



Children's Hospital Colorado

# Precision Diagnostics Laboratory

Phone: (720) 777-6711

Fax: (720) 777-7118

**Shipping Address:**

Children's Hospital Colorado  
Clinical Laboratory, Lower Level  
13123 E 16<sup>th</sup> Ave, Room B0200  
Aurora, CO 80045

Submitting Institution Information				Patient Information			
Institution:				Last Name:		First: Middle:	
Address:				DOB:		Sex: Gender:	
City:		State: Zip:		Diagnosis:			
Phone:		Fax:		Ordering Provider (Last, First, Middle Initial):			
Contact Name:				NPI:		Phone:	
Phone:		Email:		Email:		Fax:	
<b>Choose appropriate box for billing. If left blank, the referring facility/provider will be billed &amp; responsible for payment</b>							
<b>Client Bill:</b> By submitting this form to CHCO, you are acknowledging and agree to our standard Terms and Conditions and agree to pay CHCO the rates associated with our standard fee schedule in effect on the day the specimen is received.							
<b>Patient Bill:</b> A face sheet that includes full patient demographics and insurance information is required or a copy of the front and back of the insurance. If these are not provided, it could delay testing or the submitting provider will be responsible for payment.							
Required Specimen Information							
Date Collected:		Time Collected:		AM/PM		External ID:	
Blood				Tissue-FFPE Source:			
Bone Marrow				Tissue-Frozen Source:			
Nail Clippings				Tissue-RPMI Source:			
Extracted DNA <sup>1</sup>				Tissue-RPMI Bone Marrow Core, Source: Bone Marrow Biopsy			
Extracted RNA <sup>1</sup>				Other:			
Buccal Swab							
Precision Diagnostics Lab Test Information							
Ordering facility is responsible for accuracy of test selection							
Bone Marrow Transplant Engraftment by STR				Leukemia by RT-PCR			
Chimerism Study – Pre and Donor Samples				t(9;22) <i>BCR/ABL1</i> (Major p210 and minor p190)			
Recipient/Confirmation		LAB6492		Major t(9;22) <i>BCR/ABL1</i> (p210 Quantitative)** <sup>2</sup>			
Donor		LAB9494		Minor t(9;22) <i>BCR/ABL1</i> (p190 Quantitative)** <sup>2</sup>			
Donor-Additional		LAB6496		t(15;17) <i>PML/RARA</i> (Quantitative)***			
Chimerism Study – Post Samples				PCR and Direct Sequencing			
Post – BMT		LAB6498		FLT3 Mutation Detection (ITD and D835)			
Post – Sorted BMT		LAB6500		Somatic Extract and Hold			
				Extract and Hold (DNA and RNA) <sup>2</sup>			
				LAB8641			
NextGeneration (NGS) – Please include copy of most recent pathology report as applicable							
IGH (B Cell) and TRG (T Cell) Gene Rearrangement							
Diagnostic IGH & TRG Gene Rearrangement		LAB7381		MRD TCRG Gene Rearrangement*		LAB7451	
Diagnostic TRG Gene Rearrangement		LAB7382		MRD IGH Gene Rearrangement*		LAB7485	
Diagnostic IGH Gene Rearrangement		LAB7383		****t(15;17) Screening will be performed on all diagnostic specimens.			
<b>*MRD T&amp;B NGS:</b> Must have detected history via NGS methodology. If history not available, MRD will be modified to diagnostic automatically							
Oncology Single Gene Analysis							
ALK	LAB9124	EZH2	LAB9283	MPL	LAB8576	SRSF2	LAB9371
ASXL1	LAB7517	FLT3	LAB8582	MYD88	LAB8577	STAG2	LAB9924
BCOR	LAB9656	GATA	LAB9657	NPM1	LAB8578	STAT3	LAB9659
BRAF	LAB9123	IDH1	LAB9369	NRAS	LAB9660	TET2	LAB9923
CALR	LAB8572	IDH2	LAB9370	PIK3CA	LAB9547	TP53	LAB8581
CEBPA	LAB8573	JAK2	LAB8574	RUNX1	LAB8579	U2AF1	LAB9658
CXCR4	LAB9652	KIT	LAB8575	SETBP1	LAB9654	WT1	LAB8580
DNMT3A	LAB9653	KRAS	LAB9661	SF3B1	LAB9371		

For additional questions or concerns, please reach out to [LabClientServices@childrenscolorado.org](mailto:LabClientServices@childrenscolorado.org)



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### NextGeneration (NGS) Continued - Please include copy of most recent pathology report as applicable

For the below panels, if normal specimen for paired Tumor Analysis is included,  
you are **REQUIRED** to complete the lower section of this form.

Hematological Neoplasm Panels		Solid Tumor Panels	
<input type="checkbox"/> Comprehensive Hematopoietic Neoplasms	LAB9074	<input type="checkbox"/> Comprehensive Solid Tumor	LAB9075
<input type="checkbox"/> Hematopoietic Neoplasms	LAB7988	<input type="checkbox"/> Solid Tumor DNA Analysis	LAB7986
<input type="checkbox"/> Comprehensive Lymphoid Oncology	LAB9305	<b>Neuro-Oncology Panels</b>	
<input type="checkbox"/> Lymphoid Oncology DNA Analysis	LAB9306	<input type="checkbox"/> Comprehensive Neuro-Oncology	LAB9076
<input type="checkbox"/> Comprehensive Myeloid Neoplasms	LAB10063	<input type="checkbox"/> Neuro-Oncology DNA Analysis	LAB7983
<input type="checkbox"/> Myeloid DNA Analysis	LAB7518	<input type="checkbox"/> Histone Gene Panel <sup>3</sup>	LAB9125
<input type="checkbox"/> Myeloproliferative Neoplasms (MPN) <sup>3</sup>	LAB7525	<b>Somatic Overgrowth and Vascular Anomalies</b>	
<input type="checkbox"/> Multiple Myeloma DNA Analysis <sup>3</sup>		<input type="checkbox"/> Comprehensive Somatic Overgrowth Vascular Anomalies	LAB9077
<b>Pan Cancer Panels</b>		<input type="checkbox"/> Focused Somatic Overgrowth Vascular Anomalies	LAB9572
<input type="checkbox"/> Comprehensive Pan-Cancer	LAB9078	<b>RNA Fusion Panel</b>	
<input type="checkbox"/> Pan-Cancer DNA Analysis	LAB8586	<input type="checkbox"/> RNA Fusion Analysis (Not needed if ordering comprehensive panel) <sup>3</sup>	LAB7982
<b>Paired Normal Specimen Analysis<sup>4</sup></b>			
<b>MUST BE SUBMITTED AT SAME TIME AS ONCOLOGY REQUEST ABOVE<sup>4</sup></b>			
Date Collected:		Time Collected:	
		AM/PM	
<input type="checkbox"/> Blood		<input type="checkbox"/> Other:	
<input type="checkbox"/> Nail Clippings (recommended for hematopoietic conditions)			
Include Germline Variant resolution information if applicable			
<input type="checkbox"/> Yes****	<input type="checkbox"/> No		
****If yes, the following must be confirmed by the person completing this requisition: The ordering clinician has obtained and documented in the medical record the patient/guardian's consent to perform this genetic test and has explained the risks, benefits and limitations of this test and the implications of the results.			<input type="checkbox"/> Confirmed
<sup>3</sup> Paired tumor normal analysis unavailable.		<sup>4</sup> Paired Oncology analysis ONLY available if normal & tumor specimen provided at the same time.	

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