



**Children's Mercy
HOSPITALS & CLINICS**
Kansas City

2401 Gillham Road Kansas City, MO 64108
(816) 234-3835

Additional CMH collection locations:

Broadway (816) 960-8460 Northland (816) 413-2520
East (816) 478-5211 South (913) 696-8210

CMH is a member of the Regional Laboratory Alliance

Patient ID	Date of Birth	Age	Sex	Social Security
Name (last)		Name (first)		MI
Address		Telephone		
City		State	Zip	
Billing (circle one)		Client	Insurance	Self
Client Demographics				
Insurance Information – attach copy of card (both sides)				
Facility/Practice		Responsible Party Patient is: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)		
Address		Subscriber: Last, First MI		
Phone		Employer		
Fax		Primary: carrier & policy number		
Ordering Provider (first & last name)		Secondary: carrier & policy number		
		ICD9 (DIAGNOSIS) REQUIRED:		
		(1)	(2)	(3)

PRINT LEGIBLY

Certain payors will only pay for the services that they determine to be "reasonable and necessary." Some payors generally do not cover routine screening tests. By submitting this requisition, the ordering physician attests that all requested laboratory tests are medically necessary and that the patient's medical record contains all appropriate documentation. Orders billed to the patient's insurance or Medicare / Medicaid must have appropriate ICD-9 codes to support medical necessity. If ICD-9 codes are not provided, the laboratory reserves the right to refuse service to the patient. If an individual test is not supported by a diagnosis, is for screening, or is a non-covered test, the order must be accompanied by a completed Advanced Beneficiary Notice (ABN). Service to the patient may be refused without proper completion of the ABN.

Specimen Information			Results
Collection Date:	Collection Time:	DO NOT FREEZE	Physician: _____
		<input type="checkbox"/> Blood, 1-3 mL in lavender (EDTA) tube	Call results to: _____
		<input type="checkbox"/> Bone Marrow, 1-3 mL	Fax Results to: _____
		<input type="checkbox"/> Urine (5 mL random)	
		<input type="checkbox"/> Other – call (816) 701-4801	

DNA Diagnostics	
<p>Inherited Diseases</p> <input type="checkbox"/> Angelman Syndrome <input type="checkbox"/> Connexin-26 (GJB2 sequencing) <input type="checkbox"/> Craniosynostosis panel (FGFR 1, 2, 3) <input type="checkbox"/> DNA isolation/storage <input type="checkbox"/> Fragile X Syndrome <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Leber Hereditary Optic Neuropathy (LHON) <input type="checkbox"/> MCAD (common mutation) <input type="checkbox"/> MELAS <input type="checkbox"/> MERRF <input type="checkbox"/> Mitochondrial Myopathy <input type="checkbox"/> MODY <input type="checkbox"/> Panel (Type 1,2,3) <input type="checkbox"/> Individual Specify:	<p> <input type="checkbox"/> Mowat Wilson Syndrome (ZEB2) <input type="checkbox"/> Full sequencing <input type="checkbox"/> Duplication/deletion detection (MLPA) <input type="checkbox"/> MTHFR (common mutation) <input type="checkbox"/> NARP <input type="checkbox"/> Prader Willi Syndrome <input type="checkbox"/> Pitt Hopkins (TCF4) <input type="checkbox"/> Rett Syndrome (MECP2) <input type="checkbox"/> Full sequencing <input type="checkbox"/> Duplication/deletion detection <input type="checkbox"/> SCN1A <input type="checkbox"/> Spinal Muscular Atrophy (SMA) <input type="checkbox"/> Thrombosis panel (FV/PT) <input type="checkbox"/> X-chromosome inactivation </p>
<input type="checkbox"/> Targeted Gene Sequencing and Custom Analysis (TaGSCAN) Single gene? Specify:	<p>Hematology/Oncology</p> <input type="checkbox"/> FLT3- ITD only <input type="checkbox"/> FLT3 TK & ITD <input type="checkbox"/> FLT3/NPM1 <input type="checkbox"/> IgH and TCR gene rearrangement <input type="checkbox"/> IgH only <input type="checkbox"/> TCR only
<p>INDICATION FOR TESTING</p> <input type="checkbox"/> Symptomatic (list below) <input type="checkbox"/> Carrier Screening <input type="checkbox"/> Family History: Mutation Known: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	

Patient's Symptoms/Pedigree