



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, Varies or CHIMS / Chimerism Transplant Sorted Cells, Varies.
- Pre and Donor billing occurs under CHRGB / Chimerism-Recipient Germline (Pretransplant), Varies and if an additional donor specimen is submitted ADONO / Additional Chimerism Donor (Bill Only) 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 mcl@mayo.edu
International clients: +1-507-266-5700 or email mclglobal@mayo.edu

Patient Information (required)

Patient Name <i>(Last, First, Middle)</i>		Birth Date <i>(mm-dd-yyyy)</i>
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose		Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary

Referring Provider Information

Referring Provider Name <i>(Last, First)</i>	Phone	Email
Other Contact Name <i>(Last, First)</i>	Phone	Email

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 (T543)
Collection Date <i>(mm-dd-yyyy)</i>
Order CHRGB / Chimerism-Recipient Germline (Pretransplant), Varies

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 (T543)
Collection Date <i>(mm-dd-yyyy)</i>
Order CHIDB / Chimerism-Donor, Varies

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 <i>(mm-dd-yyyy)</i>	Have Pre-transplant and Donor specimens already been sent for this patient's analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No (Results cannot be calculated or released until the laboratory has received the Pre-transplant and Donor specimens.)
Order CHIMU / Chimerism Transplant No Cell Sort, Varies or CHIMS / Chimerism Transplant Sorted Cells, Varies	