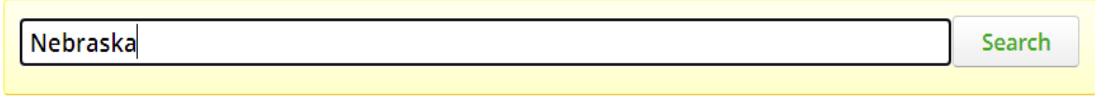



SENDING SPECIMENS TO UNIVERSITY OF NEBRASKA FOR NICU TESTING

Purpose: NICU Doctors may want additional genetic testing on patients to be sent to University of Nebraska.

Procedure: Ordering and sending specimens to U of Nebraska for genetic testing. Specimens are shipped Monday-Thursday. Friday shipments are allowed, but not recommended. NO Saturday or Sunday Shipments.

Step	Action
1.	<p>Type “Nebraska” into the Directory of services to access test info.</p> <p>Search</p> 
2.	<p>Click “Enter” on Keyboard.</p>
3.	<p>Click “SOFT: MISC” to pull up Nebraska testing.</p> <p>Search Searching for <i>Nebraska</i> 2 results</p> 
4.	<p>Click “U of N Postnatal Order Form” or “Prenatal/Pregnancy Loss Form” to pull up the correct test requisition (the ordering nurse or doctor will know which form they need).</p> <p>Chromosome analysis, FISH, Microarray and other U of N tests Test Code SOFT: MISC</p> <div style="border: 1px solid red; padding: 10px; margin-top: 10px;"> <p>⚠ Important Note</p> <p>University of Nebraska testing is sent directly to the Human Genetics lab via Fed Ex, Available Monday through Friday. Using the following link an order form can be generated which must accompany the specimen to Lab:</p> <ul style="list-style-type: none"> ▪ U of N Postnatal Order Form ▪ Prenatal/Pregnancy Loss Form <p>Lab will perform final packaging.</p> <p>A Saturday sendout is possible by taking the package to FedEx by 1300; this is to be reserved for Emergency Situations Only. If a specimen must be sent on Saturday, laboratory personnel must be informed. Because they will have to get the specimen to Fed Ex by Regional Lab. This can be dropped of at the FedEx Office Print & Ship Center, 188 Vantage Dr 200 Cape Girardeau, MO 63701 US (by Starbucks)</p> </div>

5. When the form is open, click the printer icon.

University of Nebraska Medical Center
Regional Pathology Services
University of Nebraska Medical Center
981180 Nebraska Medical Center
Omaha, Nebraska 68198-1180
www.reglab.org

Toll Free: 1.800.334.0459
Phone: 402.559.9420
Fax: 402.559.9497

POSTNATAL Test Request Form

PAGE 1 / 2

A. PATIENT IDENTIFICATION

NAME: _____ DOB: _____ MR#: _____ BIOLOGICAL SEX: Female
 Male

PHONE: _____ ADDRESS: _____ CITY/ST/ZIP: _____

B. SPECIMEN INFORMATION • Access specimen requirements at: www.unmc.edu/geneticslab

• Ship specimens immediately - avoid extreme temperatures. Testing is most successful when performed on samples received within 24 hours of collection. If immediate shipment is not possible, contact us and store at room temperature.

COLLECTION DATE: _____ COLLECTION TIME: _____

SAMPLE TYPE: Blood Buccal mucosa* DNA Tissue / Skin

PATIENT CONSENT: Check this box if your patient does not wish to have their specimen stored. Consent is implied if box is left unchecked.

*FISH testing performed on a buccal specimen requires collection using a special kit that can be requested by calling the laboratory.

6. Go back to the previous page.

7. Click on the “U of N Specimen requirement chart” to determine what tubes are needed for each specific test.

Chromosome analysis, FISH, Microarray and other U of N tests

Test Code **SOFT: MISC**

Important Note

University of Nebraska testing is sent directly to the Human Genetics lab via Fed Ex, Available Monday through Friday. Using the following link an order form can be generated which must accompany the specimen to Lab:

- [U of N Postnatal Order Form](#)
- [Prenatal/Pregnancy Loss Form](#)

Lab will perform final packaging.

A Saturday sendout is possible by taking the package to FedEx by 1300; this is to be reserved for Emergency Situations Only. If a specimen must be sent on Saturday, laboratory personnel must be informed. Because they will have to get the specimen to Fed Ex by Regional Lab. This can be dropped off at the FedEx Office Print & Ship Center, 188 Vantage Dr 200 Cape Girardeau, MO 63701 US (by Starbucks)

Additional Codes

EPIC CODE: MISC LAB then type Test Name and "To University of Nebraska" in test comments.

Specimen Requirements

The most current information on specimen requirements is found at:

[U of N specimen requirements chart](#)

8. Click the printer icon to print the test requirement and shipping temp page.

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SPECIMEN REQUIREMENTS and TURNAROUND TIMES | POSTNATAL TESTING

COLLECTION:

- Refer to the table below for specimen types and associated requirements for each test within our menu.
- Low volume specimens can be submitted; however, testing is most successful when performed on amounts shown below.
- When ordering multiple tests, one specimen is sufficient when amounts and tube type are the same.
- Collection kits are available for most specimen types and are available through our supply portal

TRANSPORT:

- Testing is most successful when performed on specimens received within 24-hours of collection (does not apply to extracted DNA).
- Transport specimens at room temperature; special procedures may be required when transporting during extreme temperatures.

OVERNIGHT STORAGE: If immediate transport is not possible, contact the laboratory and store at room temperature.

AMOUNT:	~5 ml*	~2.5 ml*	2 weeks	20 ng/ug with seal (or 10 ng (no seal))	~2 mm*
CONTAINER:	sodium heparin tube	EDTA tube	conical tube	microcentrifuge tube	tissue culture media
SPECIMEN TYPE:	blood *newborn minimum: 1 - 3 ml		buccal mucosa	extracted DNA	tissue biopsy /skin punch

REPORT TAT

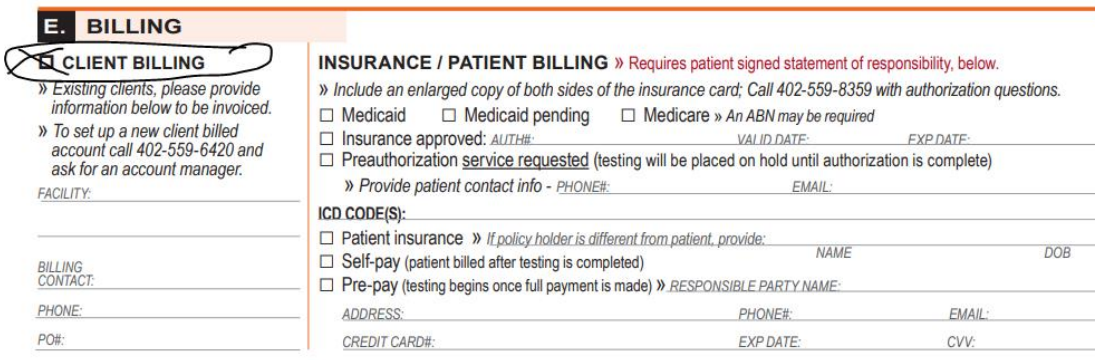
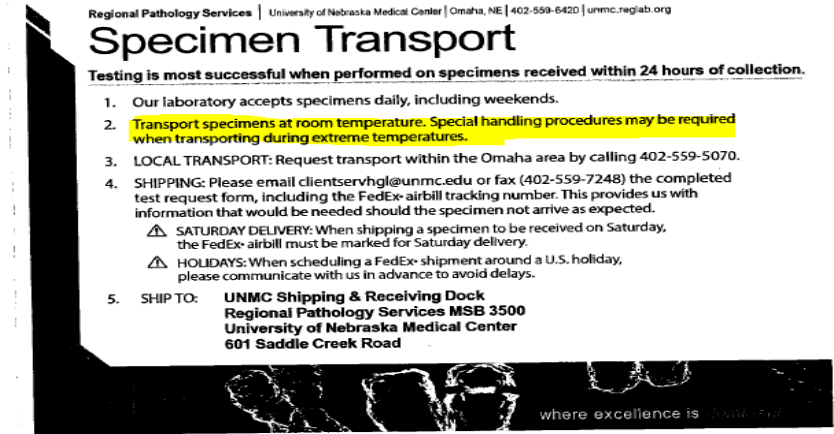
9. Send the forms (together) to OB (136). The nurse or doctor fills out the ENTIRE Req. Lab DOES NOT fill out anything on the form.

10. Open the patient's order in "Order Entry" in SOFTLAB once the specimen and completed Req are received.

11. Order a "MISC" lab. Make sure desired test in indicated in "Order Comments."

12. Collect & Receive the specimen.

13. Place a "SoftID Bar Code" (with patient name, DOB, collection date & time) on the upper right hand corner of the req.

14.	<p>Billing information</p> <p>Mark "Client Billing"</p>  <p>E. BILLING</p> <p>CLIENT BILLING</p> <p>» Existing clients, please provide information below to be invoiced.</p> <p>» To set up a new client billed account call 402-559-6420 and ask for an account manager.</p> <p>FACILITY: _____</p> <p>BILLING CONTACT: _____</p> <p>PHONE: _____</p> <p>PO#: _____</p> <p>INSURANCE / PATIENT BILLING » Requires patient signed statement of responsibility, below.</p> <p>» Include an enlarged copy of both sides of the insurance card; Call 402-559-8359 with authorization questions.</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid pending <input type="checkbox"/> Medicare » An ABN may be required</p> <p><input type="checkbox"/> Insurance approved: AUTH#: _____ VALID DATE: _____ EXP DATE: _____</p> <p><input type="checkbox"/> Preauthorization service requested (testing will be placed on hold until authorization is complete)</p> <p>» Provide patient contact info - PHONE: _____ EMAIL: _____</p> <p>ICD CODE(S): _____</p> <p><input type="checkbox"/> Patient insurance » If policy holder is different from patient, provide: NAME _____ DOB _____</p> <p><input type="checkbox"/> Self-pay (patient billed after testing is completed)</p> <p><input type="checkbox"/> Pre-pay (testing begins once full payment is made) » RESPONSIBLE PARTY NAME: _____</p> <p>ADDRESS: _____ PHONE#: _____ EMAIL: _____</p> <p>CREDIT CARD#: _____ EXP DATE: _____ CVV: _____</p>
15.	Make of copy of the completed Req.
16.	Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the "Copy of Req" tray located by the Mayo refrigerator in processing.
17.	Locate the Nebraska kits in Cabinet 2 located in the Regional lab area.
18.	<p>Shipping requirements</p>  <p>Regional Pathology Services University of Nebraska Medical Center Omaha, NE 402-559-6420 unmc.reglab.org</p> <p>Specimen Transport</p> <p>Testing is most successful when performed on specimens received within 24 hours of collection.</p> <ol style="list-style-type: none"> Our laboratory accepts specimens daily, including weekends. Transport specimens at room temperature. Special handling procedures may be required when transporting during extreme temperatures. LOCAL TRANSPORT: Request transport within the Omaha area by calling 402-559-5070. SHIPPING: Please email clientservhgl@unmc.edu or fax (402-559-7248) the completed test request form, including the FedEx-airbill tracking number. This provides us with information that would be needed should the specimen not arrive as expected. <ul style="list-style-type: none"> ⚠ SATURDAY DELIVERY: When shipping a specimen to be received on Saturday, the FedEx-airbill must be marked for Saturday delivery. ⚠ HOLIDAYS: When scheduling a FedEx-shipment around a U.S. holiday, please communicate with us in advance to avoid delays. SHIP TO: UNMC Shipping & Receiving Dock Regional Pathology Services MSB 3500 University of Nebraska Medical Center 601 Saddle Creek Road <p>where excellence is a way of life</p>
19.	Open the Nebraska Kit.
20.	Locate the shipping slip (usually folded up the provided test Req found in the kit).
21.	Place the Labeled specimens into the provided Styrofoam packing.
22.	Place the Styrofoam packing into the provided Biohazard bag.
23.	Place the Biohazard bag into the kit.
24.	Place the Original Completed Req into the kit.
25.	Place the kit into the provided UPS shipping bag.
26.	Seal the UPS shipping bag.

27. Fill out the Shipping slip.

UPS Next Day Air®
UPS Worldwide Express®
Shipping Document

See instructions on back. Visit UPS.com® or call 1-800-PICK-UPS® (800-742-5877) for additional information and Tariff/Terms and Conditions.

TRACKING NUMBER **1Z 44Y W84 22 1006 637 0**

1 SHIPMENT FROM
SHIPPER'S UPS ACCOUNT NO. _____
REFERENCE NUMBER _____
NAME _____ TELEPHONE **(513) 331-5147**
COMPANY **Saint Francis Medical Center**
STREET ADDRESS **211 Saint Francis Drive**
CITY AND STATE **Cape Girardeau MO** ZIP CODE **63703**

2 EXTREMELY URGENT DELIVERY TO
UNMC Shipping & Receiving Dock
Regional Path Services MSB 3500
University of Nebraska Medical Center
601 Saddle Creek Road

3 WEIGHT LTR PAK WEIGHT **1** DIMENSIONAL WEIGHT If Applicable _____ LARGE PACKAGE

4 SHIPPER RELEASE

5 TYPE OF SERVICE NEXT DAY AIR EXPRESS (INTL) _____
FOR INTERNATIONAL SHIPMENTS: CUSTOMS VALUE \$ _____ DOCUMENTS ONLY \$ _____
6 OPTIONAL SERVICES SATURDAY PICKUP See instructions. SATURDAY DELIVERY See instructions. DECLARED VALUE FOR CARRIER (Declared value over \$100, see instructions) \$ _____ AMOUNT \$ _____
 C.O.D. (Cash on Delivery) See instructions. \$ _____ AMOUNT \$ _____
7 ADDITIONAL HANDLING CHARGE An Additional Handling Charge applies for certain items. See instructions. \$ _____

8 METHOD OF PAYMENT SHIPPER'S ACCOUNT NUMBER BILL TO RECEIVER BILL TO THIRD PARTY DOMESTIC ONLY CREDIT CARD American Express Diner's Club MasterCard Visa CHECK

9 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. _____ EXPIRATION DATE _____

THIRD PARTY'S COMPANY NAME _____
STREET ADDRESS _____
CITY AND STATE _____ ZIP CODE _____

10 SHIPPER'S SIGNATURE **X** DATE OF SHIPMENT _____

0101911202609 6/14 RFD **UPS COPY**

This form not needed with UPS Inlandnet Shipping at UPS.com

28. Place the UPS shipping slip/sticker onto the sealed UPS shipping bag.

29. Tear off the 2nd copy of the shipping slip and take to front secretary office.

30. Take UPS bag to SPD for UPS pick-up.

31. Fill out a "MISC Charge slip" (located in Regional area) and place in blue "Credit/Charge" bucket in processing.