



**CREIGHTON MEDICAL LABORATORIES**  
**Department of Pathology**  
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Omaha, NE 68131-2197  
Phone: 402.280.4295  
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**NON-CLINICAL SPECIMENS**  
**CLINICAL GENOMICS REQUISITION**

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

Research – Human

Research – Animal

CML Account # (Needed to order testing) \_\_\_\_\_

Project: \_\_\_\_\_

Primary Investigator: \_\_\_\_\_

IRB Number: \_\_\_\_\_ Department: \_\_\_\_\_

IACUC Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fund/Organization No. or Grant No. : \_\_\_\_\_

Notes: \_\_\_\_\_

**Non-Research**

Ordering Pathologist \_\_\_\_\_

**Medical Student Education (CML Acct No. 1)** Charge to 101000-842200-5450-Dr#

**Resident Education (CML Acct No. 2)** Charge to 101000-842200-5450-RESD

Notes: \_\_\_\_\_