



## TELOMERE LENGTH TESTING

Johns Hopkins Pathology Lab Ordering Instructions

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### 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: 410-955-0484

### BLOOD DRAW REQUIREMENTS

- **ADULTS** Send 12-18 cc in Acid Citrate (Yellow) tubes  
*\*\*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

*Samples will be rejected if blood tubes are not filled properly, if blood is received >72 hours of collection or if blood was not stored at room temperature.*

### CERTIFICATION AND PERMITS

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



# JOHNS HOPKINS MOLECULAR Diagnostics Laboratory

## TELOMERE LENGTH TESTING

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

### 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 #
Address		

### Referrer Information

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

**Diagnosis Code (ICD-10)** \_\_\_\_\_ **WBC (if known)** \_\_\_\_\_

Billing information must be received for testing to be initiated.

#### Institutional Billing

Institution Name \_\_\_\_\_

Name of Billing Contact \_\_\_\_\_

Mailing Address for Statement \_\_\_\_\_

Phone # (direct contact) \_\_\_\_\_

Client Account Number # (if known) \_\_\_\_\_

For other payment options or questions regarding billing, contact the Molecular Diagnostics Lab at 410-955-1438 or [molecularpathresults@jhmi.edu](mailto:molecularpathresults@jhmi.edu)

### For Internal Use Only

Unique Molecular Path #	Date/Time Received	Initials
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