

PT. NO.

NAME (Last, First)

D.O.B.

M   
F

# CLINICAL LAB REQUEST

UW MEDICINE  
LABORATORY MEDICINE COMMUNITY SERVICES

## Hematopathology

1. Completely fill in left section.
2. Use a separate request form for each specimen type submitted.
3. Please give as much clinical history as possible.

Hematopathology Lab, G7800  
825 Eastlake Ave. E  
Seattle, WA 98109

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

Hematopathology Phone: (206) 288-7060  
Fax: (206) 288-7127  
M-Sat: 8:30-6; Sun. 8:30 - 4

**After Hours & Weekends:**  
Hematopath Fellow on-call (206) 598-6190

Molecular Hematopath Phone: (206) 288-7070  
Fax: (206) 288-7126  
M-F: 8 - 4:30

ORDERING PHYSICIAN/PROVIDER <b>REQUIRED</b>		UPIN # <b>REQUIRED</b>
PHONE #	FAX #	
SENDER SPECIMEN #		
<b>SPECIMEN TYPE</b> (Heparin Anticoagulant for Flow) (EDTA for Molecular Studies)		
<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Tissue(specify site): _____ Specify: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Paraffin embedded <input type="checkbox"/> Fine Needle Aspirate (specify site): _____ <input type="checkbox"/> BAL <input type="checkbox"/> CSF <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Other Fluid (specify site): _____ <input type="checkbox"/> DNA <input type="checkbox"/> Cells <input type="checkbox"/> Other (specify): _____		
DATE & TIME COLLECTED		<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>SEND REPORT TO</b> (Hospital, Clinic, Physician)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
<b>PATIENT ADDRESS</b>		
CITY	STATE	ZIP
TELEPHONE	PATIENT SOC. SEC. #	
<b>SUBSCRIBER NAME</b>		
SUBSCRIBER ID. #		
GROUP#		
Premera Blue Cross    Regence    DSHS (attach current coupon)		
Medicare (answer required question below)		
Is this either a hospital outpatient or inpatient? Yes    No (see reverse for additional information)		
OTHER INSURANCE NAME/ADDRESS		

**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                      **SAVHP**  
 (include diagnosis above)

**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**

**Molecular Studies**  
 All samples need to be drawn in EDTA tubes

**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**

**Solid Organ Transplant Monitoring:**  
 Absolute CD3                      **ACD3**  
 Transplant Antibody Panel                      **TAP**

**Other:**  
 Paroxysmal Nocturnal Hemoglobinuria                      **PNHFC**  
 Circulating Tumor Cell (CTC) Assay                      **EPCS**

**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**

**Bronchoalveolar Lavage**  
 Cell Count and Differential                      **BALC**  
 T-Cell Subset                      **BALTCS**

**Cytochemical Stains**  
 Myeloperoxidase                      **MPOB**  
 Non-Specific Esterase                      **NSEB**

**Additional Clinical Information/Comments:**

ICD9 (diagnosis code):

**Other Studies**  
 Cytologic Exam of Body Fluids    **CCFUGE, FCFUGG**  
 Sezary Cell Preparation                      **SZPB**

**REQUIRED**

**NOTE:** 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.

### 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>
284.9    Anemia, Aplastic/Refrac Chr	MALIGNANT NEOPLASM continued	LYMPH/HEMATOPOETIC continued
284.8    Anemia, Due to Rx/Rad	173.9    Skin, unspec.	203.10    Leukemia, Plasma Cell, unspec.
280.9    Anemia, Iron Deficiency	152.9    Small Intestine, unspec.	206.00    Leukemia, Monocytic Acute, no remission
281.0    Anemia, Pernicious	171.9    Soft Tissue, unspec.	206.10        " Chronic, no remission
285.9    Anemia, Unspecified	151.9    Stomach, unspec.	206.80        " Other, no remission
283.0    Autoimmune Hemolytic Acq.	186.9    Testes, unspec.	206.90        " Unspecified, no remission
284.8    Pancytopenia	193      Thyroid Gland	205.00    Leukemia, Myeloid Acute
282.60    Sickle Cell Disease	_____    Other Specify: _____	205.10        " Chronic, no remission
282.5    Sickle Cell Trait	<b>PERSONAL HX. NEOP.</b>	205.80        " Other, no remission
282.4    Thalassemias	V10.51    Bladder	205.90        " Unspecified, no remission
<b>HEMOSTASIS</b>	V10.81    Bone	238.7    Myelodysplasia Disease
277.3    Amyloidosis	V10.85    Brain	289.8    Myelofibrosis, Myeloid/ Meta
444.9    Arterial Emboli/ Thromb.	V10.3     Breast	200.20    Lymphoma; Burkitt's, unspec.
287.9    Chronic Bleeding Disorder	V10.11    Brochus/Lung	200.80    Lymphosarcoma, Cleaved/Other, unspec.
Factor Deficiencies	V10.41    Cervix Uteri	200.80    Lymphosarcoma, Mixed, unspec.
286.0    Factor VIII disorder	V10.00    GI Tract, unspec.	200.00    Reticulosarcoma, Large Cell, unspec.
286.1    Factor IX disorder	V10.72    Hodgkin's	200.10    Lymphosarcoma, Lymphoblastic, unspec.
286.2    Factor XI disorder	V10.52    Kidney	202.00    Lymphoma; Follicular, unspec.
286.3    Other factor	V10.62    Leukemia, Myeloid	202.60    Mast Cell Tumors, unspec.
287.3    Idiopathic Throm Purpura	V10.60    Leukemia, unspecified	202.10    Mycosis Fungoides, unspec.
287.5    Thrombocytopenia, unspec.	V10.61    Leukemia, Lymphoid	205.30    Myeloid Sarcoma, no remission
289.9    Thrombocytosis	V10.71    Non-Hodgkins Lymphoma	203.00    Myeloma, Multiple, no remission
451.9    Thrombophlebitis	V10.82    Melanoma	202.20    Sezary's Disease, unspec.
<b>MALIGNANT NEOPLASM</b>	V10.02    Oral Cavity/Pharynx, other, unspec.	<b>METASTATIC NEOPLASM</b>
199.1    Adenocarcinoma, other	V10.43    Ovary	198.3    Brain/ Spinal Cord
188.9    Bladder, unspec.	V10.46    Prostate	197.0    Lung
170.9    Bone, unspec.	V10.47    Testis	197.7    Liver, secondary
191.9    Brain, unspec.	V10.12    Trachea	196.9    Lymph Nodes, Unspec.
174.9    Breast, unspec.	V10.42    Uterus, other	198.6    Ovary
153.9    Colon, unspec.	<b>LYMPH/HEMATOPOETIC</b>	_____    Other Specify: _____
150.9    Esophagus, unspec.	201.40        " Lymph/Histiocytic, unspec.	<b>MISCELLANEOUS</b>
150.2    Esophagus, Abdominal Esoph.	201.50        " Nodular Sclerosis, unspec.	780.6    Fever
195.0    Head, Neck, Face	201.60        " Mixed Cellular, unspec.	279.00    Hypogammaglobulinemia, unspec.
199.0    Kidney	201.70        " Lymphocyst Depletion, unspec.	075     Infectious Mononucleosis
155.2    Liver, not 1° or 2°	201.90        " Unspecified	288.0    Leukopenia/Agranulocytosis
162.9    Lung, unspec.	202.40    Leukemia, Hairy Cell	238.7    Lymphoproliferative, chronic, unspec.
172.9    Melanoma, unspec.	204.00    Leukemia, Lymphoid Acute, unspec.	273.3    Macroglobulinemia
192.9    Nervous System, unspec.	204.10        " Chronic, unspec.	273.1    Monoclon. Gammopath (B)
183.0    Ovary	204.80        " Other, unspec.	340     Multiple Sclerosis
157.9    Pancreas, unspec.	204.90        " Unspecified	273.2    Paraproteinemias, other
185     Prostate		486     Pneumonia, unspec.
154.1    Rectum		238.4    Polycythemia vera