MOLECULAR GENETICS TEST REQUEST FORM
University of North Carolina Hospitals
Chapel Hill, NC 27514
Molecular Genetics Laboratory
First Floor East Wing, Room 1075
Phone (919) 966-4408
Fax (919) 966-6351
http://www.labs.unchealthcare.org/
MIM #963, Chart Location: Physician Orders

PATIENT INFORMATION
Full Name (Last, First, M.I.):
UNC Med. Record Number:
Date of Birth:
Social Security #:
Patient Address:
City:
State: **Zip:**
Telephone: ( ) -

FACILITY INFORMATION / ORDERING PHYSICIAN INFORMATION:
Practice Name:_____ **Location Code**_____

Facility Address: _____**City:**_____**State:**_____ **Zip:**_____

Phone Number: (_____) _____-_____ **Fax Number:** (_____) _____-_____

☐ **Bill Facility 98** ____ ____ ____ ____ ☐ **Medicare/Medicaid** ☐ **Bill Patient's insurance ***

***Attach photocopy of both sides of insurance card**

INDICATION FOR TESTING:_____
Diagnostic ICD-9 Code(s): 1)_____**2)**_____**3)**_____

I certify that these diagnostic codes support the tests ordered and are medically necessary.
Please check one:
____ **Elective, reasonable delay in treatment will not adversely affect the outcome.**
____ **Non-Elective**
Physician: _____ **Signature:** _____
UNC Physician Number: _____ **Unique Pin Number (UPIN):** _____
(*Provide this information for ordering UNC Physician.*) (*UPIN required for all non-UNC Physicians*)

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SPECIMEN INFORMATION:
Specimen Type: ☐**Blood (ACD or EDTA tube)** ☐**Marrow (Case #)**_____ *****☐**Unstained paraffin slides (5-10 microns and 1 H&E)**
☐**Cerebrospinal fluid (CSF)** ☐**Other**_____ **(Case #)**_____

Date Collected:_____ **Time Collected:** _____ **am / pm** **Collected by:**_____

Laboratory Test Menu:

- ☐ **A1AT Deficiency (*SERPINA1 Z and S*)**
- ☐ **B-cell clonality (*IgH*)**
- ☐ **T-cell clonality (*TRG*)**
- ☐ **BCR/ABL1 p210**
- ☐ **BCR/ABL1 p190**
- ☐ **BCR/ABL1 mutations (*Gleevec resistance*)**
- ☐ **Connexin panel *(GJB2 and GJB6*)**
- ☐ **BKV Viral Load**
- ☐ **CMV Viral Load (*Cytomegalovirus*)**
- ☐ **CMV from Guthrie Card**
- ☐ **EBV Viral Load (*Epstein-Barr Virus*)**
- ☐ **Cystic Fibrosis Mutations**
  - ☐ **Carrier Screen**
  - ☐ **Diagnostic/Symptomatic**

  Ashkenazi Jewish Descent?
  ☐ **Yes** ☐ **No**
- ☐ **DNA Fingerprinting (marrow engraftment)**
  ☐**With CD3 Fractionation**
- ☐ **Factor V Leiden (*FV1691G>A*)**
- ☐ ***FLT3 / NPM1* Panel**
- ☐ **Fragile X Syndrome (*FRAXA,FMR1*)**
- ☐ **Hemochromatosis (*HFE C282Y and H63D*)**
- ☐ ***JAK2* 1849G>T (V617F)**
- *☐ ***KIT* mutations**
- *☐ ***KRAS* mutations**
- ☐ **MCAD (Med.-Chain Acyl-CoA Dehydrogenase/ *ACADM 985G>A)***
- *☐ **Microsatellite Instability (MSI)**
- ☐ ***MTRNR1* (1555A>G)**
- ☐ **Prader Willi/Angelman Syndromes**
- ☐ **Primary ciliary dyskinesia (PCD) (*DNAI1 & DNAH5)***
- ☐ **Prothrombin (*Factor II, 20210G>A*)**
- ☐ ***UGT1A1* genotyping**

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes. Document revised 5-26-2008