

**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 Submit 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.

**For Oncology Fusion Seq: 8 FFPE scrolls cut at 5 microns, total size not exceeding 2mm³, in two 1.5 mL tubes; min 10% lesional cells.

**For H. pylori test: 5 FFPE scrolls cut at 20 microns, in two 1.5 mL tubes; 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**

Fragile X Chromosome

HBB Gene Sequencing

H. pylori Genotypic Analysis for Susceptibility

Targeted CNV PCR

Targeted Fusion PCR

Miscellaneous: _____

Cytogenomic Tests

CytoScan Dx Chromosomal Microarray

Multi-Gene Tests

Oncology Fusion Seq, 93 Genes

Lesional cell content (REQUIRED): _____

Miscellaneous: _____

MedExome V2 (Proband only)

MedExome V2 (TRIO)

Name of additional Family member:

Relationship to Patient:

Name of additional Family member:

Relationship to Patient:

MedExome V2 (DUO)

Name of additional Family member:

Relationship to Patient:

MedExome V2 re-analysis
(no specimen required)