Knight Diagnostic Laboratories
OHSU

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Cytogenetics Genomic Instability Requisition

Patient Information

Full 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

Self Pay   Bill Insurance   Bill Client
                Attach Copy of Insurance Card or Billing Face Sheet   Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name   Secondary Insurance Name
Primary Policy #   Secondary Policy #
Primary Group #   Secondary Group #
Preauthorization #   Preauthorization #

Relation to Insured   Medicaid   Medicare   Relation to Insured   Medicaid   Medicare
Self   Child   Spouse   Other_____   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)

Clinical Diagnosis Description

Fanconi Anemia   Bloom Syndrome

Other (describe)

Genomic Instability Tests

Code	Test Name
6078	Breakage Analysis: Blood Chromosome Study
6080	Breakage Analysis: Skin Chromosome Study
6620	Premature Chromatid Separation Analysis
6650	Sister Chromatid Exchange 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.