**HEMATOPATHOLOGY**

**CLINICAL LAB REQUEST**

**UW MEDICINE**

**REFERENCE LABORATORY SERVICES**

(206) 685-6066 or (800) 713-5198

http://depts.washington.edu/labweb/reference/lab/clinical/forms.htm

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**D I A G N O S I C  I N F O R M A T I O N -  R E Q U I R E D**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>ICD Code(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Cell Lymphoma</td>
<td>__ Tissue (site) _____________________</td>
</tr>
<tr>
<td>T Cell Lymphoma</td>
<td>__ BM Aspirate __ BM Biopsy</td>
</tr>
<tr>
<td>Stem Cell Disorder</td>
<td>__ Peripheral Blood</td>
</tr>
<tr>
<td>Additional Clinical Info</td>
<td>__ Follicular</td>
</tr>
<tr>
<td></td>
<td>__ Hairy Cell</td>
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<tr>
<td></td>
<td>__ Hodgkin's</td>
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<tr>
<td></td>
<td>__ Mantle Cell</td>
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<tr>
<td></td>
<td>__ Myeloma/Gammopathy</td>
</tr>
<tr>
<td></td>
<td>__ Tissue (site)</td>
</tr>
<tr>
<td></td>
<td>__ Fresh _ Frozen _ Paraffin embedded</td>
</tr>
<tr>
<td></td>
<td>__ Fluid (site)</td>
</tr>
<tr>
<td></td>
<td>__ BAL __ DNA __ CSF __ Cells</td>
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<tr>
<td></td>
<td>__ Other (specify)</td>
</tr>
</tbody>
</table>

**D I S E A S E  P H A S E**

<table>
<thead>
<tr>
<th>DISEASE PHASE</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>__ MRD/Post Therapy (Days post RX)</td>
</tr>
<tr>
<td>Recurrence</td>
<td></td>
</tr>
</tbody>
</table>

**T E S T  O R D E R S -  R E Q U I R E D**

**Immunophenotyping**

Flow Cytometry (Heparin or EDTA)

- Leukemia/Lymphoma Panel
- PNH (Paroxysmal Nocturnal Hemoglobinuria) Panel

Flow Cytometry (EDTA Only)

- Hereditary Spherocytosis (Blood Only)
- Lymphocyte Subset Enumeration (Blood Only)
  - T-Cell Subset (CD4, CD8)
  - T-Cell Subset + CD3
  - T-Cell Subset + B & NK Cells

**Morphologic Evaluation**

- Bone Marrow Package (Check items sent)
- Peripheral Blood (Fresh)
- Peripheral Blood Smears
- Bone Marrow Aspirate or Biopsy (Fresh)
- Bone Marrow Aspirate Smears or Bx TPs
- Bone Marrow Core Biopsy (Formalin)
- Bone Marrow Clot/Particle Prep (Formalin)
- CBC Report

**Molecular Studies (EDTA Only)**

- Lymphoma/Multiple Myeloma
  - B Cell/Plasma Cell Clonality
  - t(11;14) Mantle Cell
  - t(14;16) Follicular/Large Cell
  - T Cell Clonality

- Acute Leukemia/CML/Mastocytosis
  - IDH Mutations
  - KIT (AML) DNA Sequencing
  - IDH-Beta, KIT exon 8 & 9 seq

- Genetics Lab (206) 598-6429
  - Heme Single Gene by NGS
  - Heme Amplicon Panel by NGS
  - UW Oncoplex Cancer Gene Panel
  - NPM1 Quantitation by NGS
  - Other Molecular Testing

- UW Cytogenetics and Genomics
  - G-banding Chromosomal Analysis (Heparin)
  - Neoplasia IFISH Panels
  - AML (M2, M3, M4, M5)
  - MDS/MPD (or CMML)
  - MDS/MPD (or CMML)
  - Other

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**O B J E C T I V E S**

- 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.
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.

CMS 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.