HENRY FORD CENTER for PRECISION DIAGNOSTICS

www.henryford.com/hfcpd

Ship specimens to:

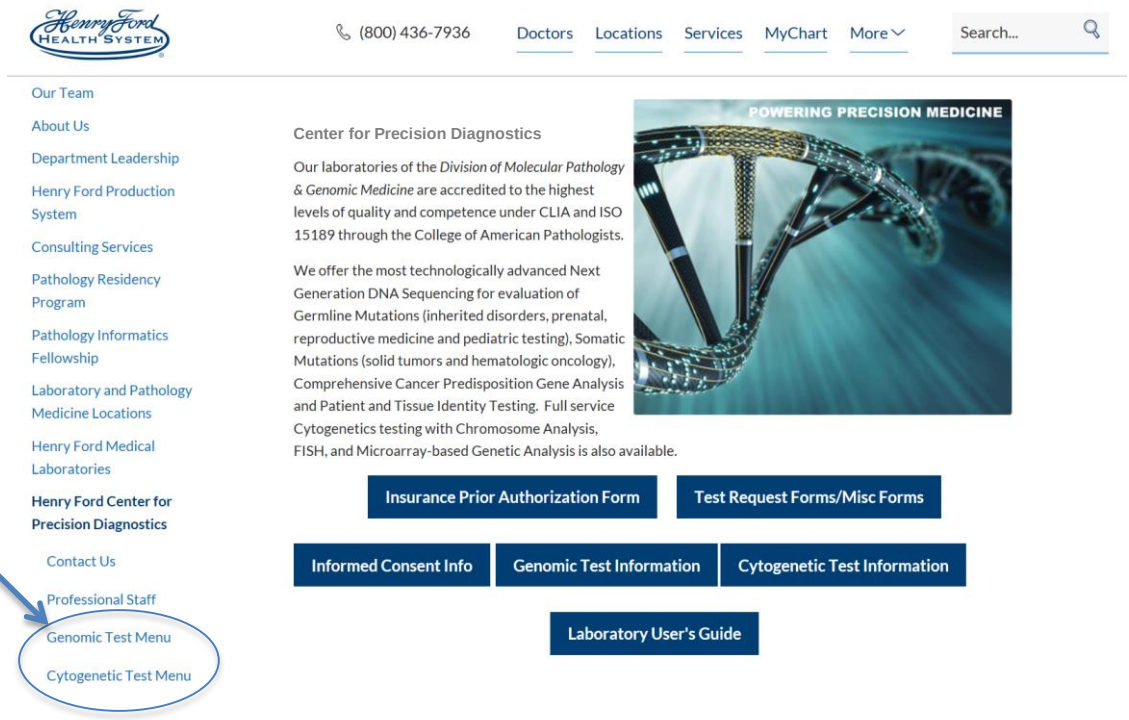
Henry Ford Center for Precision Diagnostics
Henry Ford Hospital
Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd. | Detroit, MI 48202

SPECIMEN SUBMISSION INSTRUCTIONS

Toll Free: 855.916.4DNA (4362) or 313.916.4DNA Fax: 313.916.7071

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

Detailed information regarding specific tests and panels can be accessed on our website by clicking on the Cytogenetic and/or Genomic Test Menu, or by visiting our Laboratory User's Guide at https://lug.hfhs.org



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: http://www.michigan.gov/documents/InformedConsent_69182_7.pdf
- ❑ Providers 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*

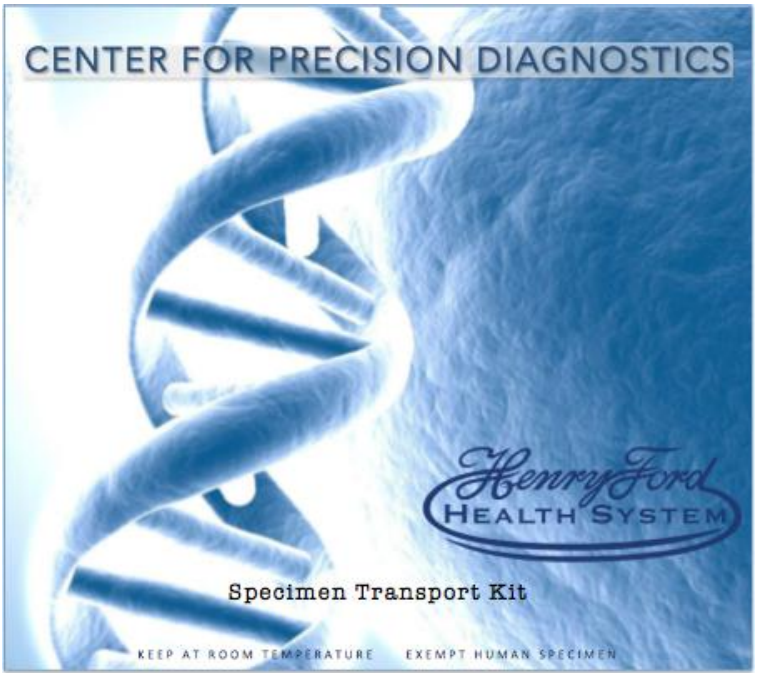
SPECIMEN SUBMISSION INSTRUCTIONS cont.

SPECIMEN COLLECTION AND LABELING REQUIREMENTS

- ❑ Collect samples based on test requirements (listed on test request forms)
- ❑ 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)