

Combimatrix Molecular Diagnostics (CMDX)

Instructions for Completing the CMDX Requisition Form

Patient Information (1)

Enter the name of the patient, along with the home address including street, city, state and zip of the patient, phone number, social security number, date of birth, sex and medical record number (MRN) of the patient.

Billing/Insurance Information (2)

You may choose to pay CMDX for laboratory services performed either through patient insurance, direct pay from the ordering institution, or by self-pay.

•If you are requesting to pay through patient insurance, you must submit complete and verified insurance information (including copy of insurance card) with the requisition.

Please note: For samples involving Medicare Patients, CMDX is required to bill hospitals for the technical component of services provided to any hospital inpatient or outpatient.

•If you are requesting direct pay from the ordering institution, please mark "Ordering Institution" on the requisition. Please complete and attach our Institutional Billing form.*

•If you are requesting self-pay, please indicate Self-Pay on the requisition. Please complete and attach our Payment Options form.*

Ordering Institution/Organization (3)

Enter the Institution Name, Hospital, Healthcare System, Physician Practice or other Organization that is the originator of the request (if applicable). Include the address, phone number, and fax number. In addition, we require contact information for the individual who is completing the form. Please be sure to include a secure fax number (see Electronic Reporting Security form).*

Physician Information (4)

The name, UPIN/NPI#, and contact information MUST be included for the Ordering Physician. Results will be reported to the individual whose name and signature are at the bottom of the form. If a report needs to be faxed to additional Institutions or Physicians, please place information in the field provided.

In the case of the Ordering Physician, please indicate Specialty, e.g., *Pediatrics, Genetics, Neuropathology, GI, Radiation Oncology*. If the sample is being submitted by a hospital or healthcare institution where approval for outsourced services is the responsibility of the submitting institution, a contact within the institution must be included.

Specimen Information (5)

Enter the specimen ID#, which is the Hospital or Organization's unique identification number for each specimen. Indicate number of samples submitted.

Please indicate the date and time the specimen was collected in the Collection fields.

*Note: All forms are available on our website at www.cmdiagnostics.com/cghforms.shtml

Clinical Information (6)

Indicate whether a report was enclosed with the specimen and patient status.

Please be sure to indicate the clinical diagnosis/reason for referral, as well as the appropriate ICD9 code for the test ordered.

CMDX Test Menu (7)

Indicate the test requested. Please refer to our Quick Reference Guide to Specimen Requirements* for appropriate sample types.

Each sample should have its own requisition.

Array comparative genomic hybridization (aCGH) is a sophisticated genetic technique that compares a patient sample to a normal reference sample to identify genomic copy number changes. Chromosome rearrangements, such as whole chromosome aneuploidy, deletions, and duplications are readily identified by aCGH. In addition, aCGH will identify many submicroscopic rearrangements that are undetectable using routine karyotype analysis. The advantage of aCGH over conventional genetic analyses is the large number of genetic loci that can be simultaneously evaluated and the ability to identify abnormalities at a higher resolution.

Level of Service (8)

Select the level of service: Technical Only Program (TOP) or Global Report (Full Service). **

**Note: If Level of Service is not indicated, sample will be processed as GLOBAL.

Comment Section (9)

Include any special comments, requests, or background information associated with this sample.

Required Signature (10)

Please check the appropriate box acknowledging that the ordered molecular analysis is reasonable and medically necessary for the diagnosis, care, and treatment of the patient's condition. Sign, print, and date.

Specimen Label Instructions:

- 1) Print patient name on each label.
- 2) Remove proper number of labels.
- 3) Place one label on each specimen container.

If you have any questions, please contact Client Services by phone below or by email at clientservices@cmdiagnostics.com:



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