

**Patient Information**

Name (Last, First, MI): \_\_\_\_\_ Sex:  Male  Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
\*\*Include copies of the patient's demographic face sheet or write-in details below.\*\*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Medical Record/Patient ID#: \_\_\_\_\_

Place of Service:  
 Hospital Inpatient       Ambulatory Surgical Center  
 Hospital Outpatient       Office/Non-Hospital

**Billing Information**

Bill to:  Insurance  Patient  Client  Medicare/Medicaid  
 \*\*Include copies of both sides of the patient's insurance card(s).\*\*

Insurance Name: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group/Plan #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_

Relationship to Subscriber:  Self  Spouse  Dependent

Secondary Insurance:  Yes  No  
 \*\*Attach all of the patient's secondary insurance information to this requisition.\*\*

**Provider Information**

Ordering Physician: \_\_\_\_\_

Ordering Physician NPI #: \_\_\_\_\_

Duplicate Report Sent to: \_\_\_\_\_

**Clinical History/ICD-9:**

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

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_ A.M./P.M.

**Endocrine Autoantibody Testing**

**Autoimmune Diabetes**  
 0017 Islet Cell Cytoplasmic Autoantibodies  
 0018 Insulin Autoantibodies  
 0277 Glutamic Acid Decarboxylase Autoantibodies (GADA)  
 0278 Insulinoma Associated-2 Autoantibodies (IA-2A)  
 0297 Zinc Transporter 8 Autoantibodies (ZnT8A)

**Autoimmune Diabetes Panels**  
 0162 Islet Cell Cytoplasmic/Insulin Autoantibodies  
 0291 Adult Islet Autoantibody Panel (ICA, GADA, IA-2A and ZnT8A)  
 0292 Pediatric Islet Autoantibody Panel (ICA, GADA, IA-2A, IAA and ZnT8A)  
 0299 Latent Autoimmune Diabetes of Adulthood (LADA) Panel (GADA and ZnT8A)

**Autoimmune Thyroid Disease**  
 0020 Thyroglobulin Autoantibodies (TGA)  
 0296 Thyroperoxidase Autoantibodies (TPOA)

**Adrenal Cortical and Steroidal Autoantibodies**  
 0022 Adrenal Cortical Autoantibodies  
 0040 Testicular (Leydig Cell) Autoantibodies  
 0039 Ovarian Autoantibodies  
 0108 Placental Autoantibodies (Syncytiotrophoblast)

**Gastric Parietal Cell Autoantibodies**  
 0021 Gastric Parietal Cell Autoantibodies

**Special Coagulation**

0219 Anti-Heparin/Platelet Factor 4 (HIT Screen)  
 0032 Anti-Cardiolipin IgG and IgM  
 0229 Anti-Beta 2 Glycoprotein 1 IgG and IgM  
 0206 Factor V Leiden Mutation  
 0258 Prothrombin 20210 Mutation  
 0276 MTHFR Mutation

**Pharmacogenetics Testing (Drug Metabolism)**

CYP2C19 Genotype (Clopidogrel)  
 Coming in 2013: CYP2D9 (Codeine) and VKORC1 (Warfarin) (Call for availability.)

**Molecular Pathology**

**Solid Tumor** Coming in 2013: PIK3CA Mutation (Call for availability.)  
 EGFR Mutation  
 BRAF Mutation  
 KRAS Mutation  
 ALK FISH (FDA-Approved)  
 BRAF mutation (Melanoma)  
 Microsatellite Instability (MSI)  
 Colon Carcinoma Reflex (KRAS with MSI, Reflex BRAF and MMR IHC)

**Hematopathology**  
 T-Cell Clonality  
 B-Cell Clonality  
 BCL2 Gene Rearrangement  
 JAK2 V617f Mutation  
 JAK2 Exon 12 Mutation (Reflex if V617f-Negative)  
 BCR-ABL Gene Rearrangement Quantitative  
 BCR-ABL Kinase Domain Mutations  
 C-Kit Mutation (Mast Cell Disease)

**Hematopathology | AML-Related Molecular Tests (If Positive for AML)**  
 AML FLT3 and NPM Mutation  
 AML Intermed Risk Cytogenetic Reflex (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