

**MOLECULAR AND GENOMIC PATHOLOGY SERVICES - INFECTIOUS DISEASES**

All Information Must Be Completed Before Sample Can Be Processed. Please Type or Print.

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female MR# \_\_\_\_\_

**ORDERING PHYSICIAN INFORMATION**

Office/ Practice/ Institution Name: \_\_\_\_\_  
\_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BILLING INFORMATION**

**REFERRING INSTITUTION**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\* Please note, we DO NOT bill the patient or their insurance unless they are transferring care to Cincinnati Children's. \*\*\*

**TEST(S) REQUESTED**

- Adenovirus (AV), qualitative
- Adenovirus (AV), quantitative
- BK Virus, qualitative
- BK Virus, quantitative
- Bordetella pertussis/parapertussis*, qualitative
- Cryptosporidium spp.*, qualitative
- Cytomegalovirus (CMV), qualitative
- Cytomegalovirus (CMV), quantitative
- Epstein-Barr Virus (EBV), qualitative
- Epstein-Barr Virus (EBV), quantitative
- Enterovirus (EV), qualitative
- Human Herpesvirus 6 (HHV6), qualitative
- Human Herpesvirus 6 (HHV6), quantitative
- Herpes Simplex Virus, Type 1 & 2 (HSV-1, HSV-2), qualitative
- HPV-6 & HPV-11, qualitative
- Influenza Virus A/B, qualitative
- Parvovirus, qualitative
- Parvovirus, quantitative
- Pneumocystis jirovecii*, qualitative
- Respiratory Syncytial Virus (RSV), qualitative
- SARS-CoV-2 (COVID-19), qualitative
- COVID-19/Influenza A/B, qualitative
- Toxoplasma gondii*, qualitative
- Varicella-Zoster Virus (VZV), qualitative
- Atypical pneumonia panel, qualitative
- Chlamydia pneumoniae*
- Legionella pneumophila*
- Mycoplasma pneumoniae*
- Viral PCR Panel (Cardiac), qualitative, includes: Adenovirus, CMV, EBV, EV, HHV6, Influenza Virus A/B, Parvovirus, RSV
- Syndromic Upper Respiratory Panel, includes: Adenovirus, Coronavirus (229E, HKU1, NL63, OC43, SARS-CoV-2 [COVID-19]), Metapneumovirus, Rhinovirus/Enterovirus, Influenza Virus A (H1, H1-2009, H3), Influenza Virus B, Parainfluenza Viruses 1/2/3/4, RSV, *C. pneumoniae*, *M. pneumoniae*, *B. pertussis*, *B. parapertussis*

**SAMPLE/SPECIMEN INFORMATION**

Specimen Type: \_\_\_\_\_

**All FFPE tissue samples must have an accompanying pathology report.**

Collection Date/Time: \_\_\_\_\_

Phone # for questions: \_\_\_\_\_

Note: Please see test information sheet for acceptable specimen type, collection container, and volume.

**Please ship materials to:**

Cincinnati Children's Hospital Medical Center  
Attn: Molecular and Genomic Pathology Services (MGPS)  
3333 Burnet Avenue, R2.001  
Cincinnati, OH 45229-3039

**PHYSICIAN SIGNATURE**

Ordering Physician Signature (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_