Submit Reset Form

children's health®

ADVANCED DIAGNOSTICS LABORATORY
1935 Medical District Drive, MC B1.06
Dallas, TX 75235

Phone: (214) 456-2320, option 1
Fax: (214) 867-9453
Email: ADXLab@childrens.com

Jason Y. Park, M.D., Ph.D., Director
Midori Mitui, Manager

ADX Lab Request

1. **Fill out page 1 and 2 of the form.**
2. **Send the form to the laboratory by clicking the Email button.**
3. **Print the form and include the copy with the sample.**

LABORATORY REQUISITION

Patient Name: _____ _____ _____ Date of Birth: _____
(Last) (First) (Middle)

Hospital MRN: _____ Ethnicity: _____ Gender: _____

Sample Information

Date of Collection: _____ ☐ Blood/Purple Top (min 1 mL) ☐ FFPE Block ☐ Other: _____

Specimen ID: _____ ☐ DNA* ☐ FFPE Scrolls**

*DNA isolation must be performed in a CLIA-certified (or equivalent) laboratory. Consult the lab for min DNA requirements.
**Oncology Fusion Seq: FFPE scrolls with a thickness of 10 µm, in two separate tubes, each containing up to 2 mm3 of tissue. Minimum lesional cell content required: 10%.
**H. pylori test: FFPE scrolls with a thickness of 10 µm, in two separate tubes, each containing up to 2 mm3 of tissue; min. 48 organisms on a single 5-micron IHC section.

Provider Information/Referring Institution

Provider: _____ Institution: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ Email Address: _____

Billing Contact (if different): _____ Email Address: _____

Testing services are only available as client billed services. Insurance is not directly billed.

Patient Information

Summarize history or attach clinic note:

Family history or attach pedigree:

Previous test history (include copy of previous test (results):

Family Member Testing

☐ Target Analysis OR ☐ VUS Familial Testing

Gene: _____

Variant: _____

Summarize pertinent history:

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SHIP TO

Advanced Diagnostics Laboratory
Children's Health
1935 Medical District Drive, MC B1.06
Dallas, Texas 75235

Patient Name: _____ _____ _____
(Last) (First) (Middle)

Molecular Test Menu

Single Gene Tests		Multi-Gene Tests	
☐	Fragile X Chromosome	☐	Oncology Fusion Seq, 173 Genes Lesional cell content (REQUIRED): _____
☐	HBB Gene Sequencing	☐	Pulmonary Genes Seq v4
☐	H. pylori Genotypic Analysis for Susceptibility	☐	Neurodevelopmental Genes Seq
☐	Targeted CNV PCR	☐	Miscellaneous: _____
☐	Targeted Fusion PCR	☐	Whole Exome Sequencing Proband Option: ☐ Rapid ☐ Routine
☐	Miscellaneous: _____	☐	Whole Exome Sequencing Trio Option: ☐ Rapid ☐ Routine Name of additional Family member: _____ Relationship to Patient: _____ Name of additional Family member: _____ Relationship to Patient: _____
☐			
☐			
☐			
☐			
Cytogenomic Tests		☐	Whole Exome Sequencing Duo Option: ☐ Rapid ☐ Routine Name of additional Family member: _____ Relationship to Patient _____
☐	CytoScan Dx Chromosomal Microarray		
☐			
☐			
☐		☐	Whole Exome Sequencing re-analysis (no specimen required)