## HENRY FORD HEALTH

# **Center for Precision Diagnostics**

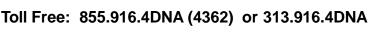
### SPECIMEN SUBMISSION INSTRUCTIONS

Henry Ford Center for Precision Diagnostics Henry Ford Hospital Pathology and Laboratory Medicine Clinic Building, K6, Core Lab, E-655 2799 W. Grand Blvd. | Detroit, MI 48202

Ship specimens to:

Fax: 313.916.7071

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Please visit our website at <a href="https://www.henryford.com/hfcpd">https://www.henryford.com/hfcpd</a> to access test information and requirements as well as to print the appropriate test request form.

Academic and Clinical Programs > Pathology and Laboratory Medicine > Henry Ford Center for Precision Diagnostics **Henry Ford Center for Precision Diagnostics** Our laboratories of the Division of Molecular Pathology & Genomic Medicine are accredited to the highest levels of quality Detailed information HENRY FORD regarding specific tests and panels can be accessed on our website by clicking on the We offer the most technologically advanced Next Generation DNA Sequencing for evaluation of Germline Mutat (Inherited disorders, prenatal, reproductive medicine and pediatric testing), Somatic Mutations (solid tumors and Cytogenetic and/or hematologic oncology). Comprehensive Cancer Predisposition Gene Analysis and Patient and Tissue Identity Testing. Full service Cytogenetics testing with Chromosome Analysis, FISH, and Microarray-based Genetic Analysis is also available. Henry Ford Medical Laborato Genomic Test Menu, or Find a Lab Service Center Near You nly ordered Genomic CPT and Test Codes Chart by visiting our Laboratory User's Guide at Contact Us https://lug.hfhs.org Cytogenetic Test Menu

Follow the checklist below to assist you with proper test request submission

### PRE-COLLECTION REQUIREMENTS

The steps listed in this section MUST be completed *prior* to collection and submission of patient sample(s). All test submission requirements and documents are available on our website listed above.

Providers are responsible for obtaining informed consent. For more information, please visit: <a href="https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Public-Health-Genomics/informed-consent">https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Public-Health-Genomics/informed-consent</a>

- ☐ Providers or sending institutions are responsible for obtaining insurance prior authorization
  - Failure to verify and obtain prior authorization before specimen submission may cause a delay in processing, which can affect the viability of the sample(s). Testing will not be performed on specimens with decreased viability
  - If prior authorization is denied or not a covered benefit, the patient may choose to proceed with testing by utilizing a self-pay option.
- ☐ Complete Patient Demographic Insurance Billing Form (enclosed in this kit)
- Print and complete test request forms from our website. *Prior authorization numbers must be documented on test request forms*
- ☐ If applicable, print and complete Advance Beneficiary Notice (ABN) form

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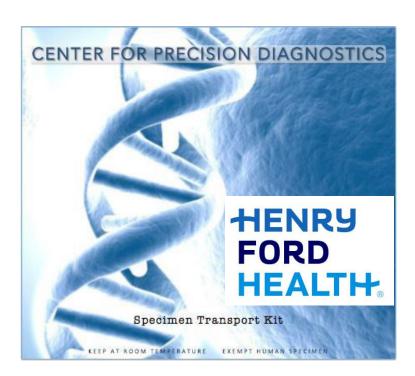
Specimen Submission Instructions cont.

#### SPECIMEN COLLECTION AND LABELING REQUIREMENTS

- ☐ Collect samples based on test requirements (listed on test requestforms)
- Label each sample/slide/block with at least 2 unique patient identifiers (i.e. patient's full name and date of birth),
- ☐ Indicate Specimen Type on the specimen label (i.e. blood, bone marrow, amnio, etc.)

#### POST-COLLECTION REQUIREMENTS

- ☐ Package samples along with patient demographics form and all test request forms
- Include a copy of patient's historical genomic testing result if it occurred outside of Henry Ford Health System
- ☐ Ship to Henry Ford Center for Precision Diagnostics by using the pre-paid FedEx label provided in this kit
  - Detailed instructions for packing up and shipping are available on the inside of this kit and also on our website



To obtain additional Specimen Transport Kits, call us toll free - 855.916.4DNA (4362)