



Knight Diagnostic Laboratories

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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

Ordering Physician Information

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

Physician Signature _____ Date _____

Send additional copies of test results to:

Physician Name
 Physician Name

Physician Phone Fax
 Physician Phone Fax

Billing Information - Select One Billing Method

Self Pay

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

Primary Insurance Name
 Primary Policy #
 Primary Group #
 Preauthorization #

Relation to Insured Medicaid Medicare
 Self Child Spouse Other _____

Bill Referring Provider or Institution

Invoice will be sent to Client Account and Address Listed Above

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)

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 |

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.