Specimen Requirements
- Clearly label all tubes with the patient’s name and date of birth (or other 2nd identifier). The tube must also be labeled with the specimen type (BMA or PB), draw date, and time drawn.
- Samples must be drawn in EDTA tubes (Vacutainer Lavender Top). The Molecular Oncology Lab does not accept samples in which Heparin is used as a preservative (Vacutainer green top) as Heparin inhibits PCR and may cause false negative results.
- For bone marrow aspirate (BMA) specimens: A minimum of 1cc of bone marrow.
- For Peripheral blood (PB) specimens: A minimum of 5cc of whole blood.

Shipping Requirements
- Sample should be received by Molecular Oncology within 48 hours of draw.
- The sample must be placed in a leak proof primary receptacle (ex: vacutainer) with a capacity of not more than 500 ml.
- Multiple fragile primary receptacles must be individually wrapped or separated to prevent contact.
- The primary receptacle must be placed into a leak proof secondary container (ex: ziplock bag) in such a way that under normal conditions of transport, they cannot break or leak. Please place each sample in a separate secondary container to prevent cross-contamination.
- Absorbent material, such as paper towels or absorbent pads or pillows, must be placed in the secondary container with sufficient capacity to absorb the entire contents of the primary receptacle(s).
- The secondary containers must be placed into an outer package with suitable cushioning material and the total amount of diagnostic specimen must not exceed 4 L (liquid) or 4 kg (solid) per package.
- The secondary packaging must be labeled with the universal biohazard symbol.
- The outer packaging must be clearly and durably marked with the words "Diagnostic Specimen"
- The outer packaging must be marked with the name, address, and phone number of both the sender and recipient.

In addition to the above list of requirements for ground transportation, the following requirements apply when shipping via FedEx or other air courier:
- All packages shipped via aircraft must display a 2-inch diamond with "UN3373" inside of the diamond.
- Outer packages must be rigid (bags and envelopes are not allowed).
- For liquids, the primary receptacle or the secondary packaging must be capable of withstanding without leakage an internal pressure producing a pressure differential of not less than 95 kPa (14 psi) in the range of -40 C to +55C.
- The outer packaging must be at least 4 inches in the smallest overall external dimension.
- Primary receptacles must be glass, metal, or plastic, and a positive means of ensuring a leak-proof seal, such as a heat seal, skirted stopper, or metal crimp seal must be provided. If screw caps are used these must be reinforced with adhesive tape.

To ensure proper receipt, contact the Molecular Oncology lab before shipping samples and, if possible, provide tracking number.

Send the container via next day delivery at ambient temperature to:

Molecular Oncology
Fred Hutchinson Cancer Research Center
1100 Fairview Avenue North, Rm. D2-281
Seattle, WA 98109

Please do not draw samples on Fridays for delivery on Saturday. If sample must be drawn for weekend delivery, please call the lab ahead of time, and include tracking number, to ensure receipt and processing of sample.
--- Molecular Oncology Requisition Form ---

**Please fill out the form below and send it with the samples.** Physicians should only order tests that are medically necessary for diagnosis or treatment of the patient. Appropriate diagnosis or ICD-9 coding MUST be provided. You should be aware that Medicare generally does not cover routine screening tests.

*The patient’s name and a 2nd identifier must also be clearly written on the specimen tube, as well as the specimen type, draw date and time drawn.*

### Patient Information

- **Patient Name:** ____________________________
- **Birth Date:** ________
- **Sex:** M ___ F___
- **Chart #:** __________
- **ICD-9:** __________
- **Diagnosis:** __________

### Sample Information

- **Date of Sample Collection:** __________
- **Time of Sample Collection:** __________
- **Sample Type (Check One):**
  - BMA _______
  - PB _______
  
  *Use an EDTA container (Lavender Top)*

- **Test(s) Requested:**
  - ☐ ABL Kinase Mutational Analysis
  - ☐ Other ____________________

### Physician Information

- **Physician’s Full Name:** ____________________________
- **NPI #:** ____________________________
- **Physician’s Phone #:** __________
- **Fax#:** __________

**Physician’s Authorized Signature:**

It is the policy of FHCRC for reference specimens to be billed to the referring institution. We do not bill the patient directly. Please provide the following information to set up an institutional billing account.

- **Institution Name:** __________________________________________________________________________
- **Institution Billing Address:** __________________________________________________________________________
- **Contact Name:** ____________________________
- **Contact Phone #:** __________

### Reporting Information

- **Results to be reported to the fax number listed above?** YES ☐  NO ☐

If no, please provide reporting information: ____________________________

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