

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



Requisition
Phone (720) 777-6711
Fax (720) 777-7921

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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Client Specimen Label	Internal Specimen Label

Specimen Information

Date Collected (MM/DD/YY) _____	<input type="checkbox"/> Blood	<input type="checkbox"/> Tissue-FFPE Source: _____
	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Tissue-Frozen Source: _____
	<input type="checkbox"/> Nail Clippings	<input type="checkbox"/> Tissue-RPM1 Source: _____
Time Collected (HHMM) _____ AM / PM	<input type="checkbox"/> Extracted DNA ¹	<input type="checkbox"/> Tissue-RPM1 Bone Marrow Core, Source: Bone Marrow Biopsy
	<input type="checkbox"/> Extracted RNA ¹	<input type="checkbox"/> Other: _____

FAILURE TO COMPLETE WILL DELAY RESULTS

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

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



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 Information - Ordering laboratory is responsible for accuracy of test selection			
Bone Marrow Transplant Engraftment by STR		Leukemia by RT-PCR	
Chimerism Study - Pre and Donor Samples	Chimerism Study - Post Samples	<input type="checkbox"/> t(9;22) <i>BCR/ABL1</i> (Major p210 and minor p190)	LAB7435
<input type="checkbox"/> Recipient / Confirmation LAB6492	<input type="checkbox"/> Post - BMT LAB6494	<input type="checkbox"/> Major t(9;22) <i>BCR/ABL1</i> (p210 Quant IS)** ²	LAB7433
<input type="checkbox"/> Donor LAB6494	<input type="checkbox"/> Sorted Post - BMT LAB6500	<input type="checkbox"/> Minor t(9;22) <i>BCR/ABL1</i> (p190 Qualitative)** ²	LAB7434
<input type="checkbox"/> Donor - Additional LAB6496		<input type="checkbox"/> t(15;17) <i>PML/RARA</i> ***	LAB6456
PCR and Direct Sequencing		Somatic Extract and Hold	
<input type="checkbox"/> <i>FLT3</i> Mutation Detection Analysis (ITD and D835)	LAB6462	<input type="checkbox"/> Extract and Hold (DNA and RNA) ²	LAB8641
<input type="checkbox"/> <i>JAK2</i> V617F Mutation Analysis	LAB6468		
NextGeneration Sequencing (NGS) - Please include copy of most recent pathology report as applicable			
<i>IGH</i> and <i>TCRG</i> Gene Rearrangement Analysis		Oncology Single Gene Analysis NextGeneration Sequencing (NGS)	
<input type="checkbox"/> Diagnostic <i>TCRG</i> and <i>IGH</i> Gene Rearrangement	LAB7381	<input type="checkbox"/> <i>ALK</i> LAB9124 <input type="checkbox"/> <i>FLT3</i> LAB8582 <input type="checkbox"/> <i>NPM1</i> LAB8578 <input type="checkbox"/> <i>TET2</i> LAB9923	
<input type="checkbox"/> Diagnostic T Cell Receptor Gamma (<i>TCRG</i>) Gene Rearrangement	LAB7382	<input type="checkbox"/> <i>ASXL1</i> LAB7517 <input type="checkbox"/> <i>GATA2</i> LAB9657 <input type="checkbox"/> <i>NRAS</i> LAB9660 <input type="checkbox"/> <i>TP53</i> LAB8581	
<input type="checkbox"/> Diagnostic Ig Heavy Chain (<i>IGH</i>) Gene Rearrangement	LAB7383	<input type="checkbox"/> <i>BCOR</i> LAB9656 <input type="checkbox"/> <i>IDH1</i> LAB9369 <input type="checkbox"/> <i>PIK3CA</i> LAB9547 <input type="checkbox"/> <i>U2AF1</i> LAB9658	
<input type="checkbox"/> MRD T Cell Receptor Gamma (<i>TCRG</i>) Gene Rearrangement*	LAB7451	<input type="checkbox"/> <i>BRAF</i> LAB9123 <input type="checkbox"/> <i>IDH2</i> LAB9370 <input type="checkbox"/> <i>RUNX1</i> LAB8579 <input type="checkbox"/> <i>WT1</i> LAB8580	
<input type="checkbox"/> Run diagnostic specimen if available and not previously performed by NGS ²		<input type="checkbox"/> <i>CALR</i> LAB8572 <input type="checkbox"/> <i>JAK2</i> LAB8574 <input type="checkbox"/> <i>SETBP1</i> LAB9654	
<input type="checkbox"/> MRD Immunoglobulin Heavy Chain (<i>IGH</i>) Gene Rearrangement*	LAB7485	<input type="checkbox"/> <i>CEBPa</i> LAB8573 <input type="checkbox"/> <i>KIT</i> LAB8575 <input type="checkbox"/> <i>SF3B1</i> LAB9371	
<input type="checkbox"/> Run diagnostic specimen if available and not previously performed by NGS ²		<input type="checkbox"/> <i>CXCR4</i> LAB9652 <input type="checkbox"/> <i>KRAS</i> LAB9661 <input type="checkbox"/> <i>SRSF2</i> LAB9655	
* 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.		<input type="checkbox"/> <i>DNMT3A</i> LAB9653 <input type="checkbox"/> <i>MPL</i> LAB8576 <input type="checkbox"/> <i>STAT2</i> LAB9924	
<input type="checkbox"/> <i>EZH2</i> LAB9283 <input type="checkbox"/> <i>MYD88</i> LAB8577 <input type="checkbox"/> <i>STAT3</i> LAB9659			
Hematological Neoplasms NGS Panels		Solid Tumor NGS Panels	
Normal specimen for paired Tumor Analysis Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of section below REQUIRED if YES	Normal specimen for paired Tumor Analysis Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of section below REQUIRED if YES
<input type="checkbox"/> Comprehensive Hematopoietic Neoplasms (DNA and RNA analysis)	LAB9074	<input type="checkbox"/> Comprehensive Solid Tumor (DNA and RNA analysis)	LAB9075
<input type="checkbox"/> Hematopoietic Neoplasms DNA Analysis	LAB7988	<input type="checkbox"/> Solid Tumor DNA Analysis	LAB7986
<input type="checkbox"/> Comprehensive Lymphoid Oncology (DNA and RNA analysis)	LAB9305	Neuro-Oncology NGS Panels	
<input type="checkbox"/> Lymphoid Oncology DNA Analysis	LAB9306	Normal specimen for paired Tumor Analysis Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of section below REQUIRED if YES
<input type="checkbox"/> Comprehensive Myeloid Analysis (DNA and RNA analysis)	LAB10063	<input type="checkbox"/> Comprehensive Neuro-Oncology (DNA and RNA analysis)	LAB9076
<input type="checkbox"/> Myeloid DNA Analysis	LAB7518	<input type="checkbox"/> Neuro-Oncology DNA Analysis	LAB7983
<input type="checkbox"/> Myeloproliferative Neoplasms (MPN) DNA Analysis	LAB7525	<input type="checkbox"/> Histone Gene Analysis Panel	LAB9125
<i>Paired Tumor Normal Analysis Unavailable</i>		<i>Paired Tumor Normal Analysis Unavailable</i>	
<input type="checkbox"/> Myeloma DNA Analysis (Paired Tumor Analysis Unavailable)	LAB7569	Somatic Overgrowth and Vascular Anomalies	
<i>Paired Tumor Normal Analysis Unavailable</i>		Normal specimen for paired Tumor Analysis Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of section below REQUIRED if YES
PAN Cancer NGS Panels		<input type="checkbox"/> Comprehensive Somatic Overgrowth Vascular Anomalies DNA Analysis	LAB9077
Normal specimen for paired Tumor Analysis Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of section below REQUIRED if YES	<input type="checkbox"/> Focused Somatic Overgrowth Vascular Anomalies DNA Analysis	LAB9572
<input type="checkbox"/> Comprehensive Pan-cancer analysis (DNA and RNA analysis)	LAB9078	RNA Fusion NGS Panel	
<input type="checkbox"/> Pan-cancer DNA Analysis	LAB8586	<input type="checkbox"/> RNA Fusion Analysis (Not needed if also ordering comprehensive panel)	LAB7982
Paired Normal Specimen Information			
MUST BE SUBMITTED AT SAME TIME AS ONCOLOGY REQUEST ABOVE³			
Date Collected (MM/DD/YY) _____	<input type="checkbox"/> Blood	<input type="checkbox"/> Other: _____	LAB9079
Time Collected (HHMM) _____ AM / PM	<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			
¹ I attest that the extracted nucleic acid has been isolated in a CLIA-certified laboratory or a laboratory deemed equivalent by CAP/CMS.		Per Laboratory Policy:	
² Clinical charges will apply.		** <i>BCR/ABL1</i> Major & Minor analysis will be performed on all diagnostic specimens.	
³ Paired Oncology Analysis ONLY available if normal & tumor specimen provided at same time		***t(15;17) Screening will be performed on all diagnostic specimens. Quantitative results available upon request for positive samples.	

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