

05D1012129



Hematopathology Requisition

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PHYSICIAN INFORMATION

CLIA

AUTHORIZED SIGN	ATURE					
Copy of report to: DrAddress				Fax #		
PATIENT INFORMA	TION Please wri	te of affix label				
Name (Last, First, Mi	ddle)		Sex DOE	3 SSN/MR #		
Address:			Pho	Phone:		
BILLING INFORMA	TION Please atta	ach face sheet or copy of insu	rance			
Bill:	Insurance	☐ Medicare	☐ Medicaid	☐ Patient	Client Bill	
Primary Insurance Ca	arrier		Policy#	Policy# / ID#		
Secondary Insurance Carrier			Policy	Policy# / ID#		
CLINICAL INFORMA						
Collection date (m	ım/dd/yy)	_Time Specimen ID #(s) _				
Blood		pp(s) Purple Top(s) Sn				
Bone Marrow		pp(s) Purple Top(s) Co		Smears Touch Preps	Other	
TEST REQUEST	Has Ster	ling Pathology previously perfo	rmed testing on this patien	t? Yes No		
FRAMEWORK™			Disease / Differe	Disease / Differential		
_			Clinical	Clinical CBC enclosed		
Tabulated synoptic summation of hematopathology diagnosis incorporating clinical, pathology and molecular tests as deemed medically necessary by			- 1 160 6			
our hematopathologists with major relevant findings in:		☐ AML ☐ AF	PL ALL MDS	CML MPN		
1) Insta-Frame®		cial/IHC Stain and Flow Cytome 8 hour turnaround		vith MRD	CD MM/PCD with MR	
2) Molecular-Frame®	FISH and Molecul results within 3-5 v	ar and Cytogenetic studies working days	☐ Cancer of Blac	☐ Cancer of Bladder ☐ Breast ☐ Colorectal ☐ NSCLC ☐ Prior Therapy		
3) Time-Frame®	Review and comp	arison with previous findings	☐ Prior Therapy			
<u> </u>	ed : <i>Complete and deta</i> Flow Cytometry	ailed report for each test for your refe	erence Lymphoma St	Lymphoma Staging Please Enclose Phenotype		
☐ Molecular ☐ Other			☐ PNH ☐ Othe	☐ PNH ☐ Other		
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