



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
CONNEX	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	Myasthenia 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.
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Pharmacogenomic Tests

THIOPS	TPMT Genotyping
Other Molecular Tests	
TSO500	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.