Cincinnati Children's
changing the outcome together

Division of Pathology
3333 Burnet Avenue, MGPS Lab, R2.001
Cincinnati, OH 45229
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pathology@cchmc.org • cincinnatichildrens.org/pathology

MOLECULAR AND GENOMIC PATHOLOGY SERVICES - ONCOLOGY

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

PATIENT INFORMATION

Patient Name: _____, _____, _____
Last First MI

Address: _____

_____

Home Phone: _____

MR# _____ Date of Birth _____/_____/_____

Gender: ☐ Male ☐ Female

CLINICAL HISTORY

Clinical History: _____

_____

_____

ICD-10 Code: _____

SAMPLE/SPECIMEN INFORMATION

Specimen Type:
- ☐ FFPE tissue (paraffin block, or 1 H&E plus 6 unstained slides)**
- ☐ Peripheral blood
- ☐ Bone marrow

Collection Date/Time: _____

Phone # for questions: _____

FedEx account number*: _____

*For tissue block. If not provided, blocks will be returned via regular mail.

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

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

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

**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**

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.

☐ **CinCSeq Comprehensive Cancer Panel**

☐ **FLT3-ITD testing (blood and bone marrow only)**

☐ **Pathologic Consult/Second Opinion**

PHYSICIAN SIGNATURE

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