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## HEMATOLOGY/ONCOLOGY oncology.labcorp.com

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Hiahliahted	fields are	REQUIRED

ORDERING PHYSICIAN	IION	N	1 #	(Peripheral Blood or E		OGI ANALISIS	
TREATING PHYSICIAN		N	i #		aluation: Morphologic eva		
PHYSICIAN/AUTHORIZED SIGNATUR	RE				Other Relevant Diagnostic logist (see reverse for pro		
					aluation as above without	•	
				MORPHOLOGIC	EVALUATION (incl	lude a copy of CBC i	report)
				☐ Bone Marrow Morp	hology	Peripher	al Blood Morphology
				FLOW CYTOMET	RY <sup>®</sup> (see reverse for ar	ntibody list)	
					leoplasia Assessment (Hi		4:CD8 Assessment <sup>1</sup>
				☐ Add diagnostic	tests iteria (see reverse)	PNH ◆	CD38/CD49d Assessment
				Add prognostic	tests	☐ Stem Ce ☐ CLL MR	II Enumeration <sup>1</sup>
				per IO Reflex Cri  DNA Ploidy/S-Phas	teria (see reverse)		D <sup>2</sup> (meets COG requirements)
					e Assessment n Deficiency Assessment♦	<sup>1</sup> Send to T	N <sup>2</sup> Send to CT
				CYTOGENETICS	@ @		
				Cancer Cytogenetic	S	☐ Constitu	tional Cytogenetics‡
PATIENT INFORMA	ATION				state profile OR individu		
Name (LAST, FIRST, MI):				Disease State Profiles  ☐ ABC Lymphoma	(see reverse for panel	components) LL (Pediatric)	□ AML □ CLL
Date of Birth:		Sex	☐ Male ☐ Female	☐ Multiple Myeloma		MPN w/ Eosinophilia	☐ MDS
Address:				Pediatric (COG)	☐ ALL (Std Risk) ☐ A	LL (High Risk)	AML
City, State, Zip:				COG Single Probes	_ ` ′ _		PDGFRb
Phone Number:				,	a complete list of prob	• • • • • • • • • • • • • • • • • • • •	corp.com)
Med. Rec. # / Patient	<b>#</b> ·			- 1		CR/ABL1	reflect to OALD and MDI
	ATION (attach face sheet a	nd conv of insu	ance card - hoth sides)	CCND1/IGH, t(11;1	ve, reflex to JAK2 V617F ( 4)	Juai, it JAK2 negative GH/BCL2, t(14;18)	
			d   Patient   Workers Comp			RUNX1/RUNX1T1, t(8;2	
Patient Hospital Status	: 🗆 In-Patient 🗀 O		□ Non-Patient	TP53 (17p-)			
Insurance Information:	☐ See attached	Authorization	#	Other FISH, specify: MOLECULAR®			_
	ILLING PARTY	INSURANCE CARR	CONDARY BILLING PARTY		y (see reverse for gene	list hone marrow or	nerinheral blood)
INSURANCE CARRIER			IEK	☐ IntelliGEN® Myeloi	d for AML, MDS, MPN	noi, bone marrow or	poriprioral blood)
ID#		ID #		Indication:			
GROUP #		GROUP #			for MRD for Multiple My	reloma, CLL, B-ALL (Bi	lled by Adaptive Biotechnologies)
INSURANCE ADDRESS		INSURANCE ADDR		Indication: Specimen types: Blood	l or hone marrow For blo	od or fresh hone mar	row aspirate, use a lavender-top
NAME OF INSURED PERSON		NAME OF INSURE			SEQ ID test for Multiple I		
RELATIONSHIP TO PATIENT		RELATIONSHIP TO	PATIENT		oe run first to establish ba		
EMPLOYER NAME		EMPLOYER NAME		diagnostic specime complete Procurem	n (fresh or archived). If di- ent information in SPECIM	agnostic specimen is IEN INFORMATION sect	not accompanying this order ion. For CLL/SLL, IGHV mutation
*IF MEDICAID STATE PHYS	SICIAN'S PROVIDER #		WORKERS Ves No	status will be report			
SPECIMEN INFOR	RMATION						after treatment. Patient must have
Collection Date:	Time:		□ AM □ PM	· '	oSEQ ID test performed. If	- 1	omplete and submit an ABN,
Specimen ID #(s): Body Site/Descriptor:					q.com/for-clinicians/orde		лпрівів ини зивінії ин явіч,
Fixative: 10% Neutro	al Buffered Formalin 🔲 0	ther:	Hours Fixed:	Reveal® SNP Microar	ray* If suspect b	alanced translocatio	ns, run cytogenetics and/or FISH
Specimen Type:		Smears:		· ·	ALL, AML, CLL, MDS and a	other Hematologic Ma	alignancies
☐ BM Aspirate	☐ Fluid:	<del>-</del>	ral Blood #	Indication:			
BM Clot	FNA:		ch Preps #		rray for Multiple Myeloma is ordered, probes t(4; 1:		parray for Multiple Myeloma
☐ BM Core ☐ Dry Tap	Lymph Node:	☐ BM Asp	n #/Source	Acute Leukemia	Lymphoid Neoplasm	, , , ,	CML/Mastocytosis
☐ Peripheral Blood	☐ Slides #		issue #/Site	☐ FLT3 Mutation	B-cell Rearrangeme	ent IgH/IgK 🔲 BC	R/ABL1 Quantitative
If slide procurement requi	ired, indicate below:			☐ IDH 1/2 Mutation☐ CEBPA Mutation	<ul><li>☐ T-cell Rearrangement</li><li>☐ B-cell Rearrangement</li></ul>		L Kinase Domain Itation (BCR/ABL will be run)
Facility Name:				■ NPM1 Mutation	☐ B-cell Rearrangemer	nt IgK JAK2 \	/617F Mutation
Address: Phone Number:		Fax Number		PML/RARA (Quantitative)	<ul><li>☐ T-cell Rearrangeme</li><li>☐ T-cell Rearrangeme</li></ul>	nt TDD LI WU	alitative Quantitative
	ATION FOR STUDY (a		history and pathology reports)	☐ cKIT Mutation	☐ BCL1 Rearrangeme	ent 📙	egative reflex to: CALR
			s, indication for study, and previous test results)	☐ LeukoStrat® CDx FLT3 Mutation	<ul><li>□ BCL2 Rearrangeme</li><li>□ IgVH Mutation</li></ul>		JAK2 Exon 12-15
				1 ETO MUIUIIOTT	p53 (CLL/B-cell ON	IV\	MPL 515 (2 Exon 12-15 Mutation
	For pediatric pa	tients ONI V	COG Study COG Post Treatment		☐ BRAF Mutation ☐ MYD88 Mutation	☐ MF	PL 515 Mutation
	vided by the ordering physician	or an authorized	designee.		INT DOO Walallon		LR Mutation D816V Mutation Digital PCR
Diagnosis/Signs/Symptoms	in ICD-CM format in effect at Da	te of Service (Hig		Other Molecular, sp	ocify:		
ICD-CM			ICD-CM		ecity.		
ICD-CM  ☐ Acute Lymphoblastic L	ICD-CM	phoma	ICD-CM  Myelodysplastic Syndrome	SPECIAL CHEMI	STRY (Serum ONLY)		
Acute Lymphoblastic L	eukemia	specified	Myelodysplastic Syndrome Myeloproliferative Neoplasm	Multiple Myeloma Dia	STRY (Serum ONLY)	tranharasia (SDE) Aug	*Meets IMWG Guidelines
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**Client Services** 

## **HEMATOLOGY/ONCOLOGY**

oncology.labcorp.com

liahliahted	fields	are	REQUIRED

<b>CLIENT INFORMA</b>	TION		COMPREHENSIV	E HEMATOPATHOLOGY AI	NALYSIS
ORDERING PHYSICIAN		NPI #	(Peripheral Blood or I	Bone Marrow)	
TREATING PHYSICIAN		NPI #		aluation: Morphologic evaluation, Fl	
PHYSICIAN/AUTHORIZED SIGNATUR	PHYSICIAN/AUTHORIZED SIGNATURE			Other Relevant Diagnostic and/or Prologist (see reverse for prognostic re	
				aluation as above without Cytogene	
			MORPHOLOGIC	EVALUATION (include a co	py of CBC report)
			☐ Bone Marrow Morp	phology	Peripheral Blood Morphology
			FLOW CYTOMET	RY <sup>®</sup> (see reverse for antibody lis	st)
					BAL CD4:CD8 Assessment <sup>1</sup>
			Add diagnostic	tests riteria (see reverse)	ZAP70/CD38/CD49d Assessment     PNH ◆
			□ Add prognostic	tacte	Stem Cell Enumeration <sup>1</sup>
			per IO Reflex Cr	iteria (see reverse)	☐ CLL MRD <sup>2</sup> ☐ ALL MRD <sup>2</sup> (meets COG requirements)
			DNA Ploidy/S-Phas	se assessment	<sup>1</sup> Send to TN <sup>2</sup> Send to CT
				<u>'</u>	Send to TN Send to C1
			CYTOGENETICS		Opposite diagraph Order constitue †
			Cancer Cytogenetic		Constitutional Cytogenetics <sup>‡</sup>
PATIENT INFORMA	ATION			e state profile OR individual probe s (see reverse for panel compone	
Name (LAST, FIRST, MI):			☐ ABC Lymphoma		
Date of Birth:		Sex: Male Female	☐ Multiple Myeloma	☐ MPN/CML ☐ MPN w/ Eo	sinophilia 🔲 MDS
Address:			Pediatric (COG)	☐ ALL (Std Risk) ☐ ALL (High F	
City, State, Zip:			COG Single Probes	□ ABL1 □ ABL2	☐ PDGFRb
Phone Number:			,	r a complete list of probes visit or	icology.labcorp.com)
Med. Rec. # / Patient #	# <u>:</u>		☐ 5q ☐ If RCR/ARL1 negati	□ ALK □ BCR/ABL1	(2 negative reflex to CALR and MPL
BILLING INFORMA	TION (attach face sheet ar	nd copy of insurance card – both sides)	☐ CCND1/IGH, t(11;1		t(14;18)
		e  Medicaid  Patient  Workers Comp	☐ KM2TA (MLL)	☐ PML/RARA ☐ RUNX1/RUI	NX1T1, t(8;21) ☐ TCRA/D
Patient Hospital Status:	: 🔲 In-Patient 🔲 Ou	rt-Patient	☐ TP53 (17p-)		
Insurance Information:	See attached	Authorization #	Other FISH, specify: MOLECULAR®		
	ILLING PARTY	SECONDARY BILLING PARTY		(see reverse for gene list; bone	marrow or peripheral blood)
INSURANCE CARRIER		INSURANCE CARRIER	☐ IntelliGEN® Myeloi	d for AML, MDS, MPN	mariow or periprieral blood)
ID #		ID#	Indication:		
GROUP #		GROUP #	<u> </u>	<b>y for MRD for</b> Multiple Myeloma, CL	L, B-ALL (Billed by Adaptive Biotechnologies)
INSURANCE ADDRESS		INSURANCE ADDRESS	Indication:	d au bana manusa Fau blaad au fuas	b b
NAME OF INSURED PERSON		NAME OF INSURED PERSON		oSEQ ID test for Multiple Myeloma :	h bone marrow aspirate, use a lavender-top requires bone marrow.
RELATIONSHIP TO PATIENT		RELATIONSHIP TO PATIENT	` ′ ′	. ,	formed using a high disease burden
EMPLOYER NAME		EMPLOYER NAME	diganostic specime	en (fresh or archived). If diganostic s	necimen is not accompanying this order
*IF MEDICAID STATE PHYS	SICIAN'S PROVIDER #	WORKERS ☐ Yes ☐ No	status will be report	nent intormation in SPECIIVIEIN IINFORI ed.	MATION section. For CLL/SLL, IGHV mutation
SPECIMEN INFOR	MATION	COWP	'		ed during or after treatment. Patient must have
Collection Date:	Time:	□ AM □ PM		noSEQ ID test performed. If not, please	
Specimen ID #(s):					L, please complete and submit an ABN,
Body Site/Descriptor:			Reveal® SNP Microai	eq.com/for-clinicians/ordering.	ranchoations run autogonatios and/or EICL
Fixative: 10% Neutra	Il Buffered Formalin Ot			ALL, AML, CLL, MDS and other Hem	ranslocations, run cytogenetics and/or FISE atologic Malignancies
Specimen Type:  BM Aspirate	☐ Fluid:	Smears:  ☐ Peripheral Blood #	Indication:		
□ BM Clot	FNA:	□ BM Touch Preps #	☐ FISH + SNP Micron	ırrav for Multiple Mveloma	SNP Microarray for Multiple Myeloma
□ BM Core	□ CSF	□ BM Aspirate #		is ordered, probes t(4; 14), t(11; i	
☐ Dry Tap	Lymph Node:	☐ Effusion #/Source	Acute Leukemia	Lymphoid Neoplasm	MPN/CML/Mastocytosis
Peripheral Blood	☐ Slides #	☐ Fresh Tissue #/Site	FLT3 Mutation	B-cell Rearrangement IgH/IgK	☐ BCR/ABL1 Quantitative ☐ ABL Kinase Domain
If slide procurement requi	red, indicate below:		☐ IDH 1/2 Mutation☐ CEBPA Mutation	<ul><li>☐ T-cell Rearrangement TRG/TRB</li><li>☐ B-cell Rearrangement IgH</li></ul>	Mutation (BCR/ABL will be run)
Facility Name:			□ NPM1 Mutation	☐ B-cell Rearrangement IgK	JAK2 V617F Mutation
Address:			PML/RARA	T-cell Rearrangement TRG	☐ Qualitative ☐ Quantitative
Phone Number:	TION FOR STURY	Fax Number:	(Quantitative) □ cKIT Mutation	☐ T-cell Rearrangement TRB ☐ BCL1 Rearrangement	if negative reflex to:  CALR
		tach clinical history and pathology reports) eport with diagnosis, indication for study, and previous test results)	☐ LeukoStrat® CDx	BCL2 Rearrangement	☐ JAK2 Exon 12-15
Nutrative Diagnosis/Clinical	Daid (pieuse iliciade Falliology le	sport with diagnosis, indication for study, and previous less results)	FLT3 Mutation	IgVH Mutation	☐ MPL 515
				□ p53 (CLL/B-cell ONLY) □ BRAF Mutation	JAK2 Exon 12-15 Mutation
	For pediatric pat			☐ MYD88 Mutation	☐ MPL 515 Mutation ☐ CALR Mutation
	vided by the ordering physician of in ICD-CM format in effect at Dat	or an authorized designee. e of Service (Highest Specificity Required)			☐ KIT D816V Mutation Digital PCR
ICD-CM ICD-CM			Other Molecular, sp	,	
☐ Acute Lymphoblastic Le				ISTRY (Serum ONLY)	
☐ B-cell ☐ T-cell ☐ Lineage Uncertain	Leukemia, Un Leukocytosis,		Multiple Myeloma Di		*Meets IMWG Guidelines s (SPE), Quant Free K/X Light Chains (sFLC)*
Acute Myeloid Leukemi	ia Leukopenia	□ Polycythemia ′	☐ 123200 Mutiple N	lyelomà Cascade, SPE Reflex to sIFE	and sFLC
☐ Anemia☐ Chronic Lymphocytic L	□ Lymphadenop eukemia □ Monoclonal G		Multiple Myeloma Mo □ 001495 sIFE, SPE	onitoring:  001487 SPE	□ 001685 sIFE
☐ Chronic Myelogenous I	Leukemia 🔲 Myeloma, Pla	sma Cell Thrombocytosis		ALEX® (daratumumab patients ON	
		Relapse  Follow-Up Other:		ıntitative Free Light Κ/λ Chains plus	
		■ BM Transplantation Donor: ■ M ■ F  ments will be sought, physicians should order only those tests	<ul> <li>Peripheral blood only</li> <li>If sending DNA, the lab only acc</li> </ul>	epts isolated or extracted nucleic acids for which	a registered trademark of Adaptive Biotechnologies www.adaptivebiotech.c extraction or isolation is performed in an appropriately qualifi
	medicare or medicaid reimburse for the diagnosis or treatment of t		CLIA or CAP/CMS equivalent labo	ratory. of America® Holdings. All rights reserved.	onc-711-v24-020620

Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.Labcorp.com/MedicareMedicalNecessity.

Symbols Legend

© = Subject to Medicare medical necessity guidelines

^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.

## SPECIMEN LABEL INSTRUCTIONS

- 1. Complete the requisition with all

- requested information.

  2. Label specimen with two unique identifiers.

  3. Remove the required number of labels from the front of this sheet.

  4. Place one (1) label on each specimen container (not on the lid).

Please dispose of unused labels.





	Prognostic Test Reflex Criteria				
Disease Category	Timing	Findings (Morphology, Flow cytometry, FISH and/or karyotyping)	Tests to Perform		
ALL	Initial Diagnosis	ALL	Pediatric FISH Profile (<22 years) or Adult FISH Profile (>22 years); Reveal® SNP Array		
AML	Initial Diagnosis	AML or borderline AML	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/ RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
AML	Relapse	Findings indicative of relapse	NGS myeloid panel <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
CLL (peripheral blood/bone marrow)	Initial Diagnosis	CD5+ neoplasm with classic or variant CLL features; >5K/uL circulating monoclonal B-cells or 10% or more marrow based monoclonal B-cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), ZAP70/CD38/CD49d assay, and IgVH mutation analysis		
CLL (peripheral blood/bone marrow)	Follow-up*	Features of refractory disease or disease progression/transformation	FISH probe for TP53 (17p-) deletion, TP53 mutation analysis, and SNP array		
CML	Initial Diagnosis	Compatible or diagnostic findings for CML	Quantitative BCR/ABL1 assay and cytogenetics		
CML	Follow-up*	Prior diagnosis of CML	Quantitative BCR/ABL1 assay; if features of progression, discuss addition of NGS myeloid panel with client or place comment in report		
MPN	Initial Diagnosis	Morphologic features of MPN, but negative for JAK2 V617F, CALR, and MPL mutations	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
MPN	Follow-up*	History of MPN, currently with features of progression (increased blasts or dysplastic features)	Discuss addition of NGS myeloid panel with client or place comment in report		
MDS	Initial Diagnosis	Morphologic diagnosis of MDS with normal cytogenetic karyotype	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
Plasma cell neoplasia	Initial Diagnosis	5% or more neoplastic plasma cells by morphology or 1% or more by flow cytometry	Myeloma FISH profile		
Plasma cell neoplasia	Follow-up*	Features of disease progression	FISH probes for TP53 (17p-), CKS1B (1q21), Monosomy 1		
SLL	Initial Diagnosis	SLL identified in tissue sample by flow cytometry with 10% or more neoplastic cells	CLL FISH profile or CLL SNP array with FISH probe for CCND1/IGH t(11;14), IgVH mutation analysis		

\*recommendation for follow-up evaluation requires that prior material was evaluated in an IO facility

recommendation for follow-up	evaluation requires mai	phor material was evaluated in an io lacility			
	Diagnostic Test Reflex Criteria Based on Flow Cytometry or Surgical Pathology Consultation Findings				
Disease Category	Timing	Findings Tests to Perform			
AML	Initial Diagnosis	Diagnostic or suspicious for AML with RUNX1T1/RUNX1 t(8;21), CBFB inv (16), or PML/RARA t(15;17), acute myelomonocytic, or acute monocytic/monoblastic leukemia	FISH probes for RUNX1T1/RUNX1 t(8;21), CBFB inv(16), or PML/ RARA t(15;17) or MLL respectively, as indicated; NGS myeloid panel + FLT3 testing for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
B-cell lymphoma	Initial Diagnosis	Findings suspicious or diagnostic for B-cell lymphoma, but with equivocal findings with regard to subclassification (for tissue cases 5% or more abnormal B-cells by flow cytometry; for peripheral blood/bone marrow cases, 10% or more abnormal B-cells)	NHL FISH probes and molecular assays as indicated		
Large B-cell lymphoma or Burkitt lymphoma	Initial Diagnosis	Abnormal B-cells diagnostic or suspicious for large B-cell lymphoma or Burkitt lymphoma	FISH probes for MYC, BCL6, and BCL2 translocations and cytogenetic karyotyping, as indicated; reflex to 11q FISH probe (BCL1 and ATM) for MYC, BCL6, BCL2 negative cases suspicious for Burkitt lymphoma, as indicated		
Eosinophilia	Initial Diagnosis	Peripheral blood with 1.0K/µL or more eosinophils	FISH probes for PDGFRA, PDGFRB, and FGFR1		
Hairy Cell Leukemia (HCL)	Initial Diagnosis	CD103+ monoclonal B-cells (5% or more) inconclusive for HCL	BRAF mutation		
Lymphoplasmacytic Lymphoma (LPL)	Initial Diagnosis	Monoclonal B-cells (10% or more) with features indicating LPL in differential diagnosis	MYD88 mutation		
Mantle cell lymphoma (MCL)	Initial Diagnosis	Monotypic B-cells (5% or more) diagnostic or suspicious of MCL	FISH probe for CCND1/IGH t(11;14)		
Mastocytosis	Initial Diagnosis	Atypical mast cells by flow cytometry	High-sensitivity KIT D816V mutation analysis for mast cell disease		
CML	Initial Diagnosis	Flow cytometric findings suspicious for CML	FISH for BCR/ABL1		
MDS/MPN	Initial Diagnosis	Findings suspicious for MDS/MPN (CMML, aCML, etc.)	NGS myeloid panel for patients <60 years; discuss necessity of testing with client or place comment in report for patients >= 60 years		
T-cell lymphoma/leukemia	Initial Diagnosis	Atypical T-cells diagnostic or suspicious for T-cell lymphoma/leukemia	TCR gene rearrangement ; ALK FISH probe for CD30+ cases, as indicated; cytogenetic karyotyping if material adequate		

\*LeukoStrat® CDx FLT3 Mutation performed by The Laboratory for Personalized Molecular Medicine (LabPMM®) 

‡Informed consent is required for non-oncology genetics testing for New York state patients.

Morphologic Evaluation Common Components (Please include patient CBC report)				
Peripheral Blood Interpretation (85060)     Clot (88305)	• Core (88305)	• Additional Studies/Special Stains (88313) – Iron and Reticulin		
Bone Marrow Aspirate Smear & Interpretation (85097)	Decalcification (88311)	IHC Global marker number (88342) varies but typically 0-4		
	Flow Cytometry*			
Peripheral blood/bone marrow panel (HNA) 24 ** antibodies	Tissue/fluids panel (HNA) 21 * <sup>©</sup> antibodies	PNH Evaluation		
CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD14, CD16, CD19, CD20, CD23, CD57, CD33, CD34, CD38, CD45, CD56, CD64, HLA-DR, kappa light chain, lambda light chain	CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD19, CD20, CD23, CD30, CD38, CD43, CD45, CD56, CD57, FMC-7, HLA-DR, kappa light chain, lambda light chain	CD14, CD15, CD24, CD45, CD64, FLAER. CD59 and CD235a may be added at discretion of reviewing pathologist		

\*Additional antibodies may be added if determined to be medically necessary to render a diagnosis in the opinion of the reviewing pathologist.

®Markers performed determined by testing facility.

FISH (disease state profile OR individual probes)						
ALL (Adult) BCR/ABL1, t(9;22) KMT2A (MLL) MYC 6 21q	ALL (Pediatric) BCR/ABL1,1(9,22) 4 10 17 KMT2A (MLL) CDKN2A (p16) TCF3 (E2A)	AML PML/RARA, 1(15;17) CBFB, inv(16) RUNX1T1/RUNX1, †(8;21) 5q 7q KMT2A (MLL)	CLL TP53 (17p-) ATM (11q-) CCND1/IGH, t(11;14) 13q14 (DLEU) 12	MPN/CML 20q 8 9 13q14 (DLEU) BCR/ABL1, t(9;22)	Multiple Myeloma Monosomy 13/13q- 1753 (17p-) 7 9 15 CCND1/IGH, t(11;14) CKS1B (1q21)	NHL ALK BCL6 CCND1/IGH, †(11;14) IGH/BCL2, †(14;18) IGH/MYC, †(8;14) MALT1
	ETV6/RUNX1, t(12;21)	Aggressive B-cell (ABC) Lymphoma BCL2 BCL6 MYC	MDS 5q 7q 20q 8	MPN with Eosinophilia FGFR1 PDGFRA PDGFRB	FGFR3/lGH, f(4;14) IGH/MAF, f(14;16)	TCRA/D

SERUM - Multiple Myeloma Cascade, Protein Electrophoresis (SPE) reflex to Immunofixation (sIFE) and Free Light Chain (sFLC) for interpretation, refer to www.labcorp.com

 $\textbf{IntelliGEN}^{\scriptsize{\scriptsize{(0)}}} \ (\text{for genes evaluated, refer to oncology.labcorp.com})$ 

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LeukoStrat® is a registered trademark of Invivoscribe Technologies, Inc.

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onc-711-v24-02062022

Lab Locations			
Accupath Diag	Esoterix Genetic Laboratories, LLC		
201 Summit View Drive, Suite 100 Brentwood, TN 37027	5005 South 40th Street Phoenix, AZ 85040	3 Forest Parkway Shelton, CT 06484	