7144 13th Place NW
Washington, D.C. 20012
Ph: 202-545-2700
Fax: 202-545-2737

DIVISION OF LABORATORY MEDICINE
LABORATORY TEST REQUISITION # 5 (Molecular)

Requesting Physician:_____

*Requesting Physician Signature:_____; Pager #: _____

Service: _____

*Collection Date & Time: _____(date); _____(time)

*Collected by: _____ *Specimen Source: _____

***ICD10 DIAGNOSIS CODE(S) MANDATORY:**

PLACE PATIENT LABEL HERE

Name:

DOB:

MRN:

Insurance company (mandatory):

Insurance Authorization (circle one): ***NOT REQUIRED or GRANTED*** ****CPT code (PSP's only):***

If authorization was granted, please provide authorization number and time frame:

NGS Germline Testing (Single and Multi-Gene Panels)		
	AANP	BearSeq Aortic Aneurysm Panel
	AANEP	Aplastic Anemia Panel
	CARP	BearSeq Comprehensive Arrhythmia Panel
	ARCP	BearSeq Comprehensive Arrhythmia and Cardiomyopathy Panel
	ARVD	BearSeq Arrhythmogenic R. Ventricular Cardiomyopathy (ARVC) Panel
	ASDP	Autism Spectrum Disorders Panel, Treatable
	BMFP	Bone Marrow Failure Panel
	CBMP	Brain Malformations Panel, Comprehensive
	BRUGA	Brugada Syndrome Panel
	CCMP	BearSeq Comprehensive Cardiomyopathy Panel
	DCMP	Cardiomyopathy Panel, Dilated
	HCMP	Cardiomyopathy Panel, Hypertrophic
	CFTR	CFTR Sequencing
	CCMTP	BearSeq Comprehensive Charcot-Marie-Tooth Panel
	CDGP	Congenital Disorders of Glycosylation Panel
	CONTX	BearSeq Comprehensive Connective Tissue Panel
	CPVTP	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel
	CUTIS	Cutis Laxa Panel
	ECTOP	Ectopia Lentis Panel
	EDSP	Ehlers Danlos Syndrome Panel
	CEPIL	BearSeq Comprehensive Epilepsy and Seizure Panel
	FSP	Febrile Seizure Panel
	SEPIL	Epilepsy Panel, STAT
	FBN1	FBN1 Sequencing
	CHLP	BearSeq Comprehensive Hearing Loss Panel
	CONNX	Connexin Panel
	HLHP	Hemophagocytic Lymphohistiocytosis (HLH) Panel
	IDASP	BearSeq Intellectual Disability and Autism Panel
	XLINP	BearSeq X-Linked Intellectual Disability Panel
	LVNCP	Left Ventricular Noncompaction Panel
	LOEYS	Loeys-Dietz Panel
	LONGQT	BearSeq Long QT Syndrome Panel
	MCP	Microcephaly Panel
	NMGP	BearSeq Nuclear Mitochondrial Gene Panel
	CMDP	Muscular Dystrophy Panel, Congenital
	CMSP	Myastenia Syndrome Panel, Congenital
	CMYP	Myopathy Panel, Congenital
	NATP	NAT Panel
	CNEUP	Neuromuscular Panel, Comprehensive
	CNEUTP	Chronic Neutropenia Panel
	NOONAN	BearSeq Comprehensive RASopathy Panel (Noonan)
	COMOI	Osteogenesis imperfecta (OI) Panel, Comprehensive
	DOMOI	Osteogenesis imperfecta (OI) Panel, Dominant
	RECOI	Osteogenesis imperfecta (OI) Panel, Recessive
	PANCP	Pancreatitis Panel
	PFSP	BearSeq Periodic Fever Syndrome Panel
	PCDP	Primary Ciliary Dyskinesia Panel
	PIMDEF	BearSeq Primary Immunodeficiency Panel
	PTEN	PTEN Sequencing
	RASP	Rett and Angelman Syndrome Panel
	CAEBVP	Severe-Chronic EBV (CAEBV) Immunodeficiency Panel
	SCIDP	Severe Combined Immunodeficiency (SCID) Panel
	HSPHP	Spherocytosis Panel, Hereditary
	STICK	Stickler Syndrome Panel
Personalized Sequencing Panels - MUST be discussed with Molecular Lab		
	PSPGL	Personalized Sequencing Panel by Gene List. Please verify gene availability prior to ordering. For ordering, please either list genes in box to right side, attach a gene list to this requisition, or e-mail the list to the LabMed Genetic Counselors.

Pharmacogenomic Tests		
	THIOPS	TPMT Genotyping
Other Molecular Tests		
	BSPOP	BearSeq PedsOnc Panel
	PBMTNC	Engraftment without Cell Selection Post BMT
	PBMTC	Engraftment with Cell Selection Post BMT
	PTCHD	Chimerism - Pre BMT (Donor)
	PTCHR	Chimerism - Pre BMT (Recipient)
	CMA	Chromosome Microarray
	DNEXT	DNA Extraction
	FRAGX	Fragile X
	FVL	Factor V Leiden Mutation Testing
	FIIM	Prothrombin Gene Mutation (G20210A)
Parental Testing		
	CPAREN	Chromosome Microarray Parental Testing must include the following information:
		Child's Name:
		Child's MRN:
	NPAREN	NGS Parental Testing must include the following information:
		Child's Name:
		Child's MRN:

Name & Number of Primary Contact (physician, genetic counselor,etc.)

Clinical Indication and Family History

Personalized Sequencing Panel Custom Gene List (write gene list below)

Miscellaneous Test Order (please complete below and attach ref lab paperwork)

Reference Lab Name:

Reference Lab Test Name/Code:

Required Sample Type:

Required Sample Volume:

Required Collection Container/Tube:

***Required Field**

Questions/concerns can be addressed by contacting the Molecular Lab at 202-545-2700.

Updated 03/31/2026

7144 13th Place NW
Washington, D.C. 20012
Ph: 202-545-2700
Fax: 202-545-2737

DIVISION OF LABORATORY MEDICINE
LABORATORY TEST REQUISITION # 5 (Molecular)

Requesting Physician:_____
*Requesting Physician Signature:_____; Pager #: _____
Service: _____
*Collection Date & Time: _____(date); _____(time)
*Collected by: _____ *Specimen Source: _____

PLACE PATIENT LABEL HERE

Name:
DOB:
MRN:

Whole Exome Sequencing Orders		
	BWET	BearSeq Whole Exome Sequencing- Trio
	BWED	BearSeq Whole Exome Sequencing- Duo
	BWEP	BearSeq Whole Exome Sequencing- Proband
	BWETR	BearSeq Whole Exome Reanalysis- Trio
	BWEDR	BearSeq Whole Exome Reanalysis- Duo
	BWEPR	BearSeq Whole Exome Reanalysis- Proband

Family Member Whole Exome Sequencing		
	BWEFM	Family Member Whole Exome Sequencing Reanalysis must include the following information:
		Proband's Name:
		Proband's MRN:
		Relationshp to proband:
	BWEFM	Family Member Whole Exome Sequencing Reanalysis must include the following information:
		Proband's Name:
		Proband's MRN:
		Relationshp to proband:

Family Member Whole Exome Sequencing Reanalysis		
	BWEFMR	Family Member Whole Exome Sequencing Reanalysis must include the following information:
		Proband's Name:
		Proband's MRN:
		Relationshp to proband:
	BWEFMR	Family Member Whole Exome Sequencing Reanalysis must include the following information:
		Proband's Name:
		Proband's MRN:
		Relationshp to proband:

Whole Exome Sequencing Information (mandatory)		
Consented to Receive Secondary Findings?		
	Yes	
	No	

Clinical Indication and Family History

HPO Terms:

Questions/concerns can be addressed by contacting the Molecular Lab at 202-545-2700.

Updated 03/31/2026