

Use a separate form for each specimen submitted.

Note:

- No results will be issued for this test order until all 3 required specimens are received for analysis.
- Results will appear under CHIMU / Chimerism Transplant No Cell Sort or CHIMS / Chimerism Transplant Sorted Cells.
- Pre and Donor billing occurs under CHRGB / Chimerism-Recipient Germline (Pre) and if an additional donor specimen is submitted ADONO / Additional Chimerism Donor will be performed at an additional charge.
- Chimerism Transplant Sorted Cells billing occurs under SORT1 and/or SORT2.

For assistance, contact the Molecular Hematology Laboratory at 800-533-1710 or email mml@mayo.edu.
International clients: +1-507-266-5700 or email mmlglobal@mayo.edu.

Patient Information (required)

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(Month DD, YYYY)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician <i>(Last, First)</i>	Phone	Fax*
Other Contact	Phone	Fax*

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Complete information only for specimen submitted.

Pre-Transplant Specimen Type - Complete this section if specimen collected is the patient's pre-transplant specimen.

<input type="checkbox"/> EDTA blood	<input type="checkbox"/> EDTA Bone Marrow	<input type="checkbox"/> Extracted DNA	<input type="checkbox"/> Buccal Swab <i>(Supply T543)</i>
Collection Date: _____			
Order CHRGB / Chimerism-Recipient Germline (Pre)			

Donor Specimen Type - Complete this section if specimen is from the donor.

<input type="checkbox"/> EDTA blood	<input type="checkbox"/> EDTA Bone Marrow	<input type="checkbox"/> Extracted DNA	<input type="checkbox"/> Buccal Swab <i>(Supply T543)</i>
Collection Date: _____			
Order CHIDB / Chimerism-Donor			

Post-Transplant Specimen Type - Complete this section if specimen collected is the patient's post-transplant specimen for chimerism analysis. Specimen must be from collection after transplant.

<input type="checkbox"/> EDTA blood	<input type="checkbox"/> EDTA Bone Marrow
Collection Date: _____	
Have Pre-transplant and Donor specimens already been sent for this patient's analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Results cannot be calculated or released until the laboratory has received the Pre-transplant and Donor specimens.)</i>	
Order CHIMU / Chimerism Transplant No Cell Sort or CHIMS / Chimerism Transplant Sorted Cells.	