

## PATIENT DEMOGRAPHICS

Patient Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

## BILLING INFORMATION

Physician Name (print): \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

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

### Internal Use Only:

Client Code: \_\_\_\_\_

CCHMC MRN: \_\_\_\_\_

CSN: \_\_\_\_\_

## SAMPLE INFORMATION

Specimen Type: Serum (1mL gold top [SST])

Collection Date: \_\_\_\_\_

Collection Time: \_\_\_\_\_

**Note: please see test spec sheet for collection information.**

## ORDERING PHYSICIAN

Physician Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referring Physician Signature (REQUIRED)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SHIPPING INFORMATION

**Ship to:**

Cincinnati Children's Hospital Medical Center  
 Lab Processing, B4.127  
 Attn: Molecular Pathology (PCR)  
 3333 Burnet Ave.  
 Cincinnati, OH 45229

## TEST(S) REQUESTED

- Anti-nuclear antibodies (ANA)
- Anti-dsDNA antibodies (dsDNA)
- Extractable nuclear antibodies (ENA)
  - Includes: SSa, SSb, RNP, Sm, Jo-1
- Autoantibody screen (also includes ANA)
  - Anti-liver/kidney microsomal antibodies (ALKMA)
  - Anti-mitochondrial antibodies (AMA)
  - Anti-parietal cell antibodies (APCA)
  - Anti-smooth muscle antibodies (ASMA)