



REQUEST FOR MYELOID PANEL NEXT-GENERATION SEQUENCING (NGS)

Molecular Oncology Lab
Medical Center Boulevard
Winston-Salem, NC 27157
Phone: (336) 716-9880

PLEASE COMPLETE FULLY AND LEGIBLY. INCOMPLETE INFORMATION WILL DELAY TESTING.

PATIENT INFORMATION				
Patient Name (please print): (Last)		(First)	(Middle)	Date of Birth: (Maiden)
Patient Street Address:		City:	State:	ZIP: Daytime Phone: ()
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Referring Institution Medical Record Number (MRN):		
BILLING INFORMATION				
Bill To: <input type="checkbox"/> Client (Inpatients and non-Medicare outpatients) <input type="checkbox"/> Medicare (Outpatient ONLY; copy of front and back of Medicare card required)				
PHYSICIAN INFORMATION				
Ordering Physician (Last, First):		Phone/Pager: ()	Fax: ()	
Ordering Physician Signature:		Date:	Time:	
CLINICAL INFORMATION				
Clinical Indication (required):				
ICD-10 Diagnosis Code(s) (required):			Patient Status: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse/Refractory <input type="checkbox"/> Monitoring	
SPECIMEN INFORMATION				
Specimen Collection Requirements: <ul style="list-style-type: none">• 3-5 mL of peripheral blood or bone marrow collected in a purple top EDTA tube.• Refrigerate specimen if not shipping immediately.• Use refrigerated cold pack for transport. Cold pack must not be in direct contact with specimen.• Ship same day as drawn whenever possible; specimens <7 days old preferred.				
Type of Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow				
Collect Date:	Collect Time:	Collected by:		
Send specimens to: Atrium Health Wake Forest Baptist WAKE RECEIVING – COMMONS BLDG Molecular Oncology Lab, Gray Building 2128 1 Medical Center Blvd Winston Salem, NC 27157				