

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
- Bill patient
- Bill institution

Internal Use Only:

Client Code: _____

CCHMC MRN: _____

CSN: _____

SAMPLE INFORMATION

Specimen Type: _____

Collection Date: _____

Collection Time: _____

Note: Please see test information sheet for acceptable specimen type, collection container, and volume.

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 and Genomic Pathology Services (MGPS)

3333 Burnet Ave.

Cincinnati, OH 45229

TEST(S) REQUESTED

- | | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Adenovirus (AV), qualitative <input type="checkbox"/> Adenovirus (AV), quantitative <input type="checkbox"/> Astrovirus, qualitative <input type="checkbox"/> BK Virus, qualitative <input type="checkbox"/> BK Virus, quantitative <input type="checkbox"/> <i>Bordetella pertussis/parapertussis</i>, qualitative <input type="checkbox"/> <i>Cryptosporidium spp.</i>, qualitative <input type="checkbox"/> Cytomegalovirus (CMV), qualitative <input type="checkbox"/> Cytomegalovirus (CMV), quantitative <input type="checkbox"/> Epstein-Barr Virus (EBV), qualitative <input type="checkbox"/> Epstein-Barr Virus (EBV), quantitative <input type="checkbox"/> Enterovirus (EV), qualitative <input type="checkbox"/> Human Herpesvirus 6 (HHV6), qualitative <input type="checkbox"/> Human Herpesvirus 6 (HHV6), quantitative <input type="checkbox"/> Herpes Simplex Virus, Type 1 & 2 (HSV-1, HSV-2), qualitative <input type="checkbox"/> Herpes Simplex Virus, Type 1 & 2 (HSV-1, HSV-2), quantitative (blood only) <input type="checkbox"/> Norovirus, qualitative | <ul style="list-style-type: none"> <input type="checkbox"/> Parechovirus, qualitative <input type="checkbox"/> Parvovirus, qualitative <input type="checkbox"/> Parvovirus, quantitative <input type="checkbox"/> SARS-CoV-2 (COVID-19), qualitative <input type="checkbox"/> COVID-19/Influenza A/B, qualitative <input type="checkbox"/> <i>Toxoplasma gondii</i>, qualitative <input type="checkbox"/> Varicella-Zoster Virus (VZV), qualitative <input type="checkbox"/> Atypical pneumonia panel, qualitative <ul style="list-style-type: none"> <input type="checkbox"/> <i>Chlamydia pneumoniae</i> <input type="checkbox"/> <i>Legionella pneumophila</i> <input type="checkbox"/> <i>Mycoplasma pneumoniae</i> <input type="checkbox"/> Respiratory panel, qualitative <ul style="list-style-type: none"> <input type="checkbox"/> Influenza Virus A/B <input type="checkbox"/> Parainfluenza Virus 1/2/3/4 <input type="checkbox"/> Respiratory Syncytial Virus (RSV) <input type="checkbox"/> Metapneumovirus (MPV) <input type="checkbox"/> Rhinovirus (RV) <input type="checkbox"/> Coronavirus (CoV) <input type="checkbox"/> Viral PCR Panel (Cardiac), qualitative, includes: Adenovirus, CMV, EBV, EV, HHV6, Influenza Virus A/B, Parvovirus, RSV | <ul style="list-style-type: none"> <input type="checkbox"/> Meningitis/Encephalitis Panel, includes: <i>Escherichia coli</i> K1, <i>Haemophilus influenzae</i>, <i>Listeria monocytogenes</i>, <i>Neisseria meningitidis</i>, <i>Streptococcus agalactiae</i>, <i>Streptococcus pneumoniae</i>, CMV, HSV1, HSV2, HHV6, EV, Parechovirus, VZV, <i>Cryptococcus gattii/neoformans</i> <input type="checkbox"/> 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, <i>Chlamydia pneumoniae</i>, <i>Mycoplasma pneumoniae</i>, <i>Bordetella pertussis</i>, <i>Bordetella parapertussis</i> |
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