Diagnostic Genomics Laboratory (DGL)

Indiana University School of Medicine
Department of Medical and Molecular Genetics
351 W. 10th St. (TK-234)
Indianapolis, IN. 46202
Tel: 317-278-0100 Fax: 317-278-0136

SHIP SPECIMENS TO:
351 W. 10th St (TK-234)
Indianapolis, IN 46202

Affix label here

PATIENT INFO

NAME: _____
HOSPITAL: _____
MRN: _____

MALE ☐ FEMALE ☐ DOB: _____

PHYSICIAN INFO

Healthcare Provider: _____
Address: _____
_____
City, State, Zip: _____
Phone/Fax: _____

SAMPLE INFO

Date Collected: _____
Collected By: _____ Volume: _____
Specimen Type:
☐Whole Blood ☐DNA ☐Saliva ☐Other: _____
_____

CLINICAL INFO

NOTE: Detailed Medical Records Must Be Attached

Diagnosis/ICD-10: _____
_____
_____
_____

BILLING INFORMATION

Bill to: ☐ Client ☐ Patient (Insurance/Medicare/Medicaid)
☐ Grant (Account #) _____ :
Demographic sheet must be attached.
Please provide a copy of both the front and back of insurance card(s).

Medicare No.	Medicaid No.

Primary Insurance

Primary Insurance	Primary Ins. No.
Group Name	Group No.
Address	
Insured Name	Relationship

Secondary Insurance

Secondary Insurance	Secondary Ins. No.
Group Name	Group No.
Address	
Insured Name	Relationship

LAB USE

Date Received: _____ Received By: _____

✓	NEXT GENERATION SEQUENCING (NGS) – SOMATIC TESTS
	PCM – Plasma Cell Myeloma NGS Panel (paired-tumor and non-tumor testing)

Comment(s)/Additional Information

(SPECIMEN REQUIREMENTS, SHIPPING INSTRUCTIONS AND CANCELLATION POLICY ON BACK OF FORM)

SPECIMEN REQUIREMENTS AND SHIPPING INSTRUCTIONS		
Tumor Sample	**Bone Marrow**	3-6 mL of bone marrow aspirate (minimum accepted is 1-2 mL) into a heparinized syringe and place into sodium heparinized tube. DO NOT FREEZE. Keep at room temperature. **IMPORTANT**: Bone marrow sample should be sent to the Pathology Sendout laboratory, which will direct the bone marrow sample to the **Flow Cytometry** Laboratory for CD138+ cells sorting within 24 hours of bone marrow aspiration. Ship overnight at room temperature.
	Fresh Sorted CD138+ Cells	1,000,000 cells preferred (minimum accepted is 500,000 cells) suspended in phosphate buffer saline (PBS) or in cell lysis buffer (Qiagen Lysis Buffer G2). DO NOT FREEZE. Keep at room temperature. Ship overnight at room temperature. In hot weather a cool pack may be enclosed.
Non-Tumor Sample	**Saliva (Preferred)**	≥2 mL saliva utilizing an Oragene collection device. DO NOT FREEZE. Keep at room temperature. **IMPORTANT**: No eating, drinking, smoking or chewing gum 30 minutes prior to collection. Ship overnight at room temperature.
	Whole Blood	1-3 mL of whole blood in EDTA (purple top) tube. DO NOT FREEZE. Keep at room temperature. **IMPORTANT**: Whole blood samples are **not** accepted for patients with **Plasma Cell Leukemia** (PCL). Ship overnight at room temperature.

- Please use sterile technique and close all containers tightly.
- Please label all containers with patient name, hospital number, and date of collection.
- Please attach a completed requisition form, including diagnosis with the sample.
- IU Medical Center campus samples should be delivered to the laboratory on the same day of sample collection. If the sample is collected after business hours or missed the transportation pick-up time, please keep the sample at room temp and deliver to laboratory as soon as possible the next business day.
- Samples from off site should be shipped at room temperature for overnight delivery directly to the laboratory's address listed at the top front of this requisition form.
- Grossly hemolyzed or clotted blood specimens will be rejected.

PATIENT CONFIDENTIALITY

Federal laws prohibit unauthorized disclosure of test results. To maintain confidentiality, test results will only be released to the referring healthcare provider, the ordering laboratory/hospital, patient/legal guardian, individuals allowed access to test results by law, and to individuals authorized in writing.

CANCELLATION POLICY

Cancellation of test orders must be received within 48 hours of sample receipt in the laboratory.
To cancel testing, call (317) 278-0100.

NOTE: A handling fee may be assessed for initial processing of the sample prior to test cancellation.

To revise requested testing, call (317) 278-0100 to determine the patient sample's status in the laboratory and discuss available options.