



## FAX COVER SHEET

Date:

To:

FAX:

From:

RE:

Pages including cover:

Dear \_\_\_\_\_,

Per recommendation for the recommended chimerism testing, the following sample(s) are needed for test completion

- 5 mL peripheral blood in NaHeparin

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### SHIPMENT INSTRUCTIONS

1. **Complete the attached form** - Patient Registration and Facility Information.
2. **Label each tube** with:
  - Patient's name
  - Patient's date of birth
  - Date and time specimen collected
  - Type of specimen (i.e., peripheral blood)
3. **Ship the package** containing specimen(s), Test Request Form and Patient Registration/Facility Information Form) by overnight courier service (FedEx, DHL, etc) to:
 

FHCC CIL / HLA Laboratory  
188 E. Blaine St., Suite 250  
Seattle, WA 98102  
206-606-1139

#### Please Note:

**Do not send specimens to arrive on weekends or government holidays. (Do not draw samples on Fridays)**

**Send samples at room temperature unless otherwise instructed.**

**In response to Medicare 2011 changes to the Medicare Physician Fee Schedule, any laboratory test that is paid by the Clinical Lab Fee Schedule requires the ordering physician or qualified nonphysician practitioner to sign the lab requisition as well as the physician order.**

Shipment charges are the responsibility of the patient or the facility sending the package. Fred Hutch will bill the patient or his/her insurance directly for testing. Please contact our office by phone at 206-606-1139 indicating when we should expect the package to arrive or if you have any further questions.

#### Confidentiality Notice

This confidential information has been disclosed to you from records whose confidentiality is protected by state law and/or may be protected by federal confidentiality rules. State law prohibits you from making any further disclosure of this information without the specimen written consent of the person to whom it pertains, or as otherwise permitted by state law. *If you have received this transmission in error, please notify us immediately to arrange for return of the documents.*