

# HEMATOPATHOLOGY REQUISITION FORM

*Associated Laboratory Physicians, SC – Diagnostic Pathology Consultants, SC.*

Ingalls Memorial Hospital  
One Ingalls Drive Harvey, IL 60426  
708-915-5763 FAX 708-915-3786

Westlake Hospital  
1225 W. Lake St. Melrose Park, IL 60160  
708-938-7220 FAX 708-938-9388

## Physician Information

Doctor(s) Name/Office/Clinic: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Fax/Call Results to #: \_\_\_\_\_

Stat:

## Patient Information

Patient's Name: \_\_\_\_\_

Address Number & Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Sex: M  F

## Specimen Information

Date/Time of Collection: \_\_\_\_\_

Bone Marrow Biopsy R  L  Bone Marrow Aspirate R  L  Peripheral Blood  Other : \_\_\_\_\_

### Test(s) Requested:

**Comprehensive bone marrow evaluation**

(includes morphology, flow, Cytogenetics, IHC, Molecular, and FISH as determined by the Hematopathologist)

| Chromosome studies     | Molecular (PCR)        | FISH          | Microbiology Studies |
|------------------------|------------------------|---------------|----------------------|
| <b>Flow Cytometry</b>  | BCR/ABL (Quantitative) | MDS Panel     | Routine              |
| Comprehensive analysis | JAK-2                  | MM/MGUS Panel | Fungal               |
| ZAP70 Panel            | FLT3 & NPM1            | AML Panel     | AFB                  |
| PNH Panel              | PML/RARA               | CLL Panel     | Viral                |
| Other                  | Other                  | Other         | Other                |

### Clinical Diagnosis:

*Please Include CBC if Available and ICD-9 Code*

## Insurance Information

\*\*\*Please attach a copy of the patient's insurance card\*\*\*

Insurance Company and Plan Name: \_\_\_\_\_

Insurer's ID# \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Relationship to Insured: Self  Spouse  Child  Other

Lab Use Only: \_\_\_\_\_