

Division of Pathology

3333 Burnet Avenue, MGPS Lab, R2.001 Cincinnati, OH 45229

Phone: 513-636-9820 • Fax: 513-517-7099

pathology@cchmc.org • cincinnatichildrens.org/pathology

MOLECULAR AND GENOMIC PATHOLOGY SERVICES - IMMUNOLOGY

All Information Must Be Completed Before S	ample can be Processed. Please Type of Print.
PATIENT INFORMATION	TEST(S) REQUESTED
Patient Name:,,,,	□ Anti-nuclear antibodies (ANA) EPIC test code: 8001200 □ Anti-dsDNA antibodies (dsDNA) EPIC test code: 8001100 Includes ANA and the following: □ Anti-liver/kidney microsomo
Date of Birth//	□ Extractable nuclear antibodies (ENA) EPIC test code: 8000200 Panel includes the following: CAMA CAMA
ORDERING PHYSICIAN INFORMATION Office/ Practice/ Institution Name:	□ SSa EPIC test code: 8000120 □ SSa EPIC test code: 11737279 □ Anti-parietal cell antibodies (APCA) EPIC test code: 5353397 EPIC test code: 11737295
Ordering Physician: Street Address: City: State:Postal Code:Country:	□ SSa/SSb (ASMA) EPIC test code: 11737276 EPIC test code: 8000115 □ RNP EPIC test code: 11737282 □ Sm
Phone: Fax: Email Address: BILLING INFORMATION	EPIC test code: 11737285 □ Jo-1 EPIC test code: 11737288
REFERRING INSTITUTION	
Institution:	SAMPLE/SPECIMEN INFORMATION
City/State/Zip:	Specimen Type: Serum (1mL gold top [SST])
Accounts Payable Contact Name:	Collection Date/Time:
Phone:	Phone # for questions:
Fax: Email: *** Please note, we DO NOT bill the patient or their insurance unless they are transferring care to Cincinnati Children's. ***	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: _____