



## MASSACHUSETTS GENERAL HOSPITAL

### Center for Integrated Diagnostics

Attn: Specimen Processing

55 Fruit Street, GRJ 1015

Boston, MA 02114

Tel: 617-724-1285 Fax: 617-643-1623

# Requisition Supplement

#### Required for all requests:

- Completed Requisition Form
- Corresponding Pathology Report
- Specimen
- Invoice Agreement / Letter (with billing contact, including E-Mail address)

#### For first time submissions:

- Provider Add Form
- New Institutional Account Application

If you are not sure whether one of the forms listed above is required for your submission, or if you have any questions about specimen requirements, please contact us at 617-724-1285.

#### How to Ship

Any materials sent by either standard or express mail must be protected by using proper packaging. Glass slides should be enclosed in a protective slide box. Blood and bone marrow specimens should be in appropriate biohazard packaging and protected from extreme temperatures. All fluid specimens must be expedited to arrive **within 5 days** from date of draw. We suggest that all materials related to the case be shipped in the same container to ensure that they are received together. The mailing label should include a return address. Original H&E slides and blocks can be returned by our lab upon request. Unstained slides will be used for testing and will not be returned.

#### Turnaround times (from date of specimen receipt)

NGS Panels: 2 weeks

“Small Molecular” Tests (MSI, MGMT, MLH1, etc.): 1-2 weeks

FiSH: 1 week

Certain factors increase the turnaround time of a case. Processing will begin once all required paperwork and materials are received. Cases that are submitted without an H&E may require an additional two days for processing. Cases that require the addition of a new provider or institution may need an additional two days for processing.

#### Results

Once testing has been completed, a copy of the results will be faxed to the requesting provider. If you do not receive a report within 3 days of the expected timeframe, please call 617-724-1285. For international requests, please provide an E-Mail address for reporting.

#### Billing and Payment

Institutional invoice is the only billing option for non-MGH patients. We cannot bill a patient's insurance provider unless a patient has been seen by an MGH clinician within 30 days of sample receipt. **Please contact us for specific pricing information, as this is subject to change.**



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**Provider Add Request Form**

**Provider Type:** (Check One)  MD  Other (Indicate Type) \_\_\_\_\_

**NPI# :** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Office Street Address:** \_\_\_\_\_

**Office City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Office Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Administrative Contact:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Administrative E-Mail Address:** \_\_\_\_\_



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**New Institutional Account Application**

Name of organization requesting services: \_\_\_\_\_

**BILLING ADDRESS:**

Co. Name: \_\_\_\_\_

St. Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

**INDIVIDUAL CONTACT:**

Name: \_\_\_\_\_

Tele Number: \_\_\_\_\_

Email: \_\_\_\_\_

**TYPES OF SERVICES REQUESTED:**

Molecular Diagnostics: \_\_\_\_\_

\_\_\_\_\_

**PAYMENTS:**

**The MGH CID does not accept patient insurance for cases referred from outside of MGH. I understand that my institution will be billed and will be responsible for payments.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Account Number: \_\_\_\_\_

Date of Notification: \_\_\_\_\_