



Instructions: Send this paperwork and any available pathology/test reports with the specimen.

Patient Information

Form with fields: Patient Name (Last, First, Middle), Patient ID, Birth Date (mm-dd-yyyy), Gender (Male/Female)

Contact Information (for callback results or for questions)

Form with fields: Referring Provider Name (Last, First), Pathologist Name (Last, First), Phone, Fax\*

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing (include a brief clinical history and reason for biopsy)

Large empty box for clinical history and reason for biopsy.

Form with fields: Disease Stage (New diagnosis, Relapse, MRD), Bone Marrow Transplant (Autologous, Allogenic, Sex mismatch)

Form with fields: Therapeutic Antibodies (For myeloma patients: Is the patient on CD38 therapy? Yes/No, Provide full listing:)

Form with fields: CBC Results (HB, HCT, RBC, MCV, WBC, PLT)

Specimen Provided (check all that apply)

Form with multiple checkboxes for specimen types: Blood (liquid), Bone marrow aspirate (liquid), BM clot/particles paraffin embedded, BM biopsy paraffin embedded, Blood slides, Bone marrow slides, BM wet consult, Tissue (type/site, block, slides), Body fluid (CSF, Pleural, Abdominal or peritoneal, Other), Buccal cells, Extracted DNA.