



Knight Diagnostic Laboratories

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Infectious Disease / Post-Transplant Test 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 Phone Fax
 Physician Name Physician Phone Fax

Billing Information

Self Pay

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

Bill Client

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

Specimen Type Blood CSF
 Bone Marrow Swab of _____
 Heparin Other _____
 EDTA Paraffin Block/Slides
 Plasma DNA from*
 Urine RNA from*
 Paraffin Block/Slides ID _____
 Tissue Source _____
 WBC Count _____

ICD-10 (required)
 Diagnosis Description
 Date of Specimen Collection / /
 Time of Specimen Collection : :

Clinical Information

Pathology Department Hospital Name _____

Notes

Pathology Department Phone _____

Donor Name / ID _____

Donor Gender _____

Date of Transplant _____

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Infectious Disease PCR Tests

Code	Test Name	Code	Test Name
3040	Adenovirus, PCR (Quantitative Viral Load)	3290	Hepatitis B, PCR (Quantitative Viral Load)
3050	BK Virus, PCR (Quantitative Viral Load)	3300	Hepatitis C, PCR (Quantitative Viral Load)
3060	Bordetella pertussis/parapertussis, PCR	3302	Hepatitis C Genotyping
3090	CMV, PCR (Quantitative Viral Load)	3330	Herpes Simplex Virus 1 & 2 (HSV-1, HSV-2), PCR
3092	CMV, PCR (Qualitative)	3310	HIV-1 RNA, PCR (Quantitative Viral Load)
3180	EBV, PCR (Quantitative Viral Load)		

Molecular Monitoring Tests

Code	Test Name	Code	Test Name
4020	BCR-ABL Kinase Domain Mutations (Sequencing) Include BCR-ABL RNA PCR Level: _____ Indicate Breakpoint: _____	4740	JAK2 V617F Mutation, Quantitative, w/Reflex to Calreticulin
4080	BCR-ABL RNA Quantitation, PCR	4734	JAK2 V617F Mutation, Quantitative
4140	Calreticulin (CALR)	4736	JAK2 Exon 12 Mutation Analysis
4150	CEBPA Mutation Analysis	5010	MPL Mutation Analysis
4460	FLT3 ITD Mutation, Quantitative, PCR	5080	NPM1 (Nucleophosmin) Mutation Analysis
4600	Comprehensive Heme Panel	5300	PML-RARA Quantitative RT-PCR

Post-Transplant Engraftment (Chimerism)

Code	Test Name	Code	Test Name
4380	Pre-Transplant, Donor	4390	Post-Transplant, Sorted Cell Chimerism : (Select Antibody Below)
4382	Pre-Transplant, Recipient	CD3+	
4388	Post-Transplant Engraftment (Chimerism)	CD19+	
		CD33+	
		Other:	