Cincinnati Children's
changing the outcome together

Division of Pathology
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MOLECULAR AND GENOMIC PATHOLOGY SERVICES - IMMUNOLOGY

All Information Must Be Completed Before Sample Can Be Processed. Please Type or Print.

PATIENT INFORMATION

Patient Name: _____, _____, ____
Last First MI

Address: _____

_____

Date of Birth ____/____/____ Phone: _____

Gender: ☐ Male ☐ Female MR# _____

ORDERING PHYSICIAN INFORMATION

Office/ Practice/ Institution Name: _____

_____

Ordering Physician: _____

Street Address: _____

City: _____

State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email Address: _____

BILLING INFORMATION

REFERRING INSTITUTION

Institution: _____

Address: _____

City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: _____

Fax: _____

Email: _____

***** Please note, we DO NOT bill the patient or their insurance unless they are transferring care to Cincinnati Children's. *****

TEST(S) REQUESTED

☐ **Anti-nuclear antibodies (ANA)**
EPIC test code: 8001200

☐ **Anti-dsDNA antibodies (dsDNA)**
EPIC test code: 8000135

☐ **Extractable nuclear antibodies (ENA)**
EPIC test code: 8000200
Panel includes the following:

- ☐ *SSa*
  EPIC test code: 11737279
- ☐ *SSb*
  EPIC test code: 11737295
- ☐ *SSa/SSb*
  EPIC test code: 11737276
- ☐ *RNP*
  EPIC test code: 11737282
- ☐ *Sm*
  EPIC test code: 11737285
- ☐ *Jo-1*
  EPIC test code: 11737288

☐ **Autoantibody screen**
EPIC test code: 8001100
Includes ANA and the following:

- ☐ *Anti-liver/kidney microsomal antibodies (ALKMA)*
  EPIC test code: 8000145
- ☐ *Anti-mitochondrial antibodies (AMA)*
  EPIC test code: 8000120
- ☐ *Anti-parietal cell antibodies (APCA)*
  EPIC test code: 5353397
- ☐ *Anti-smooth muscle antibodies (ASMA)*
  EPIC test code: 8000115

SAMPLE/SPECIMEN INFORMATION

Specimen Type: Serum (1mL gold top [SST])

Collection Date/Time: _____

Phone # for questions: _____

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

Please ship materials to:

Cincinnati Children's Hospital Medical Center
Attn: Molecular and Genomic Pathology Services (MGPS)
3333 Burnet Avenue, R2.001
Cincinnati, OH 45229-3039

PHYSICIAN SIGNATURE

Ordering Physician Signature (REQUIRED) _____ Date: ____/____/____