

Patient's Name: Last			First	Middle	Birthdate	Gender
Address				City, State, Zip		Phone
Client/Practice Name			Address		City, State, Zip	Phone
Ordering Provider			Clinician Signature			Fax
ICD 10 (Diagnosis)			MEDICAL NECESSITY REGULATIONS: at the government's request, the Lab would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the testing must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.			
Billing: <input type="checkbox"/> Self-pay <input type="checkbox"/> Insurance - Attach copy of card (both side)			Patient is: <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify)			
Subscriber: Last, First, MI			Primary: carrier & policy number			
Employer			Secondary: carrier & policy number			
Insurance Authorization <input type="checkbox"/> Not required or Authorization Number: _____ Valid Date(s): _____						

By submitting this requisition, the ordering physician attests:

- All requested laboratory tests are medically necessary
- Insurance preauthorization has been obtained if required by the payor**

If numeric diagnosis code(s) and an authorization number are not provided as appropriate, the laboratory reserves the right to refuse service.

Specimen Information		
Collection Date:	Collection Time:	DO NOT FREEZE <input type="checkbox"/> Buccal/saliva swabs <input type="checkbox"/> Urine (5 mL random) <input type="checkbox"/> Blood, 1-3 mL in EDTA lavender <input type="checkbox"/> Other – call (816) 701-4801 <input type="checkbox"/> Bone Marrow, 1-3 mL in EDTA lavender <input type="checkbox"/> DNA (must be isolated in a CLIA or equivalent laboratory)

Indication for Testing	Next Generation Sequencing (NGS)	Hematology/Oncology
<input type="checkbox"/> Symptomatic; list below <input type="checkbox"/> Carrier Screening <input type="checkbox"/> Family History <input type="checkbox"/> Familial variant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Targeted variant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Whole Genome Sequencing – contact the Lab <input type="checkbox"/> Symptom-driven exome sequencing; list below <input type="checkbox"/> Custom panel (2–20 genes); list below <input type="checkbox"/> Macrocephaly panel <input type="checkbox"/> Marfan Syndrome panel <input type="checkbox"/> Mitochondrial genome <input type="checkbox"/> MODY panel (Type 1,2,3) <input type="checkbox"/> MODY individual, specify below <input type="checkbox"/> Noonan syndrome <input type="checkbox"/> Single gene; list below:	<input type="checkbox"/> BRAF V600E <input type="checkbox"/> FLT3/NPM1 <input type="checkbox"/> FLT3 TK & ITD <input type="checkbox"/> FLT3- ITD <input type="checkbox"/> IgH & TCR gene rearrangement <input type="checkbox"/> IgH only <input type="checkbox"/> TCR only <input type="checkbox"/> Thrombosis panel (FV/PT)

Patient's Symptoms/Pedigree

Other	Methylation Studies
<input type="checkbox"/> Ataxia panel (ATXN1, ATXN2, ATXN3, ATXN7, CACNA1A, FXN) <input type="checkbox"/> Custom Sequencing; specify below <input type="checkbox"/> DNA isolation/storage <input type="checkbox"/> Fragile X Syndrome (FMR1) <input type="checkbox"/> MCAD (ACADM) <input type="checkbox"/> Neonatal Hypotonia panel (SMA, DMPK, PWS) <input type="checkbox"/> Spinal Muscular Atrophy (SMN1/2 deletion) <input type="checkbox"/> X-chromosome inactivation	<input type="checkbox"/> Prader Willi Syndrome <input type="checkbox"/> Angelman Syndrome <input type="checkbox"/> Beckwith-Wiedemann Syndrome <input type="checkbox"/> Russell-Silver Syndrome
	Mitochondrial
	<input type="checkbox"/> LHON (MT-ND1, MT-ND4, MT-ND6) <input type="checkbox"/> Mitochondrial Genome

Additional Pedigree/Symptom or other pertinent information can be added here: