Children's Mercy

Dept of Pathology & Laboratory Medicine
2401 Gillham Rd
Kansas City, MO 64108
(816) 234-3835

CLEAR FORM

Molecular Genetics Requisition

CMH Website Resource

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: ☐Self-pay ☐Insurance - Attach copy of card (both side)	Patient is: ☐Child ☐Self ☐Spouse ☐Other (specify)
Subscriber: Last, First, MI	**Primary: carrier & policy number**
Employer	**Secondary: carrier & policy number**
Insurance Authorization ☐ Not required or Authorization Number:	Valid Date(s):

By submitting this requisition, the ordering physician attests:

1. All requested laboratory tests are medically necessary
2. **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**
		☐ Buccal/saliva swabs ☐ Blood, 1-3 mL in EDTA lavender ☐ Bone Marrow, 1-3 mL in EDTA lavender ☐ DNA (must be isolated in a CLIA or equivalent laboratory) ☐ Urine (5 mL random) ☐ Other – call (816) 394-7500

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

Patient's Symptoms/Pedigree

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

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