



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 16th 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: |

Choose appropriate box for billing. If left blank, the referring facility/provider will be billed & responsible for payment

Client Bill: 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.

Patient Bill: 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 ¹ | Tissue-RPMI Bone Marrow Core, Source: Bone Marrow Biopsy | |
| Extracted RNA ¹ | 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) BCR/ABL1 (Major p210 and minor p190) | LAB7435 |
| Recipient/Confirmation | LAB6492 | Major t(9;22) BCR/ABL1 (p210 Quantitative) ^{**2} | LAB7433 |
| Donor | LAB9494 | Minor t(9;22) BCR/ABL1 (p190 Quantitative) ^{**2} | LAB7434 |
| Donor-Additional | LAB6496 | t(15;17) PML/RARA (Quantitative) ^{***} | LAB6456 |
| Chimerism Study – Post Samples | | PCR and Direct Sequencing | |
| Post – BMT | LAB6498 | FLT3 Mutation Detection (ITD and D835) | LAB6462 |
| Post – Sorted BMT | LAB6500 | Somatic Extract and Hold | |
| | | Extract and Hold (DNA and RNA) ² | 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. | |

***MRD T&B NGS:** 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



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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 | |
|---|-----------------------------|--|-----------|
| Comprehensive Hematopoietic Neoplasms | LAB9074 | Comprehensive Solid Tumor | LAB9075 |
| Hematopoietic Neoplasms | LAB7988 | Solid Tumor DNA Analysis | LAB7986 |
| Neuro-Oncology Panels | | | |
| Lymphoid Oncology DNA Analysis | LAB9306 | Comprehensive Neuro-Oncology | LAB9076 |
| Comprehensive Myeloid Neoplasms | LAB10063 | Neuro-Oncology DNA Analysis | LAB7983 |
| Myeloid DNA Analysis | LAB7518 | Histone Gene Panel ³ | LAB9125 |
| Somatic Overgrowth and Vascular Anomalies | | | |
| Multiple Myeloma DNA Analysis ³ | | Comprehensive Somatic Overgrowth Vascular Anomalies | LAB9077 |
| Pan Cancer Panels | | Focused Somatic Overgrowth Vascular Anomalies | |
| Comprehensive Pan-Cancer | LAB9078 | RNA Fusion Panel | |
| Pan-Cancer DNA Analysis | LAB8586 | RNA Fusion Analysis (Not needed if ordering comprehensive panel) ³ | LAB7982 |
| Paired Normal Specimen Analysis⁴ MUST BE SUBMITTED AT SAME TIME AS ONCOLOGY REQUEST ABOVE⁴ | | | |
| Date Collected: | | Time Collected: | AM/PM |
| Blood | | Other: | |
| Nail Clippings (recommended for hematopoietic conditions) | | | |
| Include Germline Variant resolution information if applicable | | | |
| <input type="checkbox"/> Yes**** | <input type="checkbox"/> No | | Confirmed |
| ³ Paired tumor normal analysis unavailable. | | ⁴ Paired Oncology analysis ONLY available if normal & tumor specimen provided at the same time. | |

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