

## JOHNS HOPKINS MOLECULAR DIAGNOSTICS LABORATORY TELOMERE LENGTH TESTING

Shipping Address: Johns Hopkins Genomics-MDL 1812 Ashland Ave., Room 245, Baltimore, MD 21205

## PATIENT INFORMATION Sample must include 2 of 3 identifiers: Name (last and first), Date of Birth or Patient ID/Sample Number \_\_\_\_\_/ Date of birth: \_\_\_\_\_/ \_\_\_\_/ Name (last, first): Sex: ☐ Female ☐ Male Patient ID/Sample # Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ REFERRER INFORMATION Physician/Provider (last, first): UPIN/NPI: Genetic counselor (last, first): Phone: ( ) Contact email(s): Institution/Department: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Collection Date: / / Collection Time: : **Sample:** □ Blood Reason for Test / Clinical History: Diagnosis Code (ICD-10) WBC (if known) Billing Information must be received for testing to be initiated. ☐ Institutional Billing Institution Name: Cleveland Clinic Foundation Account Name: Cleveland Clinic Reference Lab Name(s) of Billing Contacts: Brian Kershaw, Mira Miloradovic, Kala Istre Phone Number: 216.444.9866 Mailing Address: 9500 Euclid Ave L15, Cleveland, OH 44195 Client Account Number: 700003099 For other payment options or questions regarding billing, contact the Molecular Diagnostics lab at 410-955-1438 or molecularpathresults@jhmi.edu For Internal Use Only Unique Molecular Path # Date/Time Received Initials

Phone: 410-955-1438 Fax: 410-955-0484 Email: molecular pathresults@jhmi.edu http://pathology.jhu.edu/Molecular Diagnostics