

HEMATOPATHOLOGY SERVICES



"Driven by patient care, GoPath Laboratories has set a new standard for hematologic cancer testing."



Sample Report & Requisition

DOB: 01-25-1939 Age: 75 Gender: Male Collected: 01-01-2015 Received: 01-02-2015 Tissue: Bone Marrow Aspirate Location: Order IID: 31-1111. 61490)	GM15-001234 Referring Doctor, MD Medical Center 800 Medical Road
Collected: 01-01-2015 Received: 01-02-2015 Tissue: Bone Marrow Aspirate Location:	Medical Center 800 Medical Road
	Dept of Pathology Chicago, IL 60610
Test Ordered: Bone Marrow Analysis	Phone: 847-XXX-XXXX Fax: 847-XXX-XXXX CC: Other Physician, MD
Clinical History: BONE MARROV	VREPORT
DIAGNOSIS:	
BONE MARROW CORE BIOPSY, CLOT SECTION, ASPI PERIPHERAL BLOOD SMEAR:	RATE SMEARS, TOUCH IMPRINTS AND
-HYPERCELLULAR BONE MARROW WITH INCI	REASED MYELOBLASTS (-11-12%)
AND DYSPOIESIS	
-POSITIVE FOR 5q DELETION, TRISOMY 8 AND -CONSISTENT WITH INVOLVEMENT BY A HIGH	
SYNDROME BEST CLASSIFIED AS REFRACTOR	
BLASTS-2 (RAEB-2)	
-PLEASE SEE COMMENT	
COMMENT	
The bone marrow is hypercellular for age with trilineal hematopo	iesis and
an increase in the number of blacks (-11, 12, %) based on CDM4 etc core biopy. The black have a myoid photopy by flow cyclose addition, dyscrythropoiesis, dygramolopoiesis and dymorgabary model with a slight arcrease in the number of monosytes in the bo- marrow. Icon tains show increased storage iron with occusional aid articolary (13, %) [SH8 andisea are possible of 5_{3} deficient, and tritomy [13 which potential an unfavorable prognoss). These fit is distributed (15, %) are unfavorable prognoss). These is classified an orfitzary normalis with excision (3, 6, 8, 8, 9, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	in of the stry. In popeist is in ne ringed source best diverse best
Cytochemical and Immunohistochemical Stains:	
CD34: increased blasts (~11-12%) with small cluster formation	
CD117: increased immature myeloid cells MPO: positive in blasts	
CD68: slight increase in monocytes	
CD3 and CD20: mixed B and T-cells with no lymphoid aggregate Iron: increased storage iron with occasional ringed sideroblasts (+	
	and the second second second
Gross Description:	
A. Received specimen in formalin labeled with patient's name. It three core biopsies measuring 1.2, 0.6 and 0.4 cm in length. The s	
submitted in cassette A after decalcification.	•
GoPath Labo 1351 Barclay Blvd, Buffalo Grove, IL 60089 www.gopathi	Tel: 855.467.2849 Fax: 224.588.9941 Page 1 of 2
GOPATH MOLECUL	

PATIENT INFORMATION (Please print)	ORDERING PHYSICIAN / LAB INFORMATION	(Please print)
Name (Last, First)	Facility Name	
Address	Name (Last. First)	
City, State, Zip	Address	
Female All Male Date of Birth (MD/Y)	City, State, Zp	
SSN# (Optional)	Phone# Fax#	E-Mait
Phone#	Ordering Physician	(MD(Y)
Diagnosis:	NPI#: Treating Physic	in:
-	Report Delivery: Fax D E-Mail D Mail	Website Only
CODING INFORMATION	COMMON ICD-10 CODES	
Disgnosis Code/CD-10 Code:	C88.4 C86.6 C96.2 C96 C83.10 C81.90 C84.40 C96	
The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of	C83.30 C82.90 C84.90 C96 C85.20 C84.00 C84.40 C96	00 C92.51 D47.9 01 C95.90 D53.9
care. Example: ICD-10: V16.0 (Family Hx of Gi canoer)	C83.00 C91.40 C86.4 C91 C86.5 C91.41 C86.0 C91	
BILLING INFORMATION (Please provide copy of insurance card)	SPECIMEN INFORMATION (Please provide c	
Primary Insurance:	Date of Collection: / /	D Bone Marrow
Bil: 🗆 Insurance 🗆 Medicare 🗆 Medicaid 🗆 Hospital 🗆 Client 🗆 Self Pa	Time of Collection: am / nm	Peripheral Blood
Secondary Insurance: Ves No If yes, please attach according insurance for Secondary Insurance:	Status: Pre-Transplant Post-Transplant Donor: Male Female Autologous	Mass / Type: Other / Type:
Secondary insurance:	WBC: Blasts:	C FFPE Sides - Positively charged 2
21 - Inpatient Hospital 22 - Outpatient Hospital 24 - Ambulatory Surgery I	27 Datas	thick, 2 stides per probe minimum or otherwise specified
REFERRING DIAGNOSES (Check all that apply)		
Acute Lymphoblastic Leukemia (ALL)	2L) D Multiple Myeloma (MM)	Plasma Cell Neoplasm
Acute Myeloid Leukemia (AML) Hodgkin Lymphoma Acute Promyelocytic Leukemia (APL) Leukocytosia	Myelodysplastic Syndrome (MDS) Myeloprol/ferative Neoplasm (MPN)	Polycythemia Vera Thrombocytosis
Acute Promyelocytic Leukemia (APL) C Leukopytosia Anemia Leukopytosia	Myeloproliferative Neoplasm (MPN Non-Hodokin Lymphoma, B-Cell	Thrombocytosis
Chronic Myelopenous Leukemia (CML)	Non-Hodokin Lymphoma, T-Cell	ri Other: (Please Specify)
Chronic Lymphocytic Leukernia (CLL) 🗆 Monoclonal Paraprotein		Other: (Please Specify)
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Why GoPath?

GoPath Laboratories is a full-service molecular genetics and anatomic pathology diagnostic reference laboratory providing cutting-edge testing technologies including next generation sequencing (NGS), microarray, and digital PCR platforms. We also offer lab partnerships, consultative support and interactive pathology education with a focus on cancer. Our goal is to provide our clients with premier pathology services through outstanding diagnosis and prognosis, results-driven research, education, and strong consultative support.

We strive to be a leader in hematologic pathology based on the superiority of our people, our patient-driven research and science. Our scientists work rigorously to develop the most cutting edge hematologic tests to ensure our hematopathologists make the most definitive diagnosis and provide clinicians with in-depth information on a patient's prognosis and treatment options.

What GoPath offers:

- Physician-Owned, Full-Service Laboratory
- Quick Turnaround (TAT)
- Local Pickup Service
- Streamlined Workflow
- Flexible Revenue-Sharing
- Dedicated Team of Hematopathologists
- Web Portal and Online Results Reporting
- Variety of Connectivity Solutions
- Ongoing Research and Hematologic Test Development
- Customized Billing Options

Cytogenetic Testing

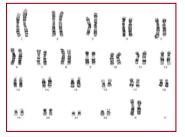
Testing for chromosomal abnormalities is essential for determining an accurate diagnosis and prognosis for hematologic cancers. Cytogenetic testing can be a valuable tool for helping physicians create individualized treatment plans by predicting cancer's responsiveness to specific treatment regimens.

We are constantly researching and implementing the latest cytogenetic technologies to help our clients make informed decisions by providing them with the most accurate results possible. Our commitment to research and development, our exceptional customer service and unparalleled turnaround time are just a few of the reasons why GoPath Laboratories is a leader in cytogenetic testing.

Chromosome Analysis

Chromosome analysis (or karyotyping) is the most common type of testing for hematologic cancers. It evaluates the number and structure of a person's chromosomes in order to detect abnormalities. A cell sample is taken and cultured to promote cell division. Chromosomes are then isolated from the nucleus, placed on a slide and stained. Then they are mapped and examined for mutations that could indicate the presence of cancer such as changes in arrangement, size, or number.

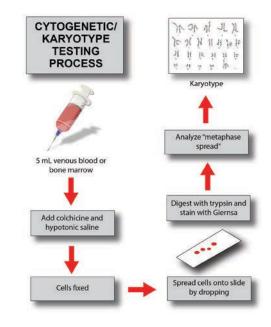
Karyotyping can help diagnose and differentiate leukemias by identifying specific translocations for certain acute leukemias, acute promyelocytic leukemias, chronic myelocytic leukemias, and acute lymphoblastic leukemias. Karyotyping is a good starting point for diagnosis and prognosis, as well as for determining what course of action to take when creating a treatment plan.



Normal Karyotype

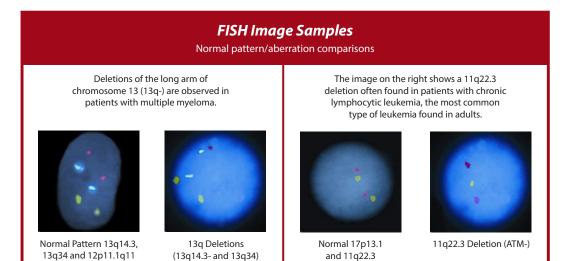
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Abnormal Male Karyotype with Multiple Complex Abnormalities



Fluorescence in Situ Hybridization (FISH) Testing

FISH testing is much more sensitive than karyotyping. With FISH, an abnormal gene segment is made to "light up" or fluoresce when bound by a special probe. This process allows us to detect the presence or absence of a specific chromosomal abnormality through a microscope. Both balanced and unbalanced chromosomal translocations and chromosome number changes can be observed using FISH. Diagnostic and prognostic information may be determined by the presence of such cytogenetic abnormalities. FISH is often ordered following a cancer diagnosis to identify prognostic chromosomal abnormalities to better determine the cancer's stage and to predict its course. FISH also helps diagnose different cancers that may look similar but that have different genetic abnormalities that could require different treatments. FISH panels may be ordered along with standard cytogenetics for diagnosis, prognosis, and to monitor minimal residual disease. In addition, FISH testing delivers results more quickly than conventional cytogenetic testing, since FISH does not need to be performed on actively dividing cells.



GoPath FISH Test Panel Descriptions

FISH Test Panel	Disease	Probe Targets/Genes
ALL Panel	Acute Lymphoblastic Leukemia	t(1;19) PBX1/TCF3, t(9;22) BCR/ABL1, MLL, t(12;21) ETV6(TEL)/RUNX1(AML), trisomy 4, 5, 10, 17
AML Panel	Acute Myeloid Leukemia	inv(3), t(3;3) RPN1/MECOM, del(5q) EGR1, del(7q)/monosomy 7, t(8;21) RUNX1T1(ETO)/RUNX1(AML), MLL, t(15;17) PML/RARA, inv(16), t(16;16) CBFB
CLL Panel	Chronic Lymphocytic Leukemia	del(11q) ATM/del(17p) TP53, trisomy 12/del(13q) 13q14/13q34, t(11;14) CCND1/IGH XT
CML Probe	Chronic Myeloid Leukemia	t(9;22) BCR/ABL1
MDS Panel	Myelodysplastic Syndrome	inv(3), t(3;3) RPN1/MECOM, del(5q) EGR1, del(7q)/monosomy 7, trisomy 8/ del(20q), MLL, del(13q) 13q14/13q34
MM Panel	Multiple Myeloma	1p32.3/1q21 CDKN2C/CKS1B, t(11;14) CCND1/IGH XT, del(13q) 13q14/13q34, del(17p) TP53, reflex: t(4;14) FGFR3/IGH, t(14;16) IGH/MAF
MPN Panel	Myeloproliferative Neoplasia	del(5q) EGR1, del(7q)/monosomy 7, trisomy 8/del(20q), t(9;22) BCR/ABL1, MLL, 4q12 FIP1L1/CHIC2/PDGFRA, 5q33 PDGFRB, 8p11 FGFR1
NHL Panel	Non-Hodgkins Lymphoma	2p23 ALK, 3q27 BCL6, 8q24 MYC, t(11;14) CCND1/IGH XT, 18q21 BCL2, reflex: t(8;14) MYC/IGH, t(11;18) BIRC3/MALT1, t(14;18) IGH/BCL2
T-Cell Panel	Leukemia/Lymphoma	2p23 ALK, 14q11.2 TRA, 7q34 TRB, i(7q) 7cen/7q22/7q31, 14q32 TCL1A, 10q24 TLX1, 5q35 TLX3
Transplant		XX/XY for Sex Mismatched Transplants

Microarray Analysis

Chromosomal microarray analysis (CMA) takes cytogenetic testing one step further by helping to identify genetic changes that are not detected by conventional chromosome analysis or FISH studies. Microarray analysis complements both chromosome analysis and FISH testing by helping to establish an accurate diagnosis and prognosis to better assist in managing hematologic malignancies.

Although many chromosomal abnormalities are large enough to be detected with conventional chromosome analysis, many others are below its limits of resolution. Microarray analysis can detect copy-neutral loss of heterozygosity, something that karyotyping and FISH testing cannot do.

Liquid Biopsy

Liquid biopsy examines DNA mutations and other changes in genetic material found in fragments that detach from tumors and circulate in the blood of patients with cancer. These tests can help physicians better monitor disease progression without having to take traditional tumor biopsies, which can cause complications depending on the location of the tumor and the condition of the patient. Liquid biopsy could be a surrogate for tissue biopsy in early cancer diagnosis, assessment of prognosis, monitoring relapse and predicting drug responsiveness. By detecting mutations found in tumor DNA, these tests can also assist doctors in predicting how a cancer will respond to certain treatments and which drug therapies will be most effective for the patient.

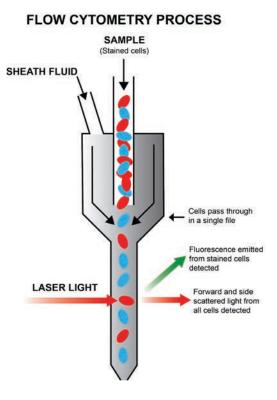


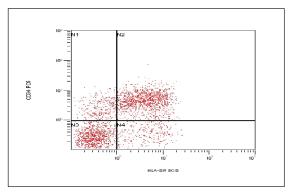
Flow Cytometry (Immunophenotyping)

Flow cytometry is often ordered in addition to other cytogenetic tests to help establish a prognosis and to monitor the progression of certain cancers. It also can be used to help differentiate between cancers. Cells from the blood or bone marrow are incubated with commercially generated antibodies that selectively bind to antigens on the surface of leukemia cells or in their cytoplasm. The antigens act like markers and are detected by flow cytometry, which uses a laser beam to identify cell types based on the antigens present.



Flow cytometry determines the number of cells in a sample, the size and shape of the cell, and the presence of tumor markers. It is a highly-sensitive test that can detect minimal residual disease after cancer treatment when other tests show no signs of malignancy. Since flow cytometry analyzes thousands of cells per second, the results are gathered very quickly.





Blasts expressing CD34 and HLA-DR

Testing Process	Specimen Required	TAT
Chromosome Analysis	Peripheral blood or bone marrow aspirate	5-7 days
FISH	stored at room temperature in sodium heparin (green top) anticoagulant	3-5 days
Flow Cytometry / Molecular Testing	Peripheral blood or bone marrow aspirate refrigerated in an EDTA (purple top) anticoagulant	24-48 hours

GoPath Laboratories Connectivity Solutions

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- Information About Our Pathologists, Scientific and Executive Team Members

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- Specialized Account Set Up Team

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- Work With Most Insurances & Customized
 Billing Options Available
- Convenient Client Billing
- Dedicated Billing Support
- Technical and Professional Model Billing also Available
- Tech-Only Services

Let Us Help You Get Started

Providing appropriate information saves valuable time, eliminates confusion, limits phone calls & shortens turnaround time.

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- Patient's DOB and Gender
- Date of Service / Collection
- Patient's Address and Phone Number
- Ordering Physician's Name, Facility and NPI
- ICD10-CM Codes

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