



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.**



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

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: _____



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

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:

I agree to review the monthly invoices and issue payment within 30 days of invoice date. I understand that failure to remit payment within the agreed upon time may result in inactivation of this account and further collection actions.

Name (please print): _____

Title: _____ Date: _____

OFFICE USE ONLY:

Account Number: _____

Date of Notification: _____