



TELOMERE LENGTH TESTING

Ordering Instructions

FLOW CYTOMETRY and FLUORESCENCE in situ HYBRIDIZATION (flowFISH)

The Johns Hopkins Pathology Laboratory offers clinical telomere length measurement using the flow cytometry and FISH method. We report telomere length in peripheral blood lymphocytes and granulocytes.
CPT Code: 88182

TO ORDER

- Johns Hopkins Hospital and Affiliates: *order through EPIC*
- Outside Johns Hopkins - **must use** Requisition Form

Send to

Johns Hopkins Genomics-MDL
1812 Ashland Ave
Room 245
Baltimore, MD 21205

Phone: 410-955-1438
Fax: 410-367-3266

BLOOD DRAW REQUIREMENTS

- **ADULTS** Send 12-18 cc in Acid Citrate (Yellow) tube
Please fill tubes to maximum volume to prevent hemolysis.
- **INFANTS AND CHILDREN** Send at least 3 cc in EDTA (Lavender) tube
Please note that receipt after 24 hours in purple top tubes may yield suboptimal results.
- **INTERNATIONAL SAMPLES** Send maximum allotted amount
- **SHIPPING** Samples should be shipped overnight at room temperature and must be received within 72 hours.

CERTIFICATION AND PERMITS

- CLIA Certification #: 21D0692357
- CAP Accreditation#: 1353017
- Maryland State Permit # 557
- New York State Permit # 4253



JOHNS HOPKINS MOLECULAR Diagnostics Laboratory

TELOMERE LENGTH TESTING

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

Patient Information

Form with fields: Name, Last; First; Date of Birth (mm/dd/yyyy); Sex; Patient ID/Sample #; Address

Referrer Information

Form with fields: Physician / Provider, Last; First; UPIN / NPI; Genetic Counselor, Last; First; Contact Email(s); Phone; Fax; Institution / Department; Address

Sample [] Blood Collection Date: _____ Collection Time: _____

Reason for Test / Clinical History

Large text area for clinical history with a label: Diagnosis Code (ICD10) REQUIRED _____ WBC (if known) _____

Billing information must be received for testing to be initiated.

Form with fields: Institutional Billing; Institution Name; Name of Billing Contact; Mailing Address for Statement; Phone # (direct contact); Fax # (where to have report sent)

For Internal Use Only

Form with fields: Unique Molecular Path #; Date/Time Received; Initials