

Practice name: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Patient information

Name (last, fi st, middle initial): _____ Sex: Male Female

Date of birth (MM/DD/YYYY): _____

Medical record/Patient ID#: _____

Place of service:

- Hospital inpatient Ambulatory surgical center
 Hospital outpatient Office/Non-hospital

Billing information

Along with this requisition, you **MUST** include copies of:

- The patient's demographics sheet;
- Both sides of the patient's insurance card(s); and
- Any secondary insurance information (if applicable).

Provider information

Ordering physician: _____

Phone: _____ Fax: _____

Ordering physician NPI #: _____

Duplicate report sent to: _____

Duplicate report fax: _____

Clinical history/ICD-10:

"Write all relevant clinical history below, or attach it to this requisition."

Collection date: _____ Time: _____:_____ A.M./P.M.

Metabolic disease laboratory

- Acylcarnitines, plasma **Referring hospital specimen number:** _____
- Amino acids, plasma
- Branched-chain amino acids, blood spot
- Carnitine, free and total, plasma
- Organic acids, urine
- Phenylalanine and tyrosine, blood spot

Endocrine autoantibody testing

Autoimmune diabetes

- Islet cell cytoplasmic autoantibodies
- Insulin autoantibodies
- Glutamic acid decarboxylase autoantibodies (GADA)
- Insulinoma associated-2 autoantibodies (IA-2A)
- Zinc transporter 8 autoantibodies (ZnT8A)

Autoimmune thyroid disease

- Thyroglobulin autoantibodies (TGA)
- Thyroperoxidase autoantibodies (TPOA)

Adrenal cortical and steroidal autoantibodies

- Adrenal cortical autoantibodies
- Testicular (Leydig cell) autoantibodies
- Ovarian autoantibodies
- Placental autoantibodies (syncytiotrophoblast)

Gastric parietal cell autoantibodies

- Gastric parietal cell autoantibodies

Autoimmune diabetes panels

- Islet cell cytoplasmic/Insulin autoantibodies
- Adult islet autoantibody panel (ICA, GADA, IA-2A and ZnT8A)
- Pediatric islet autoantibody panel (ICA, GADA, IA-2A, IAA and ZnT8A)
- Latent autoimmune diabetes of adulthood (LADA) panel (GADA and ZnT8A)

Other autoimmune panels

- Steroidal cell autoantibody panel (adrenal cortical/ovarian/testicular/placental autoantibodies)
- Basic endocrine autoantibody panel (ICA, TPOA, TGA, gastric parietal cell autoantibodies, adrenal cortical/ovarian/testicular/placental autoantibodies)
- Comprehensive endocrine autoantibody panel (endocrine autoantibody panel and GADA, IA-2A, IAA and ZnT8A)

Special coagulation

- Anti-heparin/Platelet factor 4 (HIT Screen)
- Anti-cardiolipin IgG and IgM
- Anti-beta 2 glycoprotein 1 IgG and IgM
- Factor V Leiden mutation
- Prothrombin 20210 mutation
- MTHFR mutation

Pharmacogenetics testing (drug metabolism)

- CYP2C19 genotype
- CYP2D6 genotype
- Thiopurine methyltransferase (TPMT) genotype

Molecular pathology (Refer to our Anatomic Pathology/Non-GYN Cytology requisition for FISH and IHC tests.)

Solid tumor

** Call for a complete list of genes tested.*

- EGFR mutation
- BRAF mutation
- Microsatellite instability (MSI) (PCR)
- Colon carcinoma refl x (KRAS with MSI, reflex BRAF and MMR IHC)
- Solid tumor next-generation sequencing (NGS) panel (≥ 33 genes)*
- Extended RAS by NGS (KRAS, NRAS)
- KRAS mutation
- BRAF mutation (melanoma)

Hematopathology

- T-cell clonality
- BCL2 gene rearrangement
- JAK2 exon 12 mutation (reflex if V617f-negative)
- BCR-ABL gene rearrangement quantitative
- BCR-ABL kinase domain mutations
- C-Kit mutation (mast cell disease)
- B-cell clonality
- JAK2 V617f mutation

Hematopathology | AML-related molecular tests (if positive for AML)

- AML FLT3 and NPM mutation
- AML Intermed risk cytogenetic refle (CEBPA, IDH1/2)
- IDH1 and IDH2 mutation
- FLT3 mutation
- C-Kit mutation AML [reflex if t(8;21) (exon 8 and 17)]
- CEBPA mutation
- NPM mutation