Knight Diagnostic Laboratories

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Questions? (855) 535-1522

Cytogenetics Genomic Instability Requisition

Patient Information

Patient Last Name
Patient First Name
Street Address
City, State, Zip
Phone DOB / /
Fax ☐ Male ☐ Female
ID/MRN #
Hospital In-Patient ☐ Yes ☐ No

Physician Signature Date

Ordering Physician Information

Full Name
NPI
Office/Facility Name
Address
City, State, Zip
Phone Fax
Account #
Notes

Send additional copies of test results to:

Physician Name Physician Phone Fax
Physician Name Physician Phone Fax

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed.

☐ Self Pay ☐ Bill Insurance
Attach Copy of Insurance Card or Billing Face Sheet

☐ Bill Referring Provider or Institution
Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name
Primary Policy #
Primary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Secondary Insurance Name
Secondary Policy #
Secondary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Clinical Information

Blood Differential

Segs_____
Eos_____
Lymph_____
Bands_____
Baso_____
Mono_____
Other_____

Date of Specimen Collection
/ /

Time of Specimen Collection
: :

Tissue Site_____
WBC_____
Platelets_____

ICD-10 (required)

REQUIRED: Reason for Referral

Genomic Instability Tests

	Code	Test Name
☐	6078	Breakage Analysis: Blood Chromosome Study
☐	6080	Breakage Analysis: Skin Chromosome Study
☐	6620	Premature Chromatid Separation Analysis

Additional Chromosome Studies*

	Code	Test Name
☐	6050	High Resolution G-Banded Chromosome Analysis - Blood
☐	6754	G-Banded Chromosome Analysis - Fibroblasts

* Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply.

Result Release

Results will be immediately available to the patient unless you mark the box below

☐ Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: