Cincinnati Children's
changing the outcome together

Clinical Mass Spectrometry Laboratory

Division of Pathology • 513-636-4203

PATIENT DEMOGRAPHICS

Patient Name: _____ , _____ , ___
Last First MI

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

☐ Male ☐ Female

BILLING INFORMATION

Physician Name (print): _____

Diagnosis Code(s): _____

☐ Billing information attached - include a copy of insurance card/face sheet

ORDERING PHYSICIAN

Physician Name (print): _____

Address: _____

Phone: (_____) _____

Secure Fax: (_____) _____

_____ Date: ____/ _____/ _____

Referring Physician Signature (REQUIRED)

Comments: _____

_____

_____

SAMPLE/SPECIMEN INFORMATION

Specimen Type: _____

Collection Date (MM/DD/YYYY): _____ / _____ / _____

Collection Time: _____

Note: Please see test information sheet for acceptable specimen type, collection container, and volume.

SHIPPING INFORMATION

Ship to:

Clinical Mass Spectrometry Facility, MLC 7019
Department of Pathology and Laboratory Medicine
Cincinnati Children's Hospital Medical Center
240 Albert Sabin Way
Cincinnati, OH 45229-3039

TEST(S) REQUESTED

Therapeutic Drugs:

- ☐ Amitriptyline & nortriptyline
- ☐ Everolimus
- ☐ Sirolimus
- ☐ Topirimate

Endogenous Analytes:

- ☐ Free Thyroxine (T4)
- ☐ Methylmalonic acid (MMA), serum
- ☐ Methylmalonic acid (MMA), urine
- ☐ Organic acids
- ☐ Testosterone, total
- ☐ Testosterone, free (**note:** sex hormone binding globulin (SHBG) and total testosterone required)

Newborn Screening:

- ☐ Acylcarnitine (blood spots)
- ☐ Acylcarnitine (plasma)

Other:

- Urine Bile Acids*
- Serum Bile Acids*
- Drugs of Abuse*

***Note:** Please see applicable test requisition.