

****Samples will **not** be processed unless all information is provided and legible.****

PATIENT DEMOGRAPHICS

Patient Name: _____, _____, _____ MI
Last First MI
Date of Birth: ____/____/____ Male Female

BILLING INFORMATION

Physician Name (print): _____

Diagnosis Code(s): _____

- Billing information attached - include a copy of insurance card/face sheet
- Bill patient
- Bill institution

Internal Use Only:

Client Code: _____
CCHMC MRN: _____
CSN: _____

SAMPLE INFORMATION

Specimen Type:

- FFPE tissue (paraffin block or 1H&E slide plus 6 unstained slides)***
- Peripheral blood
- Bone marrow

Source: _____

Collection Date: _____

Collection Time: _____

Note: please see test information sheet for collection information.

ORDERING PHYSICIAN

Physician Name (print): _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Date: ____/____/____

Referring Physician Signature (REQUIRED)

Clinical History (required):

SHIPPING INFORMATION

Ship to:

Cincinnati Children's Hospital Medical Center
Attn: Molecular and Genomic Pathology Services (MGPS)
240 Albert Sabin Way, R2.001
Cincinnati, OH 45229

TEST(S) REQUESTED

For tests ordered on formalin-fixed, paraffin-embedded tissue, the molecular pathologist or laboratory director will review histologic material for adequacy and appropriate test indication. A final or preliminary surgical pathology or cytopathology report **must** accompany the test requisition.

- HistioTrak testing:** used for monitoring the disease burden of patients with histiocytosis that harbor a BRAF V600E mutation, during or after therapy. In this setting, it is NOT a diagnostic test. Prior BRAF V600E mutation status should be known before performing the test. In select instances, HistioTrak testing can be used to determine BRAF V600E mutation status on tissue (FFPE) specimens, where the BRAF V600E immunohistochemical finding is equivocal or not available.
- FLT3-ITD testing (blood and bone marrow only)
- CinCSeq Comprehensive Cancer Panel