2006 CANCER REFERRAL FORM FOR CHROMOSOME ANALYSIS

Medical Genetics – Wake Forest University School of Medicine – Winston Salem NC
Phone: 336-716-4321 Fax: 336-716-2554

Collection Date: _____ **Time**: _____ am/pm **WFU LAB #:** _____

Name: _____/_____/_____ **Sex:** ☐ male / ☐ female
(Please print) **Last** **First** **Middle**
Address: _____/_____/_____/_____**Daytime Phone:**(____)_____
Mailing Address **City** **State** **Zip**
Date of Birth: _____ **SS# :** _____

Hospital and Unit #: _____
Type of Specimen: ☐ **Bone Marrow** ☐ **Bone Core** ☐ **Blood** ☐ **FNA** ☐ **Pleural Fluid** ☐ **Lymph node**
☐ **Solid tumor (type):** _____ ☐ **Other:**_____

COLLECTION TECHNIQUE: Bone marrow is collected using sodium free heparin and placed in lab provided media. Blood is collected in a green stoppered sodium heparin tube. **Keep all samples at room temperature**.

Physician Information

Physician : Last, First	Phone/beeper:
1	
2	
3	

Statement of Financial Responsibility

I authorize any holder of medical or other information about me to release to my healthcare provider, third party processor, the Centers for Medicare and Medicaid Services or its intermediaries or carriers any information needed for this health care encounter or related claim. I permit a copy of this authorization to be used in place of the original, and request payment of authorized insurance benefits be made on my behalf to the WFU Physicians. I understand I am responsible for payment of these charges. I am also responsible for payment if my insurance carrier decides this is a non-covered service or requires prior authorization, which I did not obtain.
Patient Signature: _____ **Date:** _____

Billing Information

Bill: ☐ Forsyth Hospital ☐ Moses Cone Hospital
☐ Spectrum ☐ Women's Hospt. of Greensboro ☐ Wesley Long Hospital ☐ Other : _____
☐ Medicare # _____ ☐ Medicaid #: _____ Carolina Access #: _____
☐ Insurance: _____ Employer: _____ Policy #:_____
(Enclose copy of both sides of insurance card)

SIGNS/SYMPTOMS/INDICATION (ICD-9 CODES) FOR CHROMOSOME STUDY

Iindicate **all** that apply. **Codes here do not represent entire listing of ICD-9 codes available**. Please consult current ICD-9 code book for complete listing.

☐ ALL (204.00) ☐ remission (.01)
DI:_____{ }B-cell { }T- cell
☐ Acute leukemia (206.00) ☐ remission (.01)
☐ AML (205.00) ☐ remission (.01)
☐ APL (205.00) ☐ remission (.01)
☐ Anemia (285.9)
☐ Burkitt's Lymphoma (200.20) unspec.
☐ CML (205.10 ☐ remission (.01)
☐ CLL (204.10)
☐ Hodgkin's Lymphoma (201.90) unspecif. Site
☐ Myeloproliferative Syndrome (238.7)

☐ Leukocytosis (288.8)
☐ Leukopenia (288.0)
☐ Leukemia (208.80) unspec.
☐ Lymphoma (202.80) unspec.
☐ Lymphocytosis (288.8)
☐ Lymphoproliferative - chronic (238.7)
☐ Multiple myeloma (203.00) ☐ remis (.01)
☐ MDS (238.7)
☐ Myelofibrosis (289.89)
☐ PCV (238.4)
☐ Suspected chromosome abn (758.9)

☐ Neutropenia (288.0)
☐ Non-Hodgkin's (202.80)
☐ Pancytopenia (284.8)
☐ Thrombocytosis (289.9)
☐ Thrombocytopenia (287.5)
☐ Tumor specify_____
☐ Sarcoma specify_____
☐ Transplant (V42.81)
specify original disease:_____
[ ] autologous { }male / { } female
[ ] allogenic

☐ **Additional ICD-9/ Clinical Information**:_____

Test Requested

Note: When ordering tests for which **Medicare** reimbursement will be sought, it is recommended that the Provider consult any Local Medical Review Policies (**LMRP**) or National Coverage Decisions (**NCD**) that may be applicable to the test(s) being ordered. Based on guidance issued in either of these policies it may be necessary to obtain an Advanced Beneficiary Notice (**ABN**) from the Medicare Patient. For Medicaid and other carriers a signed **Statement of Financial Responsibility** from the patient may be necessary. (See Statement of Financial Responsibility at top of form.)

TEST(s) REQUESTED

☐ **Routine Chromosome / karyotype**
(88237 ,88262 ,88280 ,88285)
☐ **STAT Chromosomes** *(48 hrs. - additional charges)*
(88237, 88262, 88280, 88285, 88261)
☐ **Routine Chromosome / karyotype + FISH** **select → → →**
(88237, ,88262 ,88280 ,88285, 88271x_ , 88275)
☐ **STAT FISH (24hrs) / Chromosome / karyotype** **select → → →**
(88271x_ , 88275, 88237 ,88262 ,88280 ,88285)
☐ **FISH Only** **select → → →**
(88271x_ , 88275)
☐ **Paraffin-embedded slide (72hrs) - FISH** **select → → →**
(88271x2, 88275, 88299)

PROTOCOL STUDIES: ☐ CALGB ☐ COG ☐_____

FISH Specific Probes

☐ t(9;22) **BCR/ABL-CML**
☐ t(15;17) **PMR/RARA**
☐ inv(16) **AML-M4EO**
☐ t(12;21) **TEL/AML**
☐ t(8;21) **AML1/ETO**
☐ 11q23 **MLL**
☐ -5/5q **MDS / AML**
☐ -7/7q **MDS / AML**
☐ X/Y **BM transplant**
☐ MYC **lymphomas**
☐11;22 **Ewings Sarcoma**
☐
☐ CLL **(17p-/+12/13q-/11q)**
☐ mult myeloma panel **(4p;16q/17p//13q/11q)**

☐ +8 **AML**
☐ +4 /+10 /+17 **ALL**
☐ 20q- **PCV**
☐ t(8;21) **AML**
☐
☐ t(2;5) **Anaplastic**
☐ t(11;14) **Mantle cell**
☐ t(14;18) **Follicular lym**
☐ t(8;14) **Burkitts lym**
☐ t(18q21) **MALT**
☐ 3q abn **BCL6**
☐ Bladder panel
☐ Her 2 Neu **breast**

CANCER