D/K <input type="checkbox"/> KRAS								
MOLECULAR <input type="checkbox"/> B Cell Clonality <input type="checkbox"/> BCR/ABL Quantitative <input type="checkbox"/> T Cell Clonality <input type="checkbox"/> If negative, reflex to JAK2 V617F <input type="checkbox"/> IgVH Mutation <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> KIT D816V <input type="checkbox"/> If negative, reflex to JAK2 Exon 12 <input type="checkbox"/> FLT3 <input type="checkbox"/> If Exon 12 negative, reflex to MPL W515L/K <input type="checkbox"/> NPM-1 <input type="checkbox"/> JAK2 Exon 12 <input type="checkbox"/> MPL W515L/K						<input type="checkbox"/> CBC (if you are not ordering this test, please attach a copy of the most recent CBC results)								
Additional Tests / Information:						LABEL SPECIMENS <table border="1" style="margin: auto;"> <tr> <td>XXXXXX</td> <td>XXXXXX</td> </tr> <tr> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </table>					XXXXXX	XXXXXX	XXXXXX	XXXXXX
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XXXXXX	XXXXXX													
<small>For any patient of any payor (including Medicaid and Medicare), only order tests that are MEDICALLY NECESSARY for the DIAGNOSIS or TREATMENT of the PATIENT. Tests for screening purposes may be ordered, but Medicare patients require an Advanced Beneficiary Notice signed by the patient prior to obtaining the specimen. CLIA ID: 05D0643041 *Price for the comprehensive evaluation will vary based on tests actually performed.</small>														

*Please be specific if it is a written diagnosis (for example instead of r/o Lymphoma, Nodular Lymphoma - ICD9: 785.6

*Attaching the patient's history/related medical records if possible is very helpful