

**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 # _____
<input type="checkbox"/> Blood (1 Lavender top tube required for each test)			<input type="checkbox"/> Tissue: (≥ 0.2g) Source: _____	
<input type="checkbox"/> Amniotic Fluid (2 mL minimum)			<input type="checkbox"/> Paraffin block case #: _____	
<input type="checkbox"/> Bone Marrow (2-3 mL)			<input type="checkbox"/> Buccal Brush (Call Lab for Special Instructions: 310-794-2781)	

PATIENT INFORMATION / HISTORY

Patient Ethnicity: _____ Primary Counseling Issue for Genetic Disease: _____
 Pertinent Family History: _____
 Proband Diagnosis Carrier Screening
 Prenatal Diagnosis Presymptomatic Diagnosis

MOLECULAR GENETIC TESTING

<input type="checkbox"/> LAB6111 Cystic Fibrosis Mutation Panel	<input type="checkbox"/> LAB2124 Fragile X Mutation Analysis
<input type="checkbox"/> LAB346 Factor V Leiden Mutation Analysis	<input type="checkbox"/> LAB2149 Huntington Disease Mutation Analysis
<input type="checkbox"/> LAB2125 Familial Mediterranean Fever Mutation Analysis	<input type="checkbox"/> LAB9111 Prothrombin Gene Mutation Analysis (20210A Variant)
<input type="checkbox"/> LAB6812 Custom Variant Analysis, one variant: Gene* _____	<input type="checkbox"/> 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

<input type="checkbox"/> LAB2562 BRAF Mutation Analysis (V600 mutation)	<input type="checkbox"/> LAB9112 IDH1 Mutation Analysis
<input type="checkbox"/> LAB2572 EGFR Mutation Analysis	<input type="checkbox"/> LAB9112 IDH1 Mutation Analysis, reflexes to IDH2 if IDH1 is negative
<input type="checkbox"/> LAB2587 KRAS Mutation Analysis	<input type="checkbox"/> LAB9113 IDH2 Mutation Analysis
<input type="checkbox"/> LAB2592 Microsatellite Instability (MSI)	

HEMATOLOGY MOLECULAR ONCOLOGY TESTING

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

BONE MARROW ENGRAFTMENT

Please select one:

<input type="checkbox"/> LAB2735 Recipient PRE-Transplant	<input type="checkbox"/> LAB9120 DONOR
<input type="checkbox"/> LAB2737 Recipient POST-Transplant	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> LAB2736 Recipient POST-Transplant Follow-up	<input type="checkbox"/> Related <input type="checkbox"/> Unrelated

Donor's Full Name: _____
 Recipient's Full Name: _____

MISCELLANEOUS MOLECULAR TESTING

<input type="checkbox"/> LAB2105 DNA Isolation	<input type="checkbox"/> LAB2104 DNA Fingerprinting; Specimen Identification (3 specimens)
<input type="checkbox"/> LAB2103 DNA Fingerprinting; Specimen Identification (2 specimens)	<input type="checkbox"/> LAB2351 Sex Determination (AMELX, AMELY, SRY)

PATERNITY TESTING (Not for Legal Purposes)

<input type="checkbox"/> LAB2286 Child's Full Name: _____	<input type="checkbox"/> LAB2287 Alleged Father #1 Name: _____
<input type="checkbox"/> LAB2289 No Mother Available	<input type="checkbox"/> LAB9130 Alleged Father #2 Name: _____
<input type="checkbox"/> LAB6080 Mother's Full Name: _____	<input type="checkbox"/> LAB2280 Sibling's Name: _____

TWIN ZYGOSITY

<input type="checkbox"/> LAB2417 Twin # 1 Name: _____	Mother's Name: _____
Twin # 2 Name: _____	Father's Name: _____
<input type="checkbox"/> LAB2421 No Parents Available	