Cincinnati Children's
changing the outcome together

Division of Pathology
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MOLECULAR AND GENOMIC PATHOLOGY SERVICES - INFECTIOUS DISEASES

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

- ☐ Adenovirus (AV), qualitative
- ☐ Adenovirus (AV), quantitative
- ☐ BK Virus, qualitative
- ☐ BK Virus, quantitative
- ☐ *Bordetella pertussis/parapertussis*, qualitative
- ☐ *Cryptosporidium spp.*, qualitative
- ☐ Cytomegalovirus (CMV), qualitative
- ☐ Cytomegalovirus (CMV), quantitative
- ☐ Epstein-Barr Virus (EBV), qualitative
- ☐ Epstein-Barr Virus (EBV), quantitative
- ☐ Enterovirus (EV), qualitative
- ☐ Human Herpesvirus 6 (HHV6), qualitative
- ☐ Human Herpesvirus 6 (HHV6), quantitative
- ☐ Herpes Simplex Virus, Type 1 & 2 (HSV-1, HSV-2), qualitative
- ☐ HPV-6 & HPV-11, qualitative
- ☐ Influenza Virus A/B, qualitative
- ☐ Parvovirus, qualitative
- ☐ Parvovirus, quantitative
- ☐ *Pneumocystis jirovecii*, qualitative
- ☐ Respiratory Syncytial Virus (RSV), qualitative
- ☐ SARS-CoV-2 (COVID-19), qualitative
- ☐ COVID-19/Influenza A/B, qualitative
- ☐ Toxoplasma gondii, qualitative
- ☐ Varicella-Zoster Virus (VZV), qualitative
- ☐ Atypical pneumonia panel, qualitative
  - ☐ *Chlamydia pneumoniae*
  - ☐ *Legionella pneumophila*
  - ☐ *Mycoplasma pneumoniae*
- ☐ Viral PCR Panel (Cardiac), qualitative, includes: Adenovirus, CMV, EBV, EV, HHV6, Influenza Virus A/B, Parvovirus, RSV
- ☐ Meningitis/Encephalitis Panel, includes: *Escherichia coli K1, Haemophilus influenza, Listeria monocytogenes, Neisseria meningitides, Streptococcus agalactiae, Streptococcus pneumoniae, CMV, HSV1, HSV2, HHV6, EV, Parechovirus, VZV, Cryptococcus gattii/neoformans*
- ☐ Syndromic Upper Respiratory Panel, includes: Adenovirus, Coronavirus (229E, HKU1, NL63, OC43, SARS-CoV-2 [COVID-19]), Metapneumovirus, Rhinovirus/ Enterovirus, Influenza Virus A (H1, H1-2009, H3), Influenza Virus B, Parainfluenza Viruses 1/2/3/4, RSV, *C. pneumoniae, M. pneumoniae, B. pertussis, B. parapertussis*

SAMPLE/SPECIMEN INFORMATION

Specimen Type: _____

All FFPE tissue samples must have an accompanying pathology report.

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: _____/_____/_____