MOLECULAR DIAGNOSTIC LABORATORY
Washington University School of Medicine
Barnes-Jewish Hospital-North Campus Room 2320
Mailstop #90-35-709
216 South Kingshighway, St. Louis, MO 63110
(314) 454-8685, 454-7601; FAX (314) 454-7616
URL: http://www.surgery.wustl.edu/bjcmdl

BARNES-JEWISH Hospital BJC HealthCare

Request For DNA Studies

ONCOLOGY

COLLECTION INFORMATION: ☐ AM ☐ PM

DATE _____ TIME _____ INITIALS _____

ACCOUNT INFORMATION

NAME

ADDRESS

CITY STATE ZIP

PHONE

FAX

ORDERING PHYSICIAN

SECOND REPORT TO

ACCOUNT	PATIENT ACCT.	RESEARCH ACCT.

PATIENT INFORMATION

PATIENT LAST NAME OR ID#	FIRST	DOB	SEX

ADDRESS | SSN

CITY STATE ZIP | PHONE

ICD9 CODE } REFERENCE NO. }

BILLING INFORMATION } **BILL TO:** ☐ ACCOUNT ☐ PATIENT ☐ INSURANCE ☐ RESEARCH ACCT.

☐ Medicare ☐ Medicaid ☐ CARE PARTNERS ☐ PARTNERS HMO

ID # ALPHA Code _____ ☐ GHP ☐ OTHER _____

INSURANCE CO.	I.D. #
ADDRESS	GRP. #
INSURED NAME (IF NOT PATIENT)	PLAN NAME
PATIENT ID }	NO. SPEC RECEIVED }
REGISTERED BY }	VERIFIED BY }

LAB USE ONLY

Laboratory Use Only:

Specimen Condition: _____

Specimen Number: _____

Date Received: _____

Time Received: _____

☐ Patient ☐ Donor for: _____

☐ Pre-BMT ☐ Post-BMT

☐ Allogenic ☐ Autologous

Sample Type:

☐ BM
☐ PB Whole
☐ PB T Lymphocytes
☐ PB Myeloid cells
☐ Lymph node
☐ Other: _____

Tube Type:

☐ Sodium EDTA
☐ ACD
☐ Paraffin Embedded
☐ Frozen
☐ Other: _____

☐ Alveolar Rhabdomyosarcoma Translocation (PAX) (5958)
☐ BCL2 (t(14;18)) (5859)
☐ BCR/ABL1 (ALL, CML) quantitative (5441)
☐ BCR/ABL1 (CML) quantitative (5442)
☐ Desmoplastic Small Round Cell Tumor Translocation (DSRCT) (5954)
☐ Dyskeratosis Congenita (hTERC) (5500)
☐ Ewing's Sarcoma Translocation (EWS, PNET) (5956)
☐ FLT3 (5951)
☐ IGH Hypermutation (IGHV) (5515)
☐ IGH Rearrangement (B cell Clonality) (5856)
☐ JAK2 (V617F)
☐ PML-RARα (t(15;17)) (5706)
☐ Post-BMT STR Engraftment (5796)
☐ Post-BMT STR-Separated PB cells (Chimerism) (5954)
☐ Pre-BMT STR Engraftment (5795)
☐ Synovial Sarcoma Translocation (5960)
☐ TCR Gamma Rearrangement (5952)
☐ Thymidylate Synthase/5-FU Metabolism (5948)
☐ TCR Beta Rearrangement (5857)
☐ UGT1A1 (9933)
☐ Other (Prior Lab approval req'd)

Clinical Information:

Studies cannot be completed without adequate patient identification and requested clinical information.

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