

Patricia Aoun, MD, MPH Clinical Laboratory Director, Department of Pathology CLIA #05D0665695

Tax ID:95-1683875

Attn: Lab Outreach Dept.

City of Hope Clinical Molecular Diagnostic Lab 1500 East Duarte Road Main Medical 2nd Floor Room 2101 Duarte, CA 91010-3000 Phone 888-826-4362 Fax 626-301-8142 cmdl@coh.org http://cmdl.cityofhope.org

Submission Checklist

u	Completed Test Request Form (TRF) with referring physician's signature
	Payment Items
	 Insurance cases – Clear copy of the front and back of the insurance card); clinic note
	 Institutional Billing cases – Complete billing address
	 Out-of-pocket payment cases – signed check with contact details of payee or credit card
	Clearly labeled specimen with patient's name or unique identifier such as a study ID (should match the name on the TRF)
	Optional items (it is recommended that if possible these items are sent)
	1. Completed patient information form if available
	2. Pedigree and clinic notes

Thank You!