UCLA Health

MOLECULAR PATHOLOGY/ORPHAN DISEASE LABORATORY REQUISITION

PATIENT NAME LAST FIRST

MEDICAL RECORD NUMBER LOCATION

DATE OF BIRTH SEX M F

ATTACH DEMOGRAPHIC LABEL OR FILL IN ABOVE INFORMATION

Ordering MD: _____ Pager # _____
(Last Name), (First Name)

Copy To: _____ Pager #: _____
(Last Name), (First Name)

SPECIMEN INFORMATION

COLLECTION DATE:	COLLECTION TIME:	COLLECTED BY:	ICD-10 / DIAGNOSIS:	FOR LAB USE ONLY REQUISITION # _____

☐ Blood (1 Lavender top tube required for each test)
☐ Amniotic Fluid (2 mL minimum)
☐ Bone Marrow (2–3 mL)
☐ Tissue: (≥ 0.2g) Source: _____
☐ Paraffin block case #: _____
☐ Buccal Brush (Call Lab for Special Instructions: 310-794-2781)

PATIENT INFORMATION / HISTORY

Patient Ethnicity: _____

Pertinent Family History: _____

Primary Counseling Issue for Genetic Disease:

☐ Proband Diagnosis ☐ Carrier Screening
☐ Prenatal Diagnosis ☐ Presymptomatic Diagnosis

MOLECULAR GENETIC TESTING

☐ LAB6111	Cystic Fibrosis Mutation Panel	☐ LAB2124	Fragile X Mutation Analysis
☐ LAB346	Factor V Leiden Mutation Analysis	☐ LAB2149	Huntington Disease Mutation Analysis
☐ LAB2125	Familial Mediterranean Fever Mutation Analysis	☐ LAB9111	Prothrombin Gene Mutation Analysis (20210A Variant)
☐ LAB6812	Custom Variant Analysis, one variant: Gene*_____	☐ LAB6813	Custom Variant Analysis, two variants: Gene*_____

*Detailed description of the variant: _____

*If the variant was observed in a previous exome case, list the proband name and case number here: _____

SOLID TUMOR MOLECULAR ONCOLOGY TESTING

☐ LAB2562	BRAF Mutation Analysis (V600 mutation)	☐ LAB9112	IDH1 Mutation Analysis
☐ LAB2572	EGFR Mutation Analysis	☐ LAB9112	IDH1 Mutation Analysis, **reflexes** to IDH2 if IDH1 is negative
☐ LAB2587	KRAS Mutation Analysis	☐ LAB9113	IDH2 Mutation Analysis
☐ LAB2592	Microsatellite Instability (MSI)		

HEMATOLOGY MOLECULAR ONCOLOGY TESTING

☐ LAB9121	ABL1 Kinase Domain Mutation Analysis for TKI Resistance	☐ LAB9121	JAK2 Exons 12 and 14 Mutation Analysis
☐ LAB2727	B Cell Gene Rearrangement/Clonality Assessment	☐ LAB2197	JAK2 V617F Quantitative Mutation Analysis
☐ LAB9001	BCR-ABL1 Gene Rearrangement for MRD	☐ LAB2060	KIT Mutation Analysis
☐ LAB9129	FLT3 Mutation Analysis	☐ LAB9121	MPL Mutation Analysis
☐ LAB6945	CALR (Calreticulin) Exon 9 Mutation Analysis	☐ LAB9121	MYD88 Mutation Analysis for B-cell Lymphoma
☐ LAB3183	CEBPA Mutation Analysis	☐ LAB9121	NPM1 Mutation Analysis
		☐ LAB2391	T Cell Gene Rearrangement/Clonality Assessment

BONE MARROW ENGRAFTMENT

Please select one:

☐ LAB2735	Recipient **PRE-Transplant**	☐ LAB9120	**DONOR**
☐ LAB2737	Recipient **POST-Transplant**		☐ Male ☐ Female
☐ LAB2736	Recipient **POST-Transplant Follow-up**		☐ Related ☐ Unrelated

Donor's Full Name: _____

Recipient's Full Name: _____

MISCELLANEOUS MOLECULAR TESTING

☐ LAB2105	DNA Isolation	☐ LAB2104	DNA Fingerprinting; Specimen Identification (3 specimens)
☐ LAB2103	DNA Fingerprinting; Specimen Identification (2 specimens)	☐ LAB2351	Sex Determination (AMELX, AMELY, SRY)

PATERNITY TESTING (Not for Legal Purposes)

☐ LAB2286	Child's Full Name: _____	☐ LAB2287	Alleged Father #1 Name: _____
☐ LAB2289	No Mother Available	☐ LAB9130	Alleged Father #2 Name: _____
☐ LAB6080	Mother's Full Name: _____	☐ LAB2280	Sibling's Name: _____

TWIN ZYGOSITY

☐ LAB2417	Twin # 1 Name: _____		Mother's Name: _____
	Twin # 2 Name: _____		Father's Name: _____
☐ LAB2421	No Parents Available		

UCLA - CHS A3-240 Pathology Outreach Services
650 Charles E. Young Drive South, Los Angeles, CA 90095
Molecular Pathology: P (310) 794-2781 F (310) 825-0285