CLICK TO CLEAR

Children's Mercy

Dept of Pathology & Laboratory Medicine
2401 Gillham Rd
Kansas City, MO 64108
(816) 234-3835

Oncology Cytogenetics Requisition

CMH Website Resources

Patient's Name: Last	First	Middle	Birthdate	Gender

Address	City, State, Zip	Phone

Client/Practice Name	Address	City, State, Zip	Phone
Ordering Provider	**Clinician Signature**		**Fax**
ICD 10 (Diagnosis)	MEDICAL NECESSITY REGULATIONS: at the government's request, the Lab would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the testing must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.		

Billing: ☐ Self-pay ☐ Insurance - Attach copy of card (both side)	Patient is: ☐ Child ☐ Self ☐ Spouse ☐ Other (specify)
Subscriber: Last, First, MI	**Primary: carrier & policy number**
Employer	**Secondary: carrier & policy number**
Insurance Authorization ☐ Not required or ☐ Authorization Number:	Valid Date(s):

By submitting this requisition, the ordering physician attests:

1. All requested laboratory tests are medically necessary
2. **Insurance preauthorization has been obtained if required by the payor**

If numeric diagnosis code(s) and an authorization number are not provided as appropriate, the laboratory reserves the right to refuse service.

Specimen Information			STAT	Results
Collection Date:	Time: AM/PM	Collected by:	☐	**Physician:**
For best results, send specimen same day as collection. If necessary to hold specimen overnight, keep at room temp – DO NOT FREEZE.				**Call results to:**
Diagnosis/Indication				**Fax results to:**

Test(s) Requested:

☐ Chromosome Analysis
☐ STR Chimerism
☐ STR Chimerism, cell sorted:
☐ CD3+ ☐ CD19+ ☐ CD33+ ☐ CD56+
☐ Diagnostic ☐ Follow Up

☐ Microarray Analysis Copy Number + SNP
☐ FISH as necessary to clarify diagnosis
☐ FISH, specify_____

Bone Marrow Transplant? ☐ Yes ☐ No
☐ Same sex ☐ Opposite sex

Specimen(s) submitted:

☐ Bone Marrow
☐ FFPE scrolls for Microarray
☐ Solid Tumor_____
☐ Other_____

☐ Neoplastic Blood *submit CBC and WBC differential with specimen*
☐ Peripheral Blood for constitutional study – *constitutional vs. clonal*
☐ DNA for STA (must be isolated in a CLIA or equivalent lab)

SPECIMEN REQUIREMENTS:

Blood: Chromosome Analysis – Sodium Heparin (green); Microarray – EDTA (lavender)
Bone Marrow: 3-4 mL
Neoplastic Blood: 5-10 mL
Solid Tumor: 0.5 – 1.0 cm^3 *deliver to laboratory ASAP*
FFPE scrolls: 5 scrolls (10 microns thick in 1.5 mL tube)
Sorted Cells (CD3+, CD19+, CD33+, CD56+): 8 mL blood or bone marrow in EDTA lavender