DIVISION OF NEPHROLOGY RESEARCH TESTING REQUISITION

For test inquiries please call:
Phone: 513-636-4530
Fax: 513-803-5056
Email: nephclinicallab@cchmc.org
www.cincinnatichildrens.org/nephrology-labtests

Ship to:
Cincinnati Children’s
Division of Nephrology Laboratory
240 Albert Sabin Way T-6 325, Dock 1
Cincinnati Ohio 45229

Cincinnati Children’s Institute
changing the outcome together

NEPHROLOGY RESEARCH REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

REQUESTOR

Institution: __________________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________________

PI: ________________________________________________________            Quote: ________________________________________________________

Coordinator: ________________________________________________

Email: _____________________________________________________            Telephone:  __________________________________________________

Please include a manifest and e-mail sample log to Thelma.Kathman@cchmc.org

TEST / SAMPLE INFORMATION

Samples Shipped: □ YES □ NO ________________________________            Date: _________________________________________________________

Sample Type: ________________________________________________           Clinical Trial: □ YES □ NO

Test Requested: ________________________________________________

BILLING CONTACT

Name: ______________________________________________________________________________________________________________________

Email: _____________________________________________________            Telephone:  __________________________________________________

Study / Grant information : ____________________________________________________________

SHIPPING

Ship Samples to:
Cincinnati Children’s Hospital Medical Center
Division of Nephrology Laboratory
240 Albert Sabin Way T-6 325, Dock 1
Cincinnati Ohio 45229

Please include a manifest and e-mail sample log to Thelma.Kathman@cchmc.org