

Molecular Oncology Clinical Requisition Form

Specimen Requirements

Bone marrow aspirate: 1-3 mls of bone marrow in an EDTA vacutainer (lavender top). Minimum volume is 1 ml.

Peripheral blood: 5-7 mls of whole blood in an EDTA vacutainer (lavender top). Minimum volume is 5 ml.

Clearly label tube with **patient name, date of birth & medical record number**, along with specimen type, draw date and draw time. *Without proper identification, the specimen **will be rejected**.*

Shipping Requirements

- Send samples **Priority Overnight**.
- Sample should be received by Molecular Oncology within 48 hours of draw.
- The sample must be placed in a leak proof vacutainer.
- Multiple vacutainers must be individually wrapped or separated to prevent contact.
- The vacutainer must be placed into a leak proof **secondary container** (ex: biohazard zip lock bag) in such a way that under normal conditions of transport, they cannot break or leak.
- DO NOT** package samples from multiple patients in the same biohazard bag.
- Absorbent material**, such as paper towels or absorbent pads or pillows, must be placed in the secondary container with sufficient capacity to absorb the entire contents of the vacutainer(s).
- The secondary containers must be placed into an **outer package** with suitable cushioning.
- The outer packaging must be clearly and durably marked with the words "**Diagnostic Specimen**"
- The outer packaging/clinical pack must be marked with the name, address, and phone number of both the sender and recipient.

In addition to the above list of requirements, consult requirements from FedEx or other air courier.

Before shipping samples contact the Molecular Oncology lab at molab@fredhutch.org and provide a tracking number.

Send the container via **next day** delivery at ambient temperature to:

Molecular Oncology
Fred Hutchinson Cancer Research Center
1100 Fairview Avenue North, Rm. D2-281
Seattle, WA 98109

Please do not draw samples on Fridays for delivery on Saturday. If sample must be drawn for weekend delivery, please call the lab ahead of time, and include tracking number, to ensure proper receipt and processing of sample.



Molecular Oncology
 1100 Fairview Avenue North, D2-281
 Seattle, WA 98109-1024
 Phone: (206) 667-2592
 molab@fredhutch.org

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Please fill out the form below and send it with the samples. Clearly label tube with patient name, date of birth, medical record number, along with specimen type, draw date and draw time. *Mislabeled specimens will not be accepted.* Physicians should only order tests that are medically necessary for diagnosis or treatment of the patient.

Patient Information

Patient Name: _____ Birth Date: _____ Sex: M ___ F ___

Medical Record #: _____ ICD-10: _____ Diagnosis: _____

Sample Information

Date of Sample Collection: _____ Time of Sample Collection: _____

Sample Type (Check One): BMA _____ PB _____ (blast % if sending PB _____) Other _____

Test(s) Requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> <i>FLT3</i> ITD (with Allelic Ratio) | <input type="checkbox"/> <i>NPM1</i> | <input type="checkbox"/> <i>BCR/ABL1</i> (% IS) |
| <input type="checkbox"/> <i>FLT3</i> TKD (D835/I836 point mutation) | <input type="checkbox"/> <i>CEBPa</i> | <input type="checkbox"/> <i>ABL</i> Kinase Mutational Analysis for TKI resistance |
| | <input type="checkbox"/> <i>IDH2</i> (Exon 4; R140, R172) | |

Physician Information

Physician's Name: _____ NPI #: _____

Physician's Phone #: _____ Email: _____

Physician's Signature: _____

Billing Information It should be noted that the MO lab cannot bill patients, patient insurance, Medicare or Medicaid. **All invoices for lab services are the responsibility of the ordering institution.** The institution is responsible for billing the patient and/or the patient's insurance.

Institution Name: _____

Institution Billing Address: _____

Billing Contact Name: _____ Contact Phone #: _____

Reporting Information

Name: _____ Email address to send final reports to: _____