For questions related to the above Information call at (800) 315-8424 or Fax (713) 745-1994.

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas M.D. Anderson Cancer Center to process your request for diagnostic services. No statute or other authority requires that you disclose your SSN for this purpose and we may not deny services if you choose not to disclose it. Failure to provide your SSN, however, may result in the creation of a duplicate patient number being issued, which may lead to multiple medical records. Further disclosure of your SSN is governed by the Texas Public Information Act and other applicable law.

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Outreach – REV. 04/11/2018

Disclosure

http://www.mdanderson.org/depts/pathology/hematopathologyindex.htm
U.T. MD ANDERSON CANCER CENTER
DIVISION OF PATHOLOGY AND LABORATORY MEDICINE
ADMISSIONS AND NEW PATIENT REGISTRATION

Blood _______
Tissue _______
Slides _______

MR # ____________

REGISTRATION REQUEST

1. PATIENT INFORMATION

PATIENT NAME: ________________________________

PATIENT’S ADDRESS: ________________________________

PATIENT’S PHONE: ________________________________

PATIENT’S DATE OF BIRTH: ________________________________

PATIENT’S SOCIAL SECURITY #: ________________________________

PATIENT’S SEX: ____________ PATIENT’S MARITAL STATUS: ________________________________

2. PRIMARY INSURANCE *will fax face sheet if secondary insurance is listed ____________

INSURANCE COMPANY: ________________________________

POLICY #: ________________________________

ADDRESS: ________________________________

TELEPHONE#: ________________________________

EFFECTIVE DATE: ________________________________

GROUP PLAN NAME: ________________________________

GROUP PLAN #: ________________________________

INSURED’S NAME (if different from patient): ________________________________

RELATIONSHIP TO PATIENT: ________________________________

INSURED’S SS#: ________________________________

INSURED’S DOB: ________________________________

3. GUARANTOR INFORMATION

SELF: ________________________________

OTHER: (NAME) ________________________________

ADDRESS ________________________________

PHONE ________________________________

4. MDACC SERVICE CODE: ________________________________

MDACC PHYSICIAN CODE: ________________________________

5. CONSULT REQUESTED BY: ________________________________

PH# : ________________________________

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For questions related to the above information call at (800) 315-8424 or Fax (713) 745-1994.
(Instructions for Flow Cytometry Testing)

UTMDACC
Clinical Immunology, Rm. R4.2314, Unit 72
1515 Holcombe Blvd,
Houston, Texas 77030

INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR FLOW CYTOMETRY TESTING

For **Bone Marrow Collection:** Draw 1-2cc of bone marrow in 10 ml EDTA Tube.

For **Peripheral Blood Collection:** Draw 10 ml of venous peripheral blood, using 10 ml EDTA Tube.

Label tubes with the following:
- Patient’s full name
- Date of Birth
- Patient’s UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
- Date and Time of Collection
- Initials of Phlebotomist
- CBC Differential
- Diagnosis if known

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both to UTMDACC, Laboratory (at address above). Customer/Sender must pay for shipping. Ship via Overnight Delivery Service.

Please note that the laboratory is **open Monday through Friday 8:00am-10pm only.** We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times. Please contact us if you have any question regarding these instructions.

Telephone 713-792-3462
FAX 713-794-5541

Request for **Flow Cytometry Testing only** should be sent to:

UT MD ANDERSON CANCER CENTER
Clinical Immunology Lab, Rm. R4.2314, Unit 72
1515 Holcombe Blvd.
Houston, Texas 77030
(Instructions for Cytogenetics Testing)

UTMDACC
Cytogenetics Laboratory, Rm. B8.4512, Unit 350
1515 Holcombe Blvd,
Houston, Texas 77030

INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR CYTOGENETICS TESTING

For Bone Marrow Collection: Draw 1-2cc of bone marrow in sodium heparin.

For Peripheral Blood Collection: Draw 10-20 ml of venous peripheral blood, using sterile sodium heparin tube (green top).

Label tubes with the following:
- Patient's full name
- Date of Birth
- Patient's UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
- Date and Time of Collection
- Initials of Phlebotomist
- CBC Differential
- Diagnosis if known

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both back to UTMDACC, Cytogenetics Laboratory (at address above), using AIRBONE Shipping (Customer/Sender must pay for shipping). Ship via AIRBORNE'S Overnight Delivery Service.

Please note that the laboratory is open Monday through Friday 7:00am-11pm only. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times.
Please contact us if you have any question regarding these instructions.

Telephone 713-792-6330
FAX 713-745-3215

Request for Cytogenetics Testing only should be sent to:

UT MD ANDERSON CANCER CENTER
Cytogenetics Laboratory, Room B8.4512, Unit 350
1515 Holcombe Blvd.
Houston, Texas 77030
(Instructions for HLA Testing)

UTMDACC
Histocompatibility Laboratory
6565 MD Anderson Blvd
Unit#1060
Houston, Texas 77030

INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR HLA TESTING

For Peripheral Blood Collection: Draw venous peripheral blood, using sterile (2) 10 ml EDTA tubes and (1) 10 ml ACD tube for HLA Testing.

For Patient's Only: Draw above tubes and include an additional (1) 7 ml Non-Gel tube for Antibody Testing (if needed)

Label tubes with the following:
• Patient's full name
• Date of Birth
• Patient's UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
• Date and Time of Collection
• Initials of Phlebotomist

Package tubes and requisition form in a suitable mailer, at room temperature, and ship both back to UTMDACC, HLA Laboratory (at address above), using UPS Shipping (Customer/Sender must pay for shipping). Ship via UPS' Overnight Delivery Service. Please note that the laboratory is open Monday through Friday 7:30 am - 9:30 pm only. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times.

Please contact us if you have any question regarding these instructions.

Telephone 713-792-2658
FAX 713-794-4773

Request for HLA Testing Only should be sent to:

UT M. D. ANDERSON CANCER CENTER
6565 MD Anderson Blvd
Houston, Texas 77030
Collection and Transport of Specimens for Molecular Testing

To ensure optimum testing conditions for a specimen that is sent to the Molecular Diagnostics Laboratory (MDL) at MD Anderson Cancer Center (MDACC), the client should follow the below guidelines:

1. For *Peripheral Blood*, collect 10-20 ml venous blood in EDTA (purple-top) vacutainer tubes.

   For *Bone Marrow*, collect 1-3 ml in EDTA. *It is important that a non-heparinized syringe is used for the initial bone marrow collection; then transferring the specimen to the sterile EDTA vacutainer tube without using a needle to dispense the sample.*

   For *Solid Tumor testing*, send 5-6 slides containing 10µm sections of paraffin-embedded tissue, along with a guide H&E-stained section. For 18q LOH/MSI studies, also have separate normal and tumor sections or indication of normal and tumor areas if on the same slide. A paraffin block can also be sent. Send at room temperature. Consult with lab for additional questions.

2. Identify the specimen(s) to be sent to MDL:
   - Patient’s full name
   - Date of Birth (DOB)
   - Patient’s MDACC# (if available)
   - Date and Time of Collection
   - Initials of Phlebotomist.

3. All EDTA tubes should be refrigerated immediately after collection and shipped with cold pack by overnight courier. *Extracted RNA or cDNA should be shipped frozen on dry ice.*

4. Samples should be shipped by overnight carrier to arrive Tuesday- Friday by 4:00PM. Call 713-794-4780 for additional information.

Sender is responsible for shipping charges.

*Shipping Address:
UTMDACC
Molecular Diagnostics Laboratory
6565 MD Anderson Blvd Unit# 1062
Houston, Texas 77030*