



For Main Lab: to be completed by Physician Representative. Must call the laboratory @ 513-636-7355 prior to faxing the order. Please fax form to (513) 803-0515.

For Oncology Hematology Care (OHC): to be completed by OHC. Please fax form to: (513) 636-3678.

Date: _____ New Diagnosis Codes: _____

Patient's Name: _____ DOB: _____

Date of Previous Collection: _____ Time of Previous Collection: _____

Ordering Physician: _____ Office Location: _____

Phone: _____ Fax: _____

Tests Requested: _____

Additional Comments: _____

If OHC request, complete this section:

OHC Patient number: _____ OHC Accession number: _____

Ordering Clinician Signature/Credentials (required) Print Name Date Time

To Be Completed by CCHMC

Date: _____ Time: _____ MR#: _____

Is there a viable sample available? YES NO If no, have physician re-draw specimen.

Lab Support Specialist/Processor/Tech/CSR/ASR name when form completed: _____

Accession #: _____

Lab Support Specialist/Processor/Tech initials & date when test added: _____

****Scan order into EPIC Media tab as an Epic lab order. Then send original to HIM****

