



# Human Genetics Laboratory ONCOLOGY



Bone Marrow, Cancer Blood, Solid Tumors & Lymph Nodes

CLIA# 28DO454363

## Test Request Form

www.unmc.edu/services/geneticslab

### PATIENT INFORMATION

Name: \_\_\_\_\_  
Last Name First Name MI

DOB: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

Patient ID # \_\_\_\_\_

### BILLING INFORMATION

Bill to:  Hospital  Physician  Patient  Insurance  
 INPATIENT  OUTPATIENT

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INSURANCE / MEDICARE / MEDICAID BILLING** (Attach a CLEAR copy of both sides of the insurance card & authorization for HMO)

### REPORTING RESULTS

ORDERING PHYSICIAN (Required): NPI: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### SEND REPORTS TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SHIP SPECIMEN TO

**Please call or fax prior to sending specimen.**

Human Genetics Laboratory  
 UNMC Shipping & Receiving Dock, Zip 5440  
 668 South 41 Street  
 Omaha, NE 68105  
 Phone: (402) 559-5070 Fax: (402) 559-7248

### CLINICAL INFORMATION

Diagnosis / Indication: \_\_\_\_\_

ICD9 Code(s): \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_

Diagnostic  Follow-up

Bone Marrow Transplant? (circle appropriate)  
 Yes/No Same sex/Opposite sex

### SPECIMEN INFORMATION

Please be as specific as possible.

- Bone marrow  Cancer blood
- Lymphoma Study  Solid Tumor
- Other

Please specify tissue type or location: \_\_\_\_\_

Specimen ID # (ex. Surgical Path #): \_\_\_\_\_

### TEST REQUESTED

- Chromosome Analysis (cytogenetics / karyotype)
- Any other FISH necessary to clarify diagnosis
- FISH (fluorescence *in situ* hybridization)  
Specify: \_\_\_\_\_
- FISH/Molecular studies for sarcoma rearrangement  
Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL paraffin embedded tissues sent for FISH analysis must be accompanied by an H&E with the area of tumor indicated.**

See website for CPT codes: www.unmc.edu/services/geneticslab