Bill to Submitter/Client
(Submitting Facility is Responsible for Payment)

Children's Hospital Colorado Department of Pathology & Laboratory Medicine Precision Diagnostics Lab Requisition

Bill to Patient Insurance
(If All Requirements are not Included, the
Submitting Facility Will be Billed)



Phone (720) 777-6711 Fax (720) 777-7921 Specimen Shipping Address: Children's Hospital Colorado Clinical Laboratory -Room B0200 13123 E. 16th Ave Aurora, CO 80045

	FAILURE TO COMPLETI	E BELOW FIELDS W	ILL DELAY RESULTS	S				
	***PLEASE PROVIDE							
	(Contact Information						
Ordering Institution Name		Ordering Institution Ad	dress					
		Stuant						
		Street						
		City, State, Zip						
Ordering Provider (Last, First, and Middle Initial)		Ordering Provider Phon	ρ					
Ordering Frovider (East, Frist, and Wilddie Initiar)		Ordering Frovider Frion	C					
D 1.0	D 1.01			lp. 1.5				
Result Contact Name	Result Phone			Result Fax				
		Patient Information						
Last Name	First Name		Middle I	Birthdate (MM/DD/YYYY)	Sex			
Client Medical Record Number	Client Specimen Number			Diagnosis/ICD-10 Code				
	_							
Does patient have history of bone marrow Transplant?								
	<u> </u>	T (10						
Client Specimen Label		Internal Spe	ecimen Label					
	Sı	pecimen Information						
	□ Blood		issue-FFPE Source:					
Date Collected (MM/DD/YY)	□ Bone Marr		issue-Frozen Source:	-				
	□ Nail Clipp		issue-RPM1 Source:	1				
Time Collected (HHMM) AM / PM	□ Extracted 1			ow Core, Source: Bone Marrow Bio	nsv			
Time concetted (Timestria)	□ Extracted 1		ther:	on core, coureer Bone mane w Bro	Poj			
		MPLETE WILL DEL						
, n								
<u>B</u>	ill To: Billing Facilit	ty and Address san	<u>ie as Submitter Lis</u>	sted				
Billing Contact Information:		Billing Fa	cility and Address are	DIFFERENT than Submitter L	isted, Bill To:			
Name:		Institution	Name:					
Email:		Address (Incl City, State, Zip):					
Phone:		Phone:	J, , 1,	Fax:				
	Bill To	: Patient Insura	nce					
****If the below items are not included	WITH the specimen, t	the referring provi	der will be billed d	irectly and responsible for	payment****			
	A face and or demogr	anhic sheet with the	following criteria MI	UST be provided:				
	ē	•	g criteriu 1910	ve provident				
	- Patients Full Na		7 : \					
	- Patients Full Address (City, State, and Zip)							
	- Patients Phone							
	- Patients Insurance Name AND Plan Type (Primary AND Secondary)							
- Policy/ID Number								
	- If subscriber is d	lifferent than patient,	A DOB is REQUIRED)				

By submitting this requisition you agree to the standard terms and agreements of Children's Hospital Colorado, to obtain a copy of these please reach out to LabClientServices@childrenscolorado.org

Please visit our website (www.childrenscolorado.org/labrequisitions) regularly to obtain our most current requisition.

Please note: If your patient has an active CHCO MyChart account, they will receive results automatically via MyChart when ordered from outside of our system of care.



Children's Hospital Colorado Department of Pathology & Laboratory Medicine Precision Diagnostics Lab Requisition Phone (720) 777-6711 Fax (720) 777-7921

Specimen Shipping Address:

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

Precision Diagnostics Lab Test Informa	tion - Orderi	ng laboratoi	ry is responsible for a	accuracy of test select	ion		
Bone Marrow Transplant Engraftment by STR	Leukemia by RT-PCR						
Chimerism Study - Pre and Donor Samples Chimerism Study - I	Post Samples	□ t(9;22)	BCR/ABL1 (Major p2	210 and minor p190)	LAB7435		
□ Recipient / Confirmation LAB6492 □ Post - BMT	LAB6494		jor t(9;22) <i>BCR/ABL1</i>		LAB7433		
□ Donor LAB6494 □ Sorted Post - BMT	LAB6500			(p190 Qualitative)** ²			
□ Donor - Additional LAB6496		□ t(15;17) PML/RARA***	4. E 4 4 1H	LAB6456		
PCR and Direct Sequencing □ FLT3 Mutation Detection Analysis (ITD and D835)	LAB6462	Somatic Extract and Hold □ Extract and Hold (DNA and RNA) ² LAB8641					
□ JAK2 V617F Mutation Analysis	LAB6468	□ Extract ar	id Hold (DNA alid Kiv	(A)	LADOUTI		
	- Please inclu	de copy of most recent pathology report as applicable					
IGH and TCRG Gene Rearrangement Analysis					tion Sequencing (NGS)		
□ Diagnostic TCRG and IGH Gene Rearrangement	LAB7381		LAB9124 FLT3	LAB8582 NPM1	LAB8578 TET2 LAB999		
□ Diagnostic T Cell Receptor Gamma (<i>TCRG</i>) Gene Rearrangement	LAB7382		LAB7517 GATA2 LAB0656 - IDIII		LAB9660 TP53 LAB85		
□ Diagnostic Ig Heavy Chain (<i>IGH</i>) Gene Rearrangement	LAB7383		LAB9656 IDH1		LAB9547 U2AF1 LAB96 LAB9570 WELL LAB96		
□ MRD T Cell Receptor Gamma (<i>TCRG</i>) Gene Rearrangement*	LAB7451		LAB9123 □ <i>IDH2</i> LAB8572 □ <i>JAK2</i>	LAB9370 □ <i>RUNX1</i> LAB8574 □ <i>SETBP1</i>			
☐ Run diagnostic specimen if available and not previously performed ☐ MRD Immunoglobulin Heavy Chain (<i>IGH</i>) Gene Rearrangement*	LAB7485		LAB8573 □ <i>KIT</i>	LAB8575 SF3B1			
☐ Run diagnostic specimen if available and not previously performed			LAB9652 KRAS		LAB9655		
* MRD T&B NGS: Must have detected history via NGS methodology.	•		LAB9653 MPL	LAB8576 STAG2			
available, MRD will be modified to Diagnostic automatically and clie	. If mistory not		LAB9283 □ <i>MYD88</i>		LAB9659		
Hematological Neoplasms NGS Panels				olid Tumor NGS Pane			
Normal specimen for paired Tumor Analysis Included? Completion of section below REQUIRED if YES	□ No	•	men for paired Tumor And f section below REQUIRI	alysis Included?	□ Yes □ No		
☐ Comprehensive Hematopoietic Neoplasms (DNA and RNA analysis)	LAB9074	□ Compreh	ensive Solid Tumor (I	ONA and RNA analysis	LAB9075		
□ Hematopoietic Neoplasms DNA Analysis	LAB7988	□ Solid Tui	mor DNA Analysis		LAB7986		
☐ Comprehensive Lymphoid Oncology (DNA and RNA analysis)	LAB9305		<u>Neu</u>	ro-Oncology NGS Pa	nels		
☐ Lymphoid Oncology DNA Analysis	LAB9306	Normal specia	men for paired Tumor Ana	alysis Included?	□ Yes □ No		
□ Comprehensive Myeloid Analysis (DNA and RNA analysis)	LAB10063	_	Completion of section below REQUIRED if YES				
□ Myeloid DNA Analysis	LAB7518	□ Comprehe	ensive Neuro-Oncolog	y (DNA and RNA anal	ysis) LAB9076		
☐ Myeloproliferative Neoplasms (MPN) DNA Analysis	LAB7525	□ Neuro-Or	ncology DNA Analysis		LAB7983		
Paired Tumor Normal Analysis Unavailable		☐ Histone Gene Analysis Panel LAB9125					
□ Myeloma DNA Analysis (Paired Tumor Analysis Unavailable) Paired Tumor Normal Analysis Unavailable	LAB7569	Paired Tum	or Normal Analysis U		r Anomalies		
PAN Cancer NGS Panels			Somatic Overgrowth and Vascular Anomalies Normal specimen for paired Tumor Analysis Included? □ Yes □ No				
Normal specimen for paired Tumor Analysis Included?	□ No		f section below REQUIRI		· Day i i I ADOOT		
Completion of section below REQUIRED if YES	I A D 0070	•		rowth Vascular Anomal			
☐ Comprehensive Pan-cancer analysis (DNA and RNA analysis) ☐ Pan-cancer DNA Analysis	LAB9078 LAB8586	□ Focused S		ascular Anomalies DN NA Fusion NGS Pane	11 mary 515		
1 an-cancer DNA Analysis	LADOJOU	□ RNA Fusi		led if also ordering con			
Paire	ed Normal S _I			ied if diso ordering con	prenensive paner) Eribyyo		
MUST BE SUBMITTED		•		T ABOVE ³			
Date Collected (MM/DD/YY) □ Blo		□ Other:			LAB9079		
Time Collected (HHMM) AM / PM	l Clippings (re	commended	for hematopoietic con	ditions)			
Include Germline Variant resolution Information if applicable?	s**** □ No						
****If yes, the following must be confirmed by the person completing the medical record the patient/guardian's consent to perform this genetic test implications of the results.		ined the risk	s, benefits and limitat				
¹ I attest that the extracted nucleic acid has been isolated in a CLIA- laboratory or a laboratory deemed equivalent by CAP/CMS. ² Clinical charges will apply. ³ Paired Oncology Analysis ONLY available if normal & tumor spec provided at same time		** BCR/AI specimens. ***t(15;17)	·	erformed on all diagn	rmed on all diagnostic		

By submitting this requisition you agree to the standard terms and agreements of Children's Hospital Colorado, to obtain a copy of these please reach out to LabClientServices@childrenscolorado.org

Please visit our website (www.childrenscolorado.org/labrequisitions) regularly to obtain our most current requisition.