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

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

Children's Hospital Colorado

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

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

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

Contact Information

Ordering Institution Name	Ordering Institution Address Street _____ City, State, Zip
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone

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?
☐ Yes ☐ No

Client Specimen Label	**Internal Specimen Label**

Specimen Information

Date Collected (MM/DD/YY) _____

Time Collected (HHMM) _____ AM / PM

- ☐ Blood
- ☐ Bone Marrow
- ☐ Nail Clippings
- ☐ Extracted DNA[1]
- ☐ Extracted RNA[1]
- ☐ Tissue-FFPE Source: _____
- ☐ Tissue-Frozen Source: _____
- ☐ Tissue-RPM1 Source: _____
- ☐ Tissue-RPM1 Bone Marrow Core, Source: Bone Marrow Biopsy
- ☐ Other:

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: ☐ Billing Facility and Address same as Submitter Listed

Billing Contact Information:
Name:
Email:
Phone:

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

Bill To: ☐ Patient Insurance

******If the 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

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.

Current as of 03/2024

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

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

Precision Diagnostics Lab Test Information - Ordering laboratory is responsible for accuracy of test selection

Bone Marrow Transplant Engraftment by STR

Chimerism Study - Pre and Donor Samples		Chimerism Study - Post Samples	
□ Recipient / Confirmation	LAB6492	□ Post - BMT	LAB6494
□ Donor	LAB6494	□ Sorted Post - BMT	LAB6500
□ Donor - Additional	LAB6496		

Leukemia by RT-PCR

- □ t(9;22) *BCR/ABL1* (Major p210 and minor p190) — LAB7435
- □ **Major** t(9;22) *BCR/ABL1* (p210 Quant IS)**[2] — LAB7433
- □ **Minor** t(9;22) *BCR/ABL1* (p190 Qualitative)**[2] — LAB7434
- □ t(15;17) *PML/RARA**** — LAB6456

PCR and Direct Sequencing

- □ *FLT3* Mutation Detection Analysis (ITD and D835) — LAB6462
- □ *JAK2* V617F Mutation Analysis — LAB6468

Somatic Extract and Hold

- □ Extract and Hold (DNA and RNA)[2] — LAB8641

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

IGH and *TCRG* Gene Rearrangement Analysis

- □ Diagnostic *TCRG* and *IGH* Gene Rearrangement — LAB7381
- □ Diagnostic T Cell Receptor Gamma (*TCRG*) Gene Rearrangement — LAB7382
- □ Diagnostic Ig Heavy Chain (*IGH*) Gene Rearrangement — LAB7383
- □ MRD T Cell Receptor Gamma (*TCRG*) Gene Rearrangement* — LAB7451
  - □ Run diagnostic specimen if available and not previously performed by NGS[2]
- □ MRD Immunoglobulin Heavy Chain (*IGH*) Gene Rearrangement* — LAB7485
  - □ Run diagnostic specimen if available and not previously performed by NGS[2]

* **MRD T&B NGS:** Must have detected history via NGS methodology. If history not available, MRD will be modified to Diagnostic automatically and client notified.

Oncology Single Gene Analysis NextGeneration Sequencing (NGS)

□ ***ALK***	LAB9124	□ ***FLT3***	LAB8582	□ ***NPM1***	LAB8578	□ ***TET2***	LAB9923		
□ ***ASXL1***	LAB7517	□ ***GATA2***	LAB9657	□ ***NRAS***	LAB9660	□ ***TP53***	LAB8581		
□ ***BCOR***	LAB9656	□ ***IDH1***	LAB9369	□ ***PIK3CA***	LAB9547	□ ***U2AF1***	LAB9658		
□ ***BRAF***	LAB9123	□ ***IDH2***	LAB9370	□ ***RUNX1***	LAB8579	□ ***WT1***	LAB8580		
□ ***CALR***	LAB8572	□ ***JAK2***	LAB8574	□ ***SETBP1***	LAB9654				
□ ***CEBPa***	LAB8573	□ ***KIT***	LAB8575	□ ***SF3B1***	LAB9371				
□ ***CXCR4***	LAB9652	□ ***KRAS***	LAB9661	□ ***SRSF2***	LAB9655				
□ ***DNMT3A***	LAB9653	□ ***MPL***	LAB8576	□ ***STAG2***	LAB9924				
□ ***EZH2***	LAB9283	□ ***MYD88***	LAB8577	□ ***STAT3***	LAB9659				

Hematological Neoplasms NGS Panels

Normal specimen for paired Tumor Analysis Included? □ Yes □ No
Completion of section below REQUIRED if YES

- □ Comprehensive Hematopoietic Neoplasms (DNA and RNA analysis) — LAB9074
- □ Hematopoietic Neoplasms DNA Analysis — LAB7988
- □ Comprehensive Lymphoid Oncology (DNA and RNA analysis) — LAB9305
- □ Lymphoid Oncology DNA Analysis — LAB9306
- □ Comprehensive Myeloid Analysis (DNA and RNA analysis) — LAB10063
- □ Myeloid DNA Analysis — LAB7518
- □ Myeloproliferative Neoplasms (MPN) DNA Analysis — LAB7525
  Paired Tumor Normal Analysis Unavailable
- □ Myeloma DNA Analysis (Paired Tumor Analysis Unavailable) — LAB7569
  Paired Tumor Normal Analysis Unavailable

PAN Cancer NGS Panels

Normal specimen for paired Tumor Analysis Included? □ Yes □ No
Completion of section below REQUIRED if YES

- □ Comprehensive Pan-cancer analysis (DNA and RNA analysis) — LAB9078
- □ Pan-cancer DNA Analysis — LAB8586

Solid Tumor NGS Panels

Normal specimen for paired Tumor Analysis Included? □ Yes □ No
Completion of section below REQUIRED if YES

- □ Comprehensive Solid Tumor (DNA and RNA analysis) — LAB9075
- □ Solid Tumor DNA Analysis — LAB7986

Neuro-Oncology NGS Panels

Normal specimen for paired Tumor Analysis Included? □ Yes □ No
Completion of section below REQUIRED if YES

- □ Comprehensive Neuro-Oncology (DNA and RNA analysis) — LAB9076
- □ Neuro-Oncology DNA Analysis — LAB7983
- □ Histone Gene Analysis Panel — LAB9125
  Paired Tumor Normal Analysis Unavailable

Somatic Overgrowth and Vascular Anomalies

Normal specimen for paired Tumor Analysis Included? □ Yes □ No
Completion of section below REQUIRED if YES

- □ Comprehensive Somatic Overgrowth Vascular Anomalies DNA Analysis — LAB9077
- □ Focused Somatic Overgrowth Vascular Anomalies DNA Analysis — LAB9572

RNA Fusion NGS Panel

- □ RNA Fusion Analysis (Not needed if also ordering comprehensive panel) — LAB7982

Paired Normal Specimen Information

MUST BE SUBMITTED AT SAME TIME AS ONCOLOGY REQUEST ABOVE[3]

Date Collected (MM/DD/YY) _____ □ Blood □ Other: _____ — LAB9079

Time Collected (HHMM) _____ AM / PM □ Nail Clippings (recommended for hematopoietic conditions)

Include Germline Variant resolution Information if applicable? □ Yes**** □ 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. □ Confirmed

[1] I attest that the extracted nucleic acid has been isolated in a CLIA-certified laboratory or a laboratory deemed equivalent by CAP/CMS.

[2] Clinical charges will apply.

[3] Paired Oncology Analysis ONLY available if normal & tumor specimen provided at same time

Per Laboratory Policy:

**** BCR/ABL1 Major & Minor analysis will be performed on all diagnostic specimens.**

*****t(15;17) Screening will be performed on all diagnostic specimens. Quantitative results avilable upon request for positive samples.**

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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.