## **Bill to Submitter/Client**

(Submitting Facility is Responsible for Payment)



## Children's Hospital Colorado Department of Pathology & Laboratory Medicine

EM 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

Children's Hospital Colorado (720			Aurora, CO 80045				
	FAILURE TO C	OMPLETE BELOW	FIELDS WI	LL DELAY RESULTS			
	***PLEASE P	ROVIDE COMPLET		INFORMATION**			
Contact Information  Self in Letters A 11							
Submitting Institution Name (Submitter)	Submitting Institution	Address					
	Street						
		City, State, Zip					
		Phone			Result Fax		
Client Specimen Label (if available)		Internal Specimen La	abel				
		D / 1 C					
Last Name First Name			ormation	Middle I	Birthdate (MM/DD/YYYY) Sex		
Last Ivallic	Trist rame			Wilddic 1		SCA	
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone	Duari dan Dhana			Ordering Provider NPI		
Ordering Provider (Last, Prist, and Wilddie Initial) Ordering Provider Phone					Ordering Frovider NF1		
		Snoaiman Inf	Formation				
Specimen Information       Date Collected (MM/DD/YY)     Client Specimen Number     ICD-10 Code(s)							
			10 Code(s)				
Time Collected (IIIIMM)		1					
Time Collected (HHMM) AM / PM  Draw Type				2			
				3			
	FAILU	RE TO COMPLETE	WILL DELA	AY RESULTS			
	Bill To: 🗆 Bill	ing Facility and Ad	dress same	as Submitter Listed			
			Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:				
Billing Contact Information:			Billing Facil	ity and Address are DIFF	EKENI than Submitter Listed, Bill 10:		
Name:			Institution Name:				
Email:			Address (incl City, State, Zip):				
							Phone:
		Electron Microscopy	Test Informa	tion			
☐ Transmission Electron Microscopy with Professional Interpretation				☐ Scanning Electron Microscopy with Professional Interpretation			
			□ Scanning Electron Microscopy with Observational Notes				
☐ Transmission Electron Microscopy with Observational Notes			□ Scaining	Election wheroscopy with	Observational Notes		
☐ Transmission Electron Microscopy Grid Only							
Differential Diagnosis (or specific question being a	asked):						

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.