Children's Mercy KANSAS CITY

Dept of Pathology & Laboratory Medicine
2401 Gillham Rd
Kansas City, MO 64108
(816) 234-3835

CLEAR FORM

Clinical Genetics & Genomics Oncology Requisition

Patient's Name: Last	First	Middle	Birthdate	Gender

Address	City, State, Zip	Phone

Client/Practice Name	Address	City, State, Zip	Phone
Ordering Provider	**Clinician Signature**		**Fax**
Genetic Counselor Name	**Genetic Counselor Phone**		

MEDICAL NECESSITY REGULATIONS: at the government's request, the Lab would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the testing must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

If numeric diagnosis code(s) and an authorization number are not provided as appropriate, the laboratory reserves the right to refuse service.

Billing: ☐ **Practice/Client** ☐ **Patient self-pay** ☐ **Patient Insurance - Attach copy of card (both side)**	**Patient is:** ☐ **Child** ☐ **Self** ☐ **Spouse** ☐ **Other (specify)**
Subscriber: Last, First, MI	**Primary: carrier & policy number**
Employer	**Secondary: carrier & policy number**

Insurance Authorization
☐ Initiated/pending or Authorization Number: Valid Date(s):

By submitting this requisition, the ordering physician attests:	**Reason for testing**
1. **All requested laboratory tests are medically necessary** 2. **Insurance preauthorization has been obtained if required by the payor**	

Specimen Requirements See the Test Catalog	**Additional Diagnosis/Indication information**
For best results, send specimen same day as collection	☐ Diagnostic ☐ Follow Up
If necessary to hold specimen overnight, keep at room temp – DO NOT FREEZE	Bone Marrow Transplant? ☐ Yes ☐ No BMT Donor gender ☐ Same sex ☐ Opposite sex

Specimen Information

Collection date	**Collection time**	**Collected by**

Specimen(s) Submitted

- ☐ Bone Marrow
- ☐ FFPE scrolls
- ☐ Solid Tumor
- ☐ Other, specify:
- ☐ Neoplastic Blood *submit CBC and WBC differential with specimen*
- ☐ Peripheral Blood for constitutional study – *constitutional vs. clonal*
- ☐ DNA for STR

  DNA Must be isolated in a CLIA or equivalent laboratory; by checking this box the ordering provider is attesting to DNA extraction in an appropriately qualified laboratory

Orders

Cytogenetics

- ☐ Chromosome Analysis
- ☐ FISH – as necessary to clarify diagnosis
- ☐ FISH – specify:

DNA

- ☐ FLT3/NPM1
- ☐ FLT3- ITD
- ☐ FLT3 TK & ITD
- ☐ B & T Cell Rearrangement (IgH & TCR)
- ☐ B Cell Rearrangement - IgH only
- ☐ T Cell Rearrangement - TCR only
- ☐ OncoScan + Somatic Mutations
- ☐ Optical Genome Mapping (OGM):
  - ☐ Cancer ☐ Targeted
- ☐ STR Chimerism
- ☐ STR Chimerism, cell sorted:
  - ☐ CD3+ ☐ CD19+ ☐ CD33+ ☐ CD56+

Additional Information