

Bill to Client/Submitter

Bill to Patient Insurance (see requirements below)

Client/Submitter



Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Flow Cytometry & Immunology Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION****

Contact Information

Submitting Institution Name (Submitter)		Submitting Institution Address	
		Street	
		City, State, Zip	
		Phone	Result Fax

Client Specimen Label (if available)	Internal Specimen Label

Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Ordering Provider (Last, First, and Middle Initial)		Ordering Provider Phone	Ordering Provider NPI	

Specimen Information

Date Collected (MM/DD/YY)	Client External ID	ICD-10 Code(s)	<input type="checkbox"/> Blood
		1	<input type="checkbox"/> Bone Marrow
Time Collected (HHMM) AM / PM	Draw Type	2	<input type="checkbox"/> Tissue-Fresh:
		3	<input type="checkbox"/> Body Fluid

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: Billing Facility and Address same as Submitter Listed

Billing Contact Information:	Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:
Name:	Institution Name:
Email:	Address (incl City, State, Zip):
Phone:	Phone: Fax:

Bill To: Patient Insurance

*****If below items are not included WITH the specimen, the referring provider will be billed directly and responsible for payment*****

A face and or demographic sheet with the following criteria MUST be provided:

- Patients Full Name
- Patients Full Address (City, State and Zip)
- Patients Phone
- Patients Insurance Name AND Plan Type (Primary AND Secondary)
- Policy/ID Number
- If subscriber is different than patient a DOB is **REQUIRED**

Flow Cytometry & Immunology Lab Test Information - Ordering laboratory is responsible for accuracy of test selection

<input type="checkbox"/> 7AAD Viability	LAB7753	<input type="checkbox"/> Leukocyte Adhesion Deficiency (LAD1)	LAB9077
<input type="checkbox"/> ALPS (Autoimmune Lymphoproliferative Syndrome)	LAB8532	<input type="checkbox"/> Lymphocyte and T Cell Proliferation (PHA)	LAB9101
<input type="checkbox"/> DOCK8	LAB9359	<input type="checkbox"/> Perforin	LAB9360
<input type="checkbox"/> CD3 (Peripheral Blood Only)	LAB7758	<input type="checkbox"/> PNH	LAB7759
<input type="checkbox"/> CD34 (Peripheral Blood Only)	LAB7750	<input type="checkbox"/> Regulatory T Cell (Tregs)	LAB9111
<input type="checkbox"/> Comprehensive B Cell Panel	LAB9066	<input type="checkbox"/> Rituximab (CD20)	LAB7752
<input type="checkbox"/> DHR (Oxidative Burst)	LAB7757	<input type="checkbox"/> TBNK (Lymphocyte subsets)	LAB7755
<input type="checkbox"/> DNA Ploidy Analysis	LAB7761	<input type="checkbox"/> TCR (T Cell Receptor)	LAB8537
<input type="checkbox"/> Leukemia/Lymphoma	LAB7760	<input type="checkbox"/> T Cell Naive/Memory Panel (includes recent thymic emigrants)	LAB8495
		<input type="checkbox"/> T Cell Subsets (CD3, CD4, CD8)	LAB7756

For specimen requirements (including shipping and handling) please refer to our Test Directory.
Test Directory link is located at www.childrenscolorado.org/labrequisitions under the 'General Collection Instructions' section.