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# Hematopathology

1. Use a separate request form for each specimen type submitted.
2. Reflexive tests, panels and special testing information are indicated by an \*. Information can be found on the back.
3. **BOLD** indicates available by priority status.

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

## Diagnosis/ Suspected Diagnosis

B Cell Lymphoma / Neoplasm  
 CLL  Mantle Cell  Follicular  Myeloma/Gammopathy  
 Other (specify): \_\_\_\_\_  
 T Cell Lymphoma / Neoplasm  
 LGL  Mycosis Fungoides  Other (specify): \_\_\_\_\_  
 Acute Lymphoblastic Leukemia (ALL)  B  T  
 Stem Cell Disorders  
 Acute Myeloid Leukemia (AML)  
 Chronic Myelogenous Leukemia (CML)  
 Myelodysplastic Syndrome (MDS)  
 Myeloproliferative Disorder  
 Aplastic Anemia  
 Other (specify): \_\_\_\_\_

## Disease Phase

Presentation  
 Post Therapy/Days Post Rx \_\_\_\_\_  
 Pre-Transplant  
 Post Transplant/Days Post Tx \_\_\_\_\_  
 Recurrence

## Leukemia/Lymphoma Studies

### Flow Cytometry

Leukemia/Lymphoma Panel (include diagnosis above) **SAVHP**

### Molecular Studies - All samples need to be drawn in EDTA

#### Lymphoma Associated Abnormalities:

B-cell Clonality-Immunoglobulin Heavy Chain Gene Rearrangement **SAVMHP**  
 BCL1 t(11;14), Mantle Cell Lymphoma **SAVMHP**  
 BCL2 t(14;18), Follicular Lymphoma **SAVMHP**  
 T-cell Clonality-TCR gamma Gene Rearrangement **SAVMHP**

#### Leukemia/Myeloproliferative Disorder-Associated Abnormalities:

BCR/ABL RT PCR, Qualitative **SAVMHP**  
 BCR/ABL RT PCR, Quantitative **SAVMHP**  
 JAK2 V617F Mutation, DNA Screen **SAVMHP**  
 FLT3 ITD Mutation, DNA Screen **SAVMHP**  
 NPM1 Insertion Mutation, DNA Scrn **SAVMHP**

### Cytochemical Stains

Myeloperoxidase (MPO) **MPOB**  
 Non-Specific Esterase (NSE) **NSEB**

### Other Studies:

Cytologic Examination of Body Fluids **CCFUGE, FCFUGG**  
 Sezary Cell Preparation **SZPB**

## Other Flow Cytometric Studies

### Lymphocyte Subset Enumeration (HIV):

T-Cell Subset (CD4, CD8) **TCS48**  
 T-Cell Subset with B and NK cells **TCSNK**  
 T-Cell Subset with CD3 (CD3, CD4, CD8) **TCSA**

### Solid Organ Transplant Monitoring:

Absolute CD3 **ACD3**  
 Transplant Antibody Panel **TAP**

### Other:

Circulating Tumor Cell Assay **EPCS**  
 Paroxysmal Nocturnal Hemoglobinuria **PNHFC**

### Brochoalveolar Lavage

Cell Count and Differential **BALC**  
 T-cell Subset **BALTCS**

### Additional Clinical Information/Comments:

LOCATION	ORD. STA. NO.	ORDERING PHYSICIAN/PROVIDER	UWP OR UPIN CODE	COLLECTION DATE
PT NO		REQUIRED	REQUIRED	REQUIRED
NAME	<input type="checkbox"/> M <input type="checkbox"/> F	MEDICAL NECESSITY DOCUMENTATION, <b>REQUIRED</b> FOR OUTPATIENT TESTING		COLLECTION TIME
DOB		ICD9 CODE (PREFERRED) OR DIAGNOSIS / SIGNS & SYMPTOMS		REQUIRED
				SPECIMEN TYPE
NOTE: Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting		HARBORVIEW MEDICAL CENTER 206-731-3451 UW MEDICAL CENTER 206-598-6224		Rev. 04/08

### HCFA MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

### MEDICARE BILLING INFORMATION

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.

**For outpatient use only:** This list has been developed from the most frequently used diagnosis codes and is being provided only as informational assistance in documenting medical necessity. If the correct diagnosis is not found on this list, please furnish the diagnosis by writing text information in the box located in the lower left hand of the front of this sheet.

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
	<b>ANEMIA</b>		<b>MALIGNANT NEOPLASM cont.</b>		<b>LYMPH/HEMATOPOETIC cont.</b>
284.9	Aplastic, unspecified	173.9	Skin, unspec.	205.0	Leukemia, Myeloid Acute
284.8	Other specified aplastic	152.9	Small Intestine, unspec.	205.1	" Chronic, no remission
280.9	Iron deficiency, unspecified	171.9	Soft Tissue, unspec.	205.8	" Other myeloid leukemia
281.0	Other deficiency anemias	151.9	Stomach, unspec.	205.9	" Unspecified, no remission
285.9	Anemia, Unspecified	186.9	Testes, unspec.	238.7	Other lymphatic/hematopoietic tissues
283.0	Autoimmune hemolytic	193	Thyroid Gland	289.8	Myelofibrosis, Myeloid/ Meta
284.8	Other specified aplastic	_____ OtherSpecify: _____		200.2	Lymphoma; Burkitt's, unspec.
282.60	Sickle-cell disease, unspec.		<b>PERSONAL HX. NEOP.</b>	200.8	Lymphosarcoma, Mixed, unspec.
282.5	Sickle Cell Trait	V10.51	Bladder	200.0	Reticulosarcoma, Large Cell, unspec.
282.4	Thalassemias	V10.81	Bone	200.1	Lymphosarcoma, Lymphoblastic, unspec.
	<b>HEMOSTATIS</b>	V10.85	Brain	202.0	Lymphoma; Follicular, unspec.
277.3	Amyloidosis	V10.3	Breast	202.6	Mast Cell Tumors, unspec.
444.9	Arterial Emboli/ Thromb.	V10.11	Brochus/Lung	202.1	Mycosis Fungoides, unspec.
287.9	Unspec. hemorrhagic	V10.41	Cervix Uteri	205.3	Myeloid Sarcoma, no remission
	<b>Factor Deficiencies</b>	V10.00	GI Tract, unspec.	203.0	Myeloma, Multiple, no remission
286.0	Factor VIII disorder	V10.72	Hodgkin's	202.2	Sezary's Disease, unspec.
286.1	Factor IX disorder	V10.52	Kidney		<b>METASTATIC NEOPLASM</b>
286.2	Factor XI disorder	V10.62	Leukemia, Myeloid	198.3	Brain/ Spinal Cord
286.3	Other factor	V10.60	Leukemia, unspecified	197.0	Lung
287.3	Primary thrombocytopenia	V10.61	Leukemia, Lymphoid	197.7	Liver, secondary
287.5	Thrombocytopenia, unspec.	V10.71	Lymphosar/ reticulosarcoma	196.9	Lymph Nodes, Unspec.
289.9	Unspec. diseases of blood and blood-forming organs	V10.82	Malignant melanoma of skin	198.6	Ovary
451.9	Thrombophlebitis, upspec.	V10.02	Oral Cavity/Pharynx, other, unspec.	_____	Other Specify: _____
	<b>MALIGNANT NEOPLASM</b>	V10.43	Ovary		<b>MISCELLANEOUS</b>
199.1	Adenocarcinoma, other	V10.46	Prostate	780.6	Fever
188.9	Bladder, unspec.	V10.47	Testis	279.00	Hypogammaglobulinemia, unspec.
170.9	Bone, unspec.	V10.12	Trachea	075	Infectious Mononucleosis
191.9	Brain, unspec.	V10.42	Uterus, other	288.0	Leukopenia/Agranulocytosis
174.9	Breast, unspec.	201.4		238.7	Lymphoproliferative, chronic, unspec.
153.9	Colon, unspec.	201.5	" Lymph/Histiocytic, unspec.	273.3	Macroglobulinemia
150.9	Esophagus, unspec.	201.6	" Nodular Sclerosis, unspec.	273.1	Monoclon. Gammopath (B)
150.2	Esophagus, Abdomial Esoph.	201.7	" Mixed Cellular, unspec.	340	Multiple Sclerosis
195.0	Head, Neck, Face	201.9	" Lymphocyst Depletion, unspec.	273.2	Paraproteinemias, other
199.0	Disseminated	201.9	Hodgkin's disease, unspecified	486	Pneumonia, unspec.
155.2	Liver, not 1° or 2°	202.4	Leukemia, Hairy Cell	238.4	Polycythemia vera
162.9	Lung, unspec.	204.0	Leukemia, Lymphoid Acute, unspec.		
172.9	Melanoma, unspec.	204.1	" Chronic, unspec.		
192.9	Nervous System, unspec.	204.8	" Other, unspec.		
183.0	Ovary	204.9	" Unspecified		
157.9	Pancreas, unspec.	203.1	Leukemia, Plasma Cell, unspec.		
185	Prostate	206.0	Leukemia, Monocytic Acute, no remission		
154.1	Rectum	206.1	" Chronic, no remission		
		206.8	" Other monocytic leukemia		
		206.9	" Unspecified		