



3611 14th Ave ♦ Brooklyn, NY 11218
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Physician Signature

Date ordered

Time Collected

PLEASE PRINT PATIENT AND BILLING INFORMATION BELOW, DIAGNOSIS CODES ARE REQUIRED

PATIENT NAME (LAST)		FIRST		SEX	DOB	SOCIAL SECURITY	
ADDRESS (STREET)		APT	CITY		STATE	ZIP CODE	TELEPHONE
Insurance Name		Insurance ID			Insured Name (if different from patient)		
Insurance Address		City	State	Zip Code	Telephone	Bill Patient <input type="checkbox"/>	Bill Client <input type="checkbox"/>
Diagnosis Code(s)					Physician NPI#		<input type="text"/> STAT

Molecular Oncology

- Immunoglobulin Gene Rearrangements
- T-Cell Receptor Gene Rearrangements
- BCL-2 Translocation Assay

Genetic Testing

- Factor II
- Factor V
- MTHFR

SPECIMEN TYPE

- Peripheral Blood (PB)
- Bone Marrow Smear (BM)
- Tissue / LN / Biopsy (Fresh, Frozen, Embedded in Paraffin)
- Whole Blood (LV)