Cincinnati Children's
changing the outcome together

GENETICS AND GENOMICS DIAGNOSTIC LABORATORY
Phone: 513-636-4474 • Fax: 513-636-4373
Labgeneticcounselors@cchmc.org
Shipments accepted Monday – Saturday

Shipping Information:
3333 Burnet Ave. R1013
Cincinnati, OH 45229

METHYLATION-DERIVED MEDULLOBLASTOMA ANALYSIS

All Information Must Be Completed Before Sample Can Be Processed

PATIENT INFORMATION

Patient Name: _____, _____, _____
Last First MI

MR# _____ Date of Birth _____ / _____ /_____

Gender: ☐ Male ☐ Female

If patient is enrolled in a clinical trial:
Study name:_____ Patient Study ID:_____

INDICATIONS/DIAGNOSIS/ICD-10 CODE

☐ Medulloblastoma

If subgrouping has been performed previously, list the method used and the subgroup that was identified:_____

_____

REFERRING PHYSICIAN

Physician Name (print): _____

Address: _____

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

Email: _____

Genetic Counselor/Lab Contact Name: _____

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

Email: _____

_____ Date: ____/ _____/ ____

Referring Physician Signature (REQUIRED)

BILLING INFORMATION

☐ COMMERCIAL INSURANCE*

Insurance can only be billed if requested at the time of service.

☐ Billing information attached — include a copy of insurance card/face sheet

***PLEASE NOTE:**

- We will not bill Medicaid, Medicaid HMO, or Medicare except for the following: CCHMC Patients, CCHMC Providers, or Designated Regional Counties.
- If you have questions, please call 1-866-450-4198 for complete details.

☐ REFERRING INSTITUTION

Institution: _____

Address: _____

City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: _____

Fax: _____

Email: _____

SAMPLE/SPECIMEN INFORMATION

SPECIMEN TYPE:

☐ Solid tumor (specify): _____

☐ If in media, type: _____ % tumor: _____

☐ Formalin Fixed Paraffin Embedded (FFPE) (P.E.T.)

Block ID: _____ % tumor: _____

☐ DNA

☐ Other: _____

Specimen Date: _____ **Time:** _____

SPECIMEN REQUIREMENTS

1. **Fresh Tumor Tissue:** (Preferred Specimen Type)
   Please send 10–25 mg (or 1 cm x 1 cm) of STERILE tumor tissue in STERILE saline or transport medium (RPMI) with the FFPE.
   a. Unacceptable Fresh Tumor Conditions: Specimen placed in formalin or non-sterile container.
   b. Store at room temperature (if storing overnight, please REFRIGERATE). Use overnight shipping (protect from temperature extremes, no ice) or call the lab at 513-636-4474 for local courier service.

2. **Formalin Fixed Paraffin Embedded Tissue (FFPE):** (Optional)
   A representative FFPE block or **4 scrolls** (2 eppendorf tubes with 2 scrolls each cut at 10 microns) with a tumor surface area of up to 250mm^2.
   a. If a pathology evaluation has already been performed on the sample, send a copy of the pathology report and include any additional IHC or molecular testing that might have been performed.

3. **DNA:** (Optional)
   If DNA sample is available, please send 1ug DNA (max volume 90uL)

TEST(S) REQUESTED

Medulloblastoma Methylation Array

Microarray SNP (Methylation Array)

☐ Methylation-derived Medulloblastoma Subgrouping & CNV Analysis**

☐ Methylation-derived Medulloblastoma Subgrouping ONLY

☐ Methylation Array CNV Analysis ONLY**

**ONLY *MYC-N* (2p24.3) amplification, *GLI2* (2q14.2) amplification, Monosomy 6, *MYC* (8q24.21) amplification, 10q loss, Monosomy 11, 17p loss, 17q gain and isochromosome 17q will be reported for CNV Analysis performed on Formalin Fixed Paraffin Embedded (FFPE) samples.

Cancellation Policy: Tests can only be cancelled if laboratory is notified prior to the initiation of testing.

☐ Patient signed completed ABN

_____
For Lab Use: Date & Time of Specimen Receipt

Medical Necessity Regulations: At the government's request, the Genetics Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid programs, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient, and (4) not for screening purposes.