

## 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](mailto: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 Clinical Requisition Form

**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:

 AML  
 Testing:

<input type="checkbox"/> <i>FLT3</i> ITD (with Allelic Ratio)	<input type="checkbox"/> <i>NPM1</i>
<input type="checkbox"/> <i>CEBPa</i>	

 CML  
 Testing:

<input type="checkbox"/> <i>ABL</i> Kinase Mutational Analysis for TKI resistance	<input type="checkbox"/> <i>p210 BCR/ABL1</i> (% IS) <input type="checkbox"/> <i>p190 BCR/ABL1</i> (% IS)
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### 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: \_\_\_\_\_

Please provide an email where invoices may be sent: \_\_\_\_\_

Billing Contact Name and Contact #: \_\_\_\_\_ PO #: \_\_\_\_\_

### Reporting Information

Name: \_\_\_\_\_ Email address to send final reports to: \_\_\_\_\_