Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

MULTIPLE LAB TEST REQUEST FORM FOR MAILED-IN SPECIMENS

Department of Laboratories
4800 Sand Point Way NE FB.2.441
Seattle, WA 98105 (206) 987-2617
http://seattlechildrenslab.testcatalog.org/

****PLEASE SHIP ALL SPECIMENS TO SEATTLE CHILDREN'S HOSPITAL****

Patient's Last Name	First	Middle	Birth Date	Legal Sex	Gender Identity
Transplant Diagnosis		Diagnosis/ICD Code		Transplant Date	
Donor Name/URD#	First	Middle	Donor Birth Date	Donor Legal Sex	Donor Gender Identity

INDICATIONS:

CHECK ALL THAT APPLY
- ☐ Monitoring post-transplant, day #_______
- ☐ Suspected graft versus host disease
- ☐ Suspected relapse of original disease
- ☐ Suspected graft failure/rejection
- ☐ Suspected PTLD
- ☐ Suspected Secondary Malignancy
- ☐ Other: ________________

TRANSPLANT TYPE:
- ☐ Myeloablative Allo
- ☐ Reduced Intensity Allo
- ☐ Non-myeloablative Allo
- ☐ Auto
- ☐ Syngeneic
- ☐ Protocol #

☐ **BONE MARROW ASPIRATE ONLY**
☐ **Morphology-** Pathology performed at local Institution
☐ **UNILATERAL BONE MARROW ASPIRATE AND CORE BIOPSY**
☐ **BILATERAL BONE MARROW ASPIRATES AND CORE BIOPSIES**

To Seattle Children's Hospital Labs:
- ☐ **Morphology**: Slides/Blocks (SCH Pathology)
- ☐ **Chromosome Analysis** (SCH Cytogenetics) (1-2ml Sodium Heparin tube)
- ☐ **FISH - Specify probe(s)** (SCH Cytogenetics) (1-2ml Sodium Heparin tube): _______________

SCH to send to UW Hematopathology:
FLOW CYTOMETRY (1-2ml Sodium Heparin tube)
- ☐ **Immunophenotyping**
- ☐ **Immunophenotyping for suspected PTLD (STAT)**
- ☐ **Other:** __________________________

MOLECULAR TESTING (1-2ml EDTA tube)
- ☐ **BCR/ABL** p190 Quantitative
- ☐ **Other:** ____

☐ **Chimerism without cell sorting** (FHCC CIL/HLA Laboratory) (1-2ml Sodium Heparin tube):

☐ **Virology PCR** (UW Molecular Virology): ☐ CMV ☐ EBV ☐ HHV6 ☐ HSV ☐ Parvo ☐ Other ________

☐ **Other** (Specify Lab and Testing):

☐ **PERIPHERAL BLOOD**

To Seattle Children's Labs:
- ☐ **Chromosome analysis** (SCH Cytogenetics) (1-2ml Sodium Heparin tube)
- ☐ **FISH - Specify probe(s)** (SCH Cytogenetics) (1-2ml Sodium Heparin tube): ______________

SCH to send to UW Hematopathology:
FLOW CYTOMETRY / CELL SORTING
- ☐ **Immunophenotyping**
- ☐ **Immunophenotyping for suspected PTLD (STAT)**
- ☐ **Other:** ____________________________________

☐ **Cell sorting for chimerism – Cells to be sorted:**
☐ CD3 ☐ CD33 ☐ CD56 (NK) ☐ CD19 ☐ Blasts
☐ Other: ______________________________
Route sorted cells to FHCC CIL/HLA Laboratory

MOLECULAR TESTING (1-2ml EDTA tube)
- ☐ **BCR/ABL**, Quantitative Check One: ☐ p190 ☐ p210
- ☐ **Other:** ____

☐ **Virology PCR** (UW Molecular Virology): ☐ CMV ☐ EBV ☐ HHV6 ☐ HSV ☐ Parvo ☐ Other ________

☐ **Other** (Specify Lab and Testing):

☐ **OTHER SPECIMEN**
- ☐ **Specify Tissue and Site:** _______________________
- ☐ **Morphology**: slides/blocks for review (to SCH Pathology)
- ☐ **Other** *(specify tissue, site, testing and lab)*: ____
- ☐ **Morphology-** Pathology performed at local Institution
- ☐ **Fresh or Frozen Sample(s) requested:** To SCH Pathology

Contact: ______________________ **PH:** ___________ **FAX:** ___________ **Date Form Completed:** _________

Ordering Provider Signature Required: ____

Ordering Physician: ___________________________ **Was sample obtained during inpatient stay? Yes**____ **No** ____
NPI Code: _______________ **MD St/Co:** ________

Date/Time Sample Obtained: ____/____/____ ____ : ____ ☐ **AM** ☐ **PM**