

PATIENT

Patient information fields: PATIENT LAST, FIRST, Male, Female, Date of Birth, Address, Home Phone, Work Phone, Social Security #, City, State, Zip, Lab #, Hospital #

CLIENT

Client information fields: Referring Physician, Authorized Signature, Referring Physician Phone/pager, NPI #, Taxonomy #, Treating Physician, Treating Physician Phone #

SPECIMEN AND CLINICAL INFORMATION

Specimen Information

Specimen information fields: Hospital status, ID#, Body Site, Collection Date, Time, Send Date, Multiple Specimens, Bone Marrow, Peripheral Blood, Paraffin Block(s), Fluid, Slides, Smears, Return Material To

Clinical Information

Clinical information fields: Diagnosis(es)/Clinical Indication ICD9, Anemia, Iron Deficiency, Leukocytosis, Lymphocytosis, Monocytosis, Neutrophilia, Cytopenia, Leukopenia, Neutropenia, Thrombocytopenia, Polycythemia, Thrombocytosis, Acute Leukemia, Myelodysplastic Syndromes, Lymphoid Neoplasms, Lymphoma, Plasma Cell Neoplasms

Clinical Status fields: New diagnosis, Staging, Monitoring, MRD, Post/under therapy, Post BMT, Male Donor, Female Donor, Other

BILLING INFORMATION

Billing information fields: BC/BS, HMO, PPO, Indemnity, Network, Medicaid, Medicare, Medical Group/IPA, Hospital/Facility Bill #, Self-Pay, Billing Information Attached, Insurance Company Name, Policy #, Group #, Relation to Insured, Patient Signature

TESTS AND SERVICES

Tests To Be Performed

Tests to be performed fields: Comprehensive Hematopathology Analysis, Morphology, Flow Cytometry, Cyto genetics with reflex to IHC, FISH, and/or PCR as necessary with pathology consultation and report, New Diagnosis, Monitoring, Progression/Recurrence

OR

Tests to be performed fields: Bone Marrow Morphology, Peripheral Blood Morphology, Flow Cytometry, Diagnostic Panel, Other Panels, Cyto genetics, Reflex to FISH if cyto genetics is normal, FISH (as appropriate for diagnosis), FISH: Specific probe(s)

Tests to be performed fields: Molecular (as appropriate for diagnosis)

Disease Specific Test Offering (for a complete list of test offerings, see back)

Disease specific test offering fields: Acute Leukemia, Myeloproliferative Neoplasms (MPN)/CML, Lymphoid Neoplasms, Multiple Myeloma, Solid Tumor, NSCLC, Colorectal

GENZYME GENETICS INTERNAL USE ONLY

Non-Medicare Patients: I hereby authorize Genzyme Genetics to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Genzyme Genetics. I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

CANCER FISH PROBES & PROFILES

Probes in bold type detect the most common abnormalities or abnormalities with diagnostic/prognostic significance in the disease groups listed. All the probes listed below may be ordered individually or as a profile based on medical necessity.

Probes listed in bold type represent standard profiles for each disease group and will be performed if "FISH (as appropriate for diagnosis)" is ordered. Probes in plain type may also be ordered to further characterize the diseases or detect additional abnormalities. FISH probes can be ordered either individually, in combination or in conjunction with conventional cytogenetics (karyotyping). Only those probes marked with a † can be performed on fixed paraffin embedded tissue.

THIS PAGE IS FOR REFERENCE ONLY. PLEASE USE THE FRONT OF THIS FORM TO ORDER TESTING.

HEMATOLOGIC FISH PROBES & PROFILES	Myeloproliferative Neoplasms (MPN)	MALT Lymphoma
<p>Acute Myelogenous Leukemia (AML) Deletion 20q [D20S108] Monosomy 7/deletion 7q [7cen/D7S522] Monosomy 5/deletion 5q [5p/EGR1] Trisomy 8 MLL 11q23 Translocation 8;21 [(RUNX1)ETO/AML1] Translocation 9;22 [BCR/ABL] Inversion/Translocation 16 [CBFB] Translocation 15;17 [PML/RARA] RARA 17q21/t(15;17), t(11;17), t(5;17)</p> <p>Acute Lymphocytic Leukemia (ALL) Translocation 9;22 [BCR/ABL] Trisomy 6, Trisomy 21 (adult) MLL 11q23 Translocation 12;21 [TEL/AML1] (pediatric) Trisomy 4, Trisomy 10, Trisomy 17 (pediatric) Deletion 9p [P16] IGH-BA [IGH5'/IGH3'] 14q32.3 MYC-BA† 8q24, t(2;8), t(8;14), t(8;22) MYC/IGH† t(8;14)</p> <p>Myelodysplastic Syndromes (MDS) Deletion 20q [D20S108] Monosomy 7/deletion 7q [7cen/D7S522] Monosomy 5/deletion 5q [5p/EGR1] Trisomy 8 MLL 11q23 Deletion 17p [TP53]</p> <p>Chronic Myelogenous Leukemia (CML) Translocation 9;22 [BCR/ABL]</p>	<p>Translocation 9;22 [BCR/ABL] Deletion 13q [D13S319] Deletion 20q [D20S108] Trisomy 8 Trisomy 9 Monosomy 7/deletion 7q [7cen/D7S522] Monosomy 5/deletion 5q [5p/EGR1] FIP1L1-PDGFRa (CHIC2) 4q12 del</p> <p>Chronic Lymphocytic Leukemia (CLL) Deletion 11q [ATM] Translocation 11;14 [CCND1/IGH]† Deletion 17p [TP53] Trisomy 12 Deletion/Monosomy 13 [D13S319/LAMP1] IGH-BA [IGH5'/IGH3'] 14q32.3</p> <p>Non-Hodgkin Lymphoma (NHL) BCL6† Translocation 11;14 [CCND1/IGH]† Translocation 14;18 [IGH/BCL2]† MYC-BA† t(2;8), t(8;14), t(8;22) Trisomy 12 Translocation 2;5 [NPM/ALK†] (ALCL) IGH-BA (IGH5'/IGH3') 14q32.3 MALT1† (marginal zone lymphoma of MALT type) Translocation 8;14 [MYC/IGH]† TCR alpha/delta 14q11.2</p> <p>Mantle Cell Lymphoma Translocation 11;14 [CCND1/IGH]†</p> <p>Follicular Lymphoma Translocation 14;18 [IGH/BCL2]†</p> <p>Burkitt's Lymphoma MYC-BA† t(2;8), t(8;14), t(8;22) Translocation 8;14 [MYC/IGH]†</p>	<p>MALT1† 18q21/t(11;18),t(14;18) Anaplastic Large Cell Lymphoma ALK† 2p23/t(2;5) or variants Multiple Myeloma/Plasma Cell Neoplasms Note: cIg staining, when ordered, will be performed on confirmed cases of MM, SMM and MGUS. Translocation 11;14 [CCND1/IGH]† Translocation 4;14 [FGFR3/IGH] Translocation 14;16 [IGH/MAF] Deletion 13q [RB1/D13S319] Deletion 17p [TP53] Gain 1q21 Trisomy 3 IGH-BA [IGH5'/IGH3'] 14q32.3 Trisomy 7/Trisomy 9/Trisomy 11</p> <p>Transplant Monitoring XX/XY for sex-mismatched transplant</p> <p>SOLID TUMOR FISH PROBES & PROFILES Bladder Cancer Profile (UroVysion®) del(9)(p21) [LSI p16], +3 [CEP 3], +7 [CEP 7], +17 [CEP 17]</p> <p>Breast Cancer HER2/17cen 17q11.2-q12 amplification*</p> <p>Colorectal Cancer EGFR/7cen 7p12 amplification</p> <p>Ewing's Sarcoma EWSR1 22q12</p> <p>Neuroblastoma NMYC 2p24.1 amplification</p> <p>Non-Small Cell Lung Carcinoma (NSCLC) ALK inv(2)(p21p23) EGFR/7cen 7p12 amplification</p> <p>Oligodendroglioma 1p/19q deletions 1p/1q, 19p/19q</p> <p>Synovial Sarcoma SYT 18q11.2</p> <p style="font-size: small;">UroVysion® is a registered trademark of Abbott Laboratories.</p>

*PathVysion® is a registered trademark of Vysis, Inc., a wholly-owned subsidiary of Abbott Laboratories.

MOLECULAR GENETICS BY PCR

Call Genzyme at (800) 447-5816 or visit www.genzymegenetics.com for a complete listing.

Acute Leukemia

Acute Myelogenous Leukemia (AML)

Inversion 16
 Translocation 8;21 [(RUNX1) ETO/AML1]
 Translocation 9;22 (BCR/ABL MBR and mbr)

Acute Lymphocytic Leukemia (ALL)

Translocation 9;22 (BCR/ABL MBR and mbr)

Acute Promyelocytic Leukemia

Translocation 15;17 (PML/RARA)

Chronic Myeloid Leukemia (CML)

Translocation 9;22 (BCR/ABL MBR and mbr) real-time reverse transcriptase quantitative PCR (RQ-PCR)
 ABL Kinase Mutation Analysis

Non-Hodgkin Lymphoma (NHL)

B-cell immunoglobulin heavy chain gene rearrangement (IGH)
 T-cell receptor gamma gene rearrangement (TCR gamma)
 Translocation 14;18 (IGH/BCL2) for follicular lymphoma

Myeloproliferative Neoplasm (MPN)

JAK2 V617F Mutation Analysis

Chronic Lymphocytic Leukemia (CLL)

IGHV Hypermutation Analysis
 p53 Mutation Analysis

Specimen Requirements for Hematopathology Testing

Technology	Blood	Bone Marrow	Technology	Blood	Bone Marrow
FLOW	5–10ml Green Top tube	2–3ml Green Top tube	FISH	5–10ml Green Top tube	2–3ml Green Top tube
FLOW MRD	5–10ml Green Top tube	5–10ml Green Top tube	Molecular PCR	5–10ml Lavender Top tube	2–3ml Lavender Top tube
Cytogenetics	5–10ml Green Top tube	2–3ml Green Top tube			