



TELOMERE LENGTH TESTING

Introduction and 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 total peripheral blood lymphocytes and granulocytes.

■ TO ORDER

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

Send to

Molecular Pathology Lab: Telomere Length Testing
600 N. Wolfe St
Park SB202
Baltimore, MD 21287

lab: 410-955-0483
fax: 410-955-0484

■ BLOOD DRAW REQUIREMENTS

- **ADULTS** Send 12-18 cc in Acid Citrate (Yellow) tube
OR Send 12-18 cc in EDTA (Lavender) tube
- **INFANTS AND CHILDREN** Send at least 3 cc in EDTA (Lavender) tube
- **INTERNATIONAL SAMPLES** Send maximum allotted amount
- **SHIPPING** Samples should be shipped overnight at room temperature

■ CERTIFICATION AND PERMITS

- CLIA Certification #: 21D0709511
- CAP Accreditation#: 1353003
- Maryland State Permit # 471



JOHNS HOPKINS MOLECULAR PATHOLOGY

TELOMERE LENGTH TESTING

Shipping Address: Molecular Pathology Lab
600 N. Wolfe St | Park SB202 | Baltimore, MD 21287

Referrer Information

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

Patient Information

Sample must include 2 of 3 identifiers: Name (last and first), Date of Birth, or Patient ID/Sample Number

Name, Last	First	
Date of Birth (mm/dd/yyyy)	Sex	Patient ID/Sample Number
Address		

Sample Blood PBMC Date Collected: _____

Reason for Test / Brief Clinical History

Diagnosis Code (ICD-10) _____

All billing documents must be received for testing to be initiated.

- Submit copy of Insurance Card (MUST INCLUDE FRONT AND BACK)
- Check number _____ (Make check payable to Johns Hopkins University)
- Credit card: Name _____ Number _____ - _____ - _____ Exp. ____ / ____ 3-digit code ____

For other payment options or questions regarding billing, contact Ms. Kim James at 410-955-8995

For Internal Use Only

Accession #	Date Received	ID #
-------------	---------------	------