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Boston Children's Hospital

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PATHOLOGY MOLECULAR TEST REQUISITION

BCH PATHOLOGY LABEL

DEPARTMENT OF PATHOLOGY – Farley 190 - BCH3027
300 LONGWOOD AVENUE, BOSTON, MA 02115 | PHONE: 617-355-7431 | FAX: 617-730-0207
EMAIL: pathfrontoffice-dl@childrens.harvard.edu

PATIENT INFORMATION: **(PLEASE PRINT IN BLACK INK)**

LAST NAME	FIRST	MI

ADDRESS	CITY	STATE	ZIP

BIRTH DATE	SEX	PHONE	PATIENT ID #

PATIENT STATUS: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient Hospital Discharge Date:

REQUESTOR:

NAME

ADDRESS

PHONE

ORDERING PHYSICIAN CONTACT INFORMATION:

PHYSICIAN NAME

PHYSICIAN NPI (NON-BCH PROVIDERS)

PHYSICIAN PHONE

PHYSICIAN EMAIL

CC PROVIDER:

REQUESTOR SIGNATURE	TODAY'S DATE

A prior insurance authorization may be required. Denied claims for any reason will be billed to the requestor.

ICD-10 Diagnosis Code Required: 1. _____ 2. _____ 3. _____

TEST AND SPECIMEN INFORMATION:

☐ Solid and brain tumor fusion panel ☐ Heme malignancy fusion panel ☐ GeneVa Panel ☐ BRAF V600E ddPCR
☐ BRIGHTseq Beacon ☐ PIK3CA ddPCR *(select variants):* ☐ C420R ☐ E542K ☐ E545K ☐ H1047L ☐ H1047R ☐ All
☐ MYOD1 L122R ddPCR ☐ Nucleic acid extraction only *(specify type):* ☐ DNA ☐ RNA ☐ TNA

***Procedures include Professional Interpretation unless otherwise requested.** ☐ No Professional Interpretation

Sample Origin: ☐ Bone marrow ☐ Blood ☐ Tissue (Type: _____)

Sample Prep: ☐ Fresh ☐ Frozen ☐ Air dried ☐ Paraffin (FFPE)

Estimate of % tumor cellularity: _____

Collection Date: Time: _____

CLINICAL INFORMATION:

BRIEF CLINICAL HISTORY

BILL TO: ☐ Patient Insurance ☐ Requestor ☐ Patient Self-Pay *HMO Insurance Authorization #* _____

Charges for patients classified as a hospital "inpatient or "outpatient" at the requesting facility on the date of service must be billed to the requesting facility unless an appropriate exception applies. SSA §1833(h)(5)(A); SSA §1833(h)(5)(A)(iii); SSA §1861(w)(1); 42 §CFR 414.510

INSURANCE NAME

SUBSCRIBER LAST NAME	FIRST	MI	INSURANCE PHONE	BENEFICIARY/MEMBER #

CLAIMS ADDRESS (IF AVAILABLE)	CITY	STATE	ZIP	GROUP # (IF AVAILABLE)