

<b>For Lab Use Only</b>	Facility Name University of Manitoba Dept. of Pathology	Ordering Physician Name Last <b>Morales</b> First <b>Carmen</b>
	Address 820 Sherbrook St., Hematopathology, MS559	Physician NPI No. 
	City, State, Zip Winnipeg, MB R3A 1R9, Canada	
	Phone ( 204 ) 787-3692	Report to Fax ( 204 ) 787-4030

Patient Name - <b>Required</b> (Last) (First)		Billing Info <input type="checkbox"/> <b>Copy of Front &amp; Back of Ins. Card Attached</b>	
Location Unique Identifier or MRN CS9248 -		<input type="checkbox"/> Private Ins./PPO <input type="checkbox"/> Medicare <input type="checkbox"/> Inpatient <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Client <input type="checkbox"/> Outpatient	
DOB - <b>Required</b> Sex M F		Responsible Party (Please Print)	
Patient's Phone Number ( )	Collection Date & Time - <b>Required</b>	Collected By - <b>Required</b>	Street Address
Copy to: First Name Last Name		City, State, Zip	
Address:		Ph. ( )	
		Fax ( )	
<b>ICD9 Code(s) - REQUIRED INFORMATION</b>			

**Each individual test and CMS approved panel must have ICD-9 code(s) to indicate the medical necessity of the test requested.** Please document **all** applicable ICD-9 codes for the tests ordered. Tests for medicare patients must be screened to determine if an Advanced Beneficiary Notice (ABN) is required. An ABN should be provided to the patient if there is a reason to believe Medicare will not pay for the test. Medicare may deny tests due to frequency. Medicare does not generally cover routine screening tests.

**SAMPLE TYPE**

<input type="checkbox"/> Peripheral Blood	<input type="checkbox"/> Fluid - Type: _____	<input type="checkbox"/> FNA - Site: _____
<input type="checkbox"/> Bone Marrow Aspirate	<input type="checkbox"/> Fresh Tissue - Site: _____ Type: _____	<input type="checkbox"/> Slides - Site: _____
<input type="checkbox"/> Core Biopsy, Bone Marrow	<input type="checkbox"/> Paraffin Block - Site: _____ Block No. _____	<input type="checkbox"/> Slide No. _____

**CLINICAL HISTORY**

Signs/Symptoms: _____	<b>Therapy in Past Month?</b> <input type="checkbox"/> Chemo/Rad <input type="checkbox"/> G-CSF
Suspected Diagnosis: _____	<b>Hematopoietic Cell Transplant?</b> Date: _____
Prior Diagnosis: _____	<input type="checkbox"/> Auto <input type="checkbox"/> Allo Donor Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

**MOLECULAR PATHOLOGY**

<input type="checkbox"/> AML Prognosis Panel (FLT3, NPM1) (AMLP, BMAML)	<input type="checkbox"/> CEBP $\alpha$ for AML Prognosis (CEBPA, BMCEBP)
<input type="checkbox"/> CKIT Mutation Analysis (CKITMU) RNA study ship on cool paks	

**STANFORD ONCOLOGY SPECIMEN REQUIREMENTS**

For specimen collection questions you may call the testing laboratory at the phone number listed next to the department name or contact our Customer Service department at 1-877-717-3733.

<b>Flow Cytometry</b>		<b>Lab Phone Number: (650) 724-2250</b>
Blood	<ul style="list-style-type: none"> <li>· 4mL Whole Blood</li> <li>· Lavender-top (EDTA) tube</li> <li>· Maintain specimen at room temperature</li> <li>· Peripheral Blood Smear (Requested but not required)</li> </ul>	
Bone Marrow	<ul style="list-style-type: none"> <li>· 4mL Bone Marrow</li> <li>· Lavender-top (EDTA) tube or Green-top (sodium heparin) tube</li> <li>· Maintain specimen at room temperature</li> <li>· Aspirate Slide (Requested but not Required)</li> </ul>	
Core Biopsy or Fresh Tissue	<ul style="list-style-type: none"> <li>· 0.5-1 cm<sup>3</sup> tissue biopsy</li> <li>· Sterile tube containing RPMI cell media</li> <li>· Maintain specimen at room temperature</li> </ul>	
Fluid (pleural, effusion, ascites etc.)	<ul style="list-style-type: none"> <li>· 7ml of fluid</li> <li>· Lavender-top (EDTA) tube or Sterile tube</li> <li>· Maintain specimen at room temperature</li> </ul>	
<b>Chromosome Analysis</b>		<b>Lab Phone Number: (650) 725-6396</b>
Blood	<ul style="list-style-type: none"> <li>· 4mL Whole Blood</li> <li>· Green-top (sodium heparin) tube</li> <li>· Maintain specimen at room temperature</li> <li>· <b>Blood must have circulating blast when bone marrow is unobtainable</b></li> </ul>	
Bone Marrow	<ul style="list-style-type: none"> <li>· 1-2 mL Bone Marrow</li> <li>· Green-top (sodium heparin) tube</li> <li>· Maintain specimen at room temperature</li> </ul>	
Tissue	<ul style="list-style-type: none"> <li>· 0.5-1 cm<sup>3</sup> tissue biopsy</li> <li>· Sterile tube containing RPMI cell culture media, Sterile saline acceptable if media unavailable</li> <li>· Maintain specimen at room temperature</li> </ul>	
<b>Molecular Pathology</b>		<b>Lab Phone Number: (650) 723-6574</b>
Blood	<ul style="list-style-type: none"> <li>· 4mL Whole Blood</li> <li>· Lavender-top (EDTA) tubes</li> <li>· Consult Lab Guide for Specimen Handling :RNA Studies –ship on wet ice, DNA Studies ship at room temperature</li> </ul>	
Bone Marrow	<ul style="list-style-type: none"> <li>· 1-2 mL Bone Marrow</li> <li>· Lavender-top (EDTA) tubes</li> <li>· Maintain specimen at room temperature</li> </ul>	
Tissue	<ul style="list-style-type: none"> <li>· 0.5-1 cm<sup>3</sup> tissue biopsy</li> <li>· Frozen Tissue -maintain frozen and send on dry ice</li> <li>· Fresh Tissue -Send sterile tube containing RPMI cell culture media</li> <li>· Paraffin embedded tissue</li> </ul>	
Fluid	<ul style="list-style-type: none"> <li>· Volume varies, contact laboratory</li> <li>· Sterile tube</li> <li>· Maintain specimen at room temperature</li> </ul>	
<b>Fluorescence in situ hybridization (FISH)</b>		<b>Lab Phone Number: (650) 725-6396</b>
Blood	<ul style="list-style-type: none"> <li>· 4mL Whole Blood</li> <li>· Green-top (sodium heparin) tube</li> <li>· Maintain specimen at room temperature</li> </ul>	
Bone Marrow	<ul style="list-style-type: none"> <li>· 1-2mL Bone Marrow</li> <li>· Green-top (sodium heparin) tube</li> <li>· Maintain specimen at room temperature</li> </ul>	
Tissue	<ul style="list-style-type: none"> <li>· Paraffin embedded tissue</li> </ul>	

Chromosome Analysis and FISH testing can be performed from a single patient sample if volume is adequate.

**First sample collected should always be a Green Top (sodium heparin) tube when Chromosome Analysis is requested**

<p><b>SHIP TO:</b> Stanford's Anatomic Pathology and Clinical Laboratory Attn: Specimen Processing 3375 Hillview Avenue Palo Alto, CA 94304 Phone: 1 (877) 717-3733</p> <p><b>if shipping Friday check for Saturday delivery</b></p> <p>Fax delivery notification to: (650) 724-4758</p> <p><b>Shipper's Responsibility:</b> government, the government of the country of origin and international regulatory agencies. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens. Stanford University Medical Center Clinical Laboratories will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.</p>
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