Corewell Health – Advanced Technology Laboratories

ATL West | 145 Michigan St. Grand Rapids, MI 49503 | **24/7 Call Center Phone: 616-774-7721** | **Orders Team Fax: 616-774-7696**

Corewell Health™

Submitter and Provider Information **REQUIRED

Epic ID** Institution or Epic Submitter Name**

Phone** Fax**

Address City ST Zip

Authorizing Provider Name and NPI (printed)** Fax # if different

Additional Reports to Name (CC) Fax #

Additional Reports to Name (CC) Fax #

Patient Information **REQUIRED

Last Name** **First Name**** **MI****

Sex** **Date of Birth (DOB)**** Phone SSN

Patient Address**

City** **State**** **Zip****

Patient Billing Options** Please include copy of facesheet

☐ Patient Insurance (Patient Bill) ☐ Patient Self-Pay (Patient Bill)

☐ Institutional Guarantor or Other (Lab still pick patient bill)

Primary Insurance or Guarantor Name** **Policy # or Guar ID**** **Group ID #**

Insured's Name Insured's Date of Birth Relation to Pt

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed. Please attach all patient and insurance information to this order.

****Provider Signature Required** Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services Policies.

Signature** **Order Date****

Order and Collection Information – **REQUIRED

ICD 10 Codes or Diagnosis ** **Order Expire Date** **Date Collected**** **Time Collected**** **Collector name and phone**

Sample Type: ☐ Blood ☐ Bone Marrow ☐ Lymph Node ☐ Skin Biopsy ☐ Solid Tumor Type: Gestational Age:

☐ Fluid, Type: ☐ Amniotic Fluid** ☐ Chorionic Villi** **EDD: ☐ LMP or ☐ U/S #wks.

☐ Tissue Surgical # Type: ☐ Products of Conception Type: ☐ Fetal Autopsy #wks.

Additional information: Biochemical Markers ☐ Alpha Fetoprotein ☐ Acetylcholinesterase Amniotic Fluid Only:

CYTOGENETICS

Fluorescence In-Situ Hybridization (FISH)

*Diagnostic bone marrow specimens include chromosome study

LAB	Hematologic/Neoplastic Disorders
3277	☐ Monitor Previously Identified Abnormalities
2111348	☐ Acute Myeloid Leukemia (AML) Probe Panel
3654	☐ B-Acute Lymphocytic Leukemia (B-ALL) Probe Panel
2111355	☐ BCR and ABL1 T(9;22)
2111357	☐ Burkitt's Probe Panel
2111362	☐ CHIC2, 4q12 Deletion (FIP1L1, PDGFRA Rearrangement)
2111363	☐ CHOP (DDIT3) Rearrangement
2111365	☐ Chronic Lymphocytic Lymphoma (CLL) Probe Panel
3273	☐ Diffuse Large B-Cell Lymphoma (DLBCL) Panel
3274	☐ Eosinophilia (EOS) Probe Panel
2111387	☐ EWSR1 Rearrangement (22q12)
2111389	☐ FKHR (13q14) Rearrangement
2111390	☐ Follicular Lymphoma Probe Panel
2111394	☐ FUS (16p11) Rearrangement
2111336	☐ Glioma (1p36/19q13)
2111418	☐ Her-2/neu (ERBB2) Amplification
2111396	☐ Mantle Cell Lymphoma IGH and CCND1 t(11;14)
3275	☐ MDM2 Amplification
2111406	☐ MLL (11q23) Rearrangement
2111407	☐ Multiple Myeloma Probe Panel
2111409	☐ MYC Rearrangement
2111410	☐ Myelodysplastic Syndrome (MDS) Probe Panel
2111412	☐ N-MYC (2p24) Amplification
2111420	☐ PML and RARA t(15;17)
2111431	☐ T-Acute Lymphocytic Leukemia (T-ALL) Probe Panel
3272	☐ Bone Marrow Transplant Status (Opposite Sex) (XX/XY)
	☐ Other: _____

LAB	Constitutional Deletions/Duplications
2111381	☐ DiGeorge/VCFS (22q11.2)
2111439	☐ Gender XX and XY (includes SRY)
2111421	☐ POC Aneuploid Screen (XY, 13, 16, 18, 21)
2111352	☐ Prenatal Aneuploid Screen (XY,13,18,21)
2111384	☐ Trisomy 21
1230112	☐ Turner Syndrome
	☐ Other:

LAB	Chromosomal Microarray (aCGH)
3308	☐ Microarray, Chromosomal (aCGH)
3307	☐ Confirmatory FISH for Microarray

LAB	Chromosome Analysis (Sodium Heparin)
2111375	☐ Chromosome Analysis Hematologic or Neoplastic Study* *For bone marrow, provide WBC and Diff

LAB	Constitutional Study
2111370	☐ Chromosome Analysis Constitutional (Routine)
2111376	☐ Chromosome Analysis Prenatal
2111371	☐ Chromosome Analysis Constitutional Mosaic
3111337	☐ Chromosome Analysis Products of Conception (POC)* *Tissue Pathology Required

LAB	Other
2111441	☐ Cytogenetics Fibroblast Culture w/Cryopreservation*
2111373	☐ Cytogenetics Fibroblast Culture for Reference Testing with Cryopreservation (Send out) *

FLOW CYTOMETRY

LAB	Immunophenotyping
2111400	☐ Leukemia/Lymphoma/Myeloma Panel
1230329	☐ B-ALL MRD Blood *(COG B-ALL Day 8 Protocol AALL0932 or AALL1131)*
1230329	☐ B-ALL MRD, Blood Indicate Timepoint in Therapy: _____
1230328	☐ B-ALL MRD, Bone Marrow *(COG B-ALL Day 29 Protocol AALL0932 or AALL1131)*
1230328	☐ B-ALL MRD, Bone Marrow Indicate Timepoint in Therapy: _____
8690	☐ HLA B27 Screen
292	☐ Fetal Cells by Flow Cytometry
3079	☐ CD20 and CD19
2111417	☐ Paroxysmal Nocturnal Hemoglobinuria (PNH)

LAB	Immune Competency Testing
3080	☐ Lymphocyte Subsets (CD3, CD4, CD8, CD16, CD56, CD19)
343	☐ T-Cell Subsets (CD4, CD8, CD3)
342	☐ CD4 Percent and Cell Count
3412	☐ SCID Screen (Severe Combined Immunodeficiency)
3411	☐ ALPS Screen (Autoimmune Lymphoproliferative Syndrome)

LAB	Functional Tests
2111414	☐ Oxidative Burst

LAB	Other
2111361	☐ Cell Sort (for CD3)
2111361	☐ Cell Sort (for CD15)
	☐ Other:

MOLECULAR DIAGNOSTICS

LAB	Bone Marrow Engraftment Testing
2111383	☐ Pre Bone Marrow Engraftment, Donor
2111422	☐ Pre Bone Marrow Engraftment, Recipient
2111425	☐ Post Bone Marrow Engraftment

LAB	Infectious Disease
3496	☐ Adenovirus Quantitative PCR
9130	☐ CMV Quantitative PCR
3407	☐ EBV DNA Quantitative
9510	☐ Hepatitis B Virus DNA Quantitative by PCR
8870	☐ Hepatitis C Virus RNA Quantitative by RT-PCR
1231013	☐ HIV 1 RNA Quantitative by PCR

Alinity m-Multi Collect:

1230885	☐ Chlamydia Gonococcus PCR
1230886	☐ Chlamydia PCR
1230887	☐ Gonococcus PCR
1230888	☐ Trichomonas PCR
1230889	☐ Mycoplasma Genitalium PCR
1230890	☐ STI Panel PCR (CT, GC, Mgen, Trich PCR)

LAB	Inherited Disease
8340	☐ Prothrombin G20210A Mutation (Factor II)
8330	☐ Hemochromatosis DNA (HFE C282Y & H63D)
3154	☐ Prader Willi/Angelman mPCR
346	☐ Factor V Leiden DNA Analysis
1230857	☐ Factor V Leiden DNA / Prothrombin G20210A

MOLECULAR DIAGNOSTICS

LAB	Oncology Testing
2111011	☐ BCR-ABL1 t[9;22] RT- PCR
1230852	☐ BRAF Gene Fusions
3429	☐ BRAF Mutation Analysis by Next Generation Sequencing
3406	☐ Cancer Hotspot Analysis by Next Generation Sequencing
1230107	☐ CEBPA Mutation Analysis
3604	☐ Colon Mutation Analysis Panel
1230664	☐ CTNNB1 Mutation Analysis
1230879	☐ CXCR4 Mutation Analysis
1230374	☐ DNA Extraction and Hold
3181	☐ EGFR Mutation Analysis
1230860	☐ FLT3 Mutation Analysis
1230665	☐ GIST-Targeted Gene Mutation Analysis
1230861	☐ GNAS Mutation Analysis
3613	☐ Heme Molecular Sequence Analysis
3446	☐ IDH1 and IDH2 Mutation Analysis
2111112	☐ Immunoglobulin Heavy Chain PCR for B-Cell Clonality
3640	☐ JAK2 V617F Mutation Analysis, MPN if Negative
1230106	☐ KIT Mutation Analysis
3431	☐ KRAS Mutation Analysis
3507	☐ Lung Cancer Mutation Analysis
3404	☐ MGMT Methylation Analysis
3001	☐ Microsatellite Instability (MSI) PCR
3581	☐ MLH1 Promoter Hypermethylation
3611	☐ MPN Expanded Panel
3643	☐ MYD88 Mutation Analysis
3689	☐ NPM1 Mutation Analysis
3430	☐ NRAS Mutation Analysis
1230897	☐ NTRK Gene Fusion
1230862	☐ POLE Gene Mutation
1230520	☐ RNA Extraction and Hold
1230869	☐ Sarcoma Gene Fusion Panel
2111172	☐ TCR PCR for T-Cell Clonality
1230578	☐ TP53 Mutation Analysis
1231056	Molecular Other (Contact Molecular Lab)

*Answer required for specific testing. **Information Required for Valid Order. †Client Bill Account must be set prior to ordering client bill testing.

Not all tests are listed, please review corewellhealth.testcatalog.org for all tests, codes, panel and reflex information, collection instructions and clinical information.