GENO MOLECULAR LABS DIAGNOSTICS

Requisition Form
Ship Samples, photocopy of Insurance card(s) (Front and Back) and copy of this form to:

Genoscientific
Durham Center,
2 Ethel Road, Suite 203 C, Edison, NJ 08817
Tel: (732) 662-5543
Fax: (732) 662-5544

Patient Information

Patient Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Physician Information

Physician Name:_____

Practice:_____

Office Phone :_____ Fax Number:_____

Physician Signature:_____

Collection Information

Collection Date:_____

Check at least one Box below for a personalized medicine management report:

Specimen Type: ☐ Blood, ☐ Buccal Swab ☐ Urine, ☐ Other

Swabs rubbed firmly in each cheek and under the gum

Patient Consent

I request and authorize the CLIA accredited laboratory to perform the below designated test(s) on the DNA sample provided by me. My signature below constitutes my acknowledgement that have read the Patient Information Form which outlines the benefits and limitations of this testing which have been explained to my satisfaction by a qualified health professional.

Patient Signature:_____

Insurance Information

Patient Insurance Information: Include photocopy of insurance card(s) (both sides) OR complete Insurance section below.

Medicare Number	Relation Ship to Insured(optional)	
Primary Insurance	ID Number	Group Number
Secondary Insurance	ID Number	Group Number

Advance Beneficiary Notice Instructions

All tests on this request form are subject to coverage limitations by Medicare and may require that an advance Beneficiary Notice (ABN) be signed by the patient prior to obtaining the specimen. When ordered tests are likely to be denied by Medicare, please complete a separate ABN with the patient's signature and date; submitting it with this requisition.

☐ Cardiac Panel

- ☐ Prothrombin (Factor II) G20210A Mutation
- ☐ Factor V Leiden Mutation
- ☐ Factor V Leiden Mutation _HR
- ☐ Factor XIII A V34L
- ☐ MTHFR 677 and 1298 Mutations
- ☐ Beta Blocker CYP 2D6
- ☐ CYP 2c19(Plavix)
- ☐ CYP2C9 (Includes VKORC1)
- ☐ ApoE C112R R158C
- ☐ ApoB-100 R3500Q
- ☐ IL-6 G-174C
- ☐ PAI 1

Drug Metabolism Panel.

- ☐ Beta Blocker CYP 2D6
- ☐ CYP 2c19(Plavix)
- ☐ CYP2C9 (Includes VKORC1)
- ☐ CYP 3A4 and A5

Mental health Panel.

- ☐ Beta Blocker CYP 2D6
- ☐ CYP 2c19(Plavix)
- ☐ CYP2C9 (Includes VKORC1)
- ☐ MTHFR 2 mutations
- ☐ 5HT2C

HLA Typing

- ☐ HLA Dq6 and DQ8
- ☐ HLA B27 DNA Typing
- ☐ Celiac Diseases DNA testing

☐ Icd-9

☐ Women's Health

- ☐ HPV-HR and genotyping by Real-Time PCR

- ☐ C. trachomatis
- ☐ N. gonorrhoeae
- ☐ Trachomonas Vaginitis
- ☐ Herpes Simplex Viruses 1 and 2:
- ☐ BD Affirm™ (Candida, Gardnerella, and Trichomoniasis)
- ☐ Candida albicans
- ☐ Gardnerella vaginalis
- ☐ Candida glabrata
- ☐ M. genitalium
- ☐ M. hominis
- ☐ U. urealyticum 16S
- ☐ T. gondii

- ☐ Hepatitis C Viral Load Quantitative
- ☐ Hepatitis C Genotype
- ☐ Hepatitis B Viral Load Quantitative

- ☐ Cystic fibrosis mutations panel (liquid-based Pap specimens) 39 or 60 Mutations

☐ ICD-9

☐ Hem-Pathology Molecular

- ☐ **B-Cell clonality**
- ☐ **BCR/ABL1 kinase mutation analysis**
- ☐ **P210 BCR/ABL1 mutation analysis, quantitative**
- ☐ **P190 BCR/ABL1 mutation analysis, quantitative**
- ☐ **CEBPA mutation analysis**
- ☐ **JAK2 mutation analysis, qualitative/quantitative**
- ☐ **MPL W515l/K mutation analysis**
- ☐ **PML/RARA fusion protein**
- ☐ **T-Cell clonality**
- ☐ **1gVH hypermutation analysis**

Leukemia Translocation Panel

- ☐ **AML (8;21)**
- ☐ **ALL (9;22)**
- ☐ **ALL (1;19)**
- ☐ **APL (15;17)**
- ☐ **CML (9;22)**
- ☐ **Inv 16**
- ☐ **MLL**

- ☐ **Oncology.**
  - ○ **KRAS-BRAF**
  - ○ **BRAF**
  - ○ **EGFR**

Other oncogenic assays

☐ ICD-9