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Molecular Genetics Test Request Form

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 Molecular Genetics Laboratory
 Phone: (984) 974-1825 | Fax (984) 974-2496

Patient Information	Patient's Name: (LAST) _____ (FIRST) _____ M.I. _____ SEX _____			Provider Information	Ordering Provider (PRINT): _____	
	UNC Health Patient? <input type="checkbox"/>				Signature: _____	
	Date of Birth _____ / ____ / ____		UNC Medical Record #: _____		Date: _____	
	Collection Date: _____ / ____ / ____		Collection Time: _____		Collected by: _____	NPI#: _____
Billing Information	Notes: _____				Diagnosis	
	Check One (Required) <input type="checkbox"/> Bill Patient/Insurance <input type="checkbox"/> Bill Client/Facility					
Specimen Type	<input type="checkbox"/> Blood (ACD/EDTA) <input type="checkbox"/> Cerebrospinal Fluid <input type="checkbox"/> Paraffin Embedded Tissue <i>SAMPLE REQUIREMENTS: 5-10 micron thickness</i>			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.		
	<input type="checkbox"/> Bone marrow <input type="checkbox"/> Other* <small>*Extracted nucleic acid only accepted from CLIA-approved laboratories</small>			Tissue Type: _____ Case#: _____		

TESTS					
CPT Code	DESCRIPTION (UNCH EAP)	CPT Code	CPT Code	DESCRIPTION (UNCH EAP)	CPT Code
	<input type="checkbox"/> Alpha-1-Antitrypsin DNA [Lab19872]	81332		Myeloid Mutation Panel - Select Indication:	
	<input type="checkbox"/> APOLIPOPROTEIN E (APOE) Genotyping Assay [LAB11564]	81401		<input type="checkbox"/> AML (Includes FLT3 ITD, FLT3 TKD, RNA Extract & Hold) [Lab6792]	81450
	<input type="checkbox"/> APO11 Genotyping [Lab7790]	81479		<input type="checkbox"/> MDS & MPN [Lab6791]	
	<input type="checkbox"/> B-cell clonality (IgH and IgK) [Lab5663]	81261 81264		<input type="checkbox"/> Myeloproliferative Neoplasm Hot Spot (CALR, JAK2, MPL) [Lab6790]	81270 81219 81403
	<input type="checkbox"/> T-cell clonality (TRG) [Lab5679]	81342			
	<input type="checkbox"/> BCR/ABL1 mutations (TKI resistance) [Lab12562]	81170			
	<input type="checkbox"/> BCR/ABL1 p210 [Lab5392]	81206			
	<input type="checkbox"/> BCR/ABL1 p190 [Lab5656]	81207			
	<input type="checkbox"/> BCR/ABL1 p190/p210 panel [Lab56501]	N/A			
	<input type="checkbox"/> Connexin panel (includes GJB2 and GJB6)	81252 81254			
	<input type="checkbox"/> CMV Guthrie Card Analysis [Lab5509A]	87497			
	<input type="checkbox"/> Cystic Fibrosis DNA panel [Lab542]				
	<input type="checkbox"/> Carrier <input type="checkbox"/> Diagnostic				
	<input type="checkbox"/> DNA fingerprinting (marrow engraftment / chimerism)	81267		<input type="checkbox"/> MSI DNA Assay (Microsatellite Instability) [Lab14512]	
	<input type="checkbox"/> CD3 [Lab57932]			<input type="checkbox"/> (Preferably greater than 70% tumor on the slide)	
	<input type="checkbox"/> CD33 [Lab57934]			10 unstained sections of tumor tissue & 1 "H&E recut" of the same section AND	
	<input type="checkbox"/> Pre-Transplant Assay [Lab16049]			10 unstained sections of any non-tumor tissue & 1 "H&E recut" of the same non-tumor	81301
	<input type="checkbox"/> Donor Assay [Lab15721]			tissue	
	<input type="checkbox"/> (for MCC Analysis ONLY) - on Maternal Blood [Lab8032]			<input type="checkbox"/> MSI DNA Assay with Immunohistochemistry (IHC) staining* (MLH1, MSH2, MSH6, PMS2)	
	<input type="checkbox"/> Maternal Cell Contamination of Fetal Cells [Lab6794]			(Greater than 50% tumor on the slide)	
				15 unstained sections of tumor tissue & 1 "H&E recut" of the same section AND	
	<input type="checkbox"/> Extract and Hold	N/A		10 unstained sections of any non-tumor tissue & 1 "H&E recut" of the same non-tumor tissue	
	<input type="checkbox"/> DNA [Lab8016]			<input type="checkbox"/> BRAF V600 Mutation Analysis [Lab6793]	
	<input type="checkbox"/> RNA [Lab12501]			10 unstained paraffin sections & an H&E-stained slide on which areas with >10% malignant cells are circled with a total area >2mm ² .	81210
	<input type="checkbox"/> Factor V Leiden DNA [Lab346]	81241		<input type="checkbox"/> Unfixed marrow aspirate smears or biopsy touch preparation slides are also acceptable. Specimens having 5-10% malignant cells are considered at the discretion of a lab director. Unacceptable specimen types are plasma and frozen or decalcified tissue. A copy of the pathology report is requested.	
	<input type="checkbox"/> Prothrombin (Factor II) DNA Assay [lab5668]	81240		For the following test(s): 10 unstained sections of tumor tissue 4 – 5 micron thickness and 1 "H&E recut" of the same section. (11 total slides). The following tests require greater than 50% tumor:	
	<input type="checkbox"/> FII & FV DNA Panel [Lab12500]	N/A		<input type="checkbox"/> IDH1 & IDH2 [Lab67801]	81120 81121
	<input type="checkbox"/> FLT3 TKD and ITD Mutation Panel [Lab6739]	81245 81246		<input type="checkbox"/> MLH1 methylation [Lab12600]	81288
	<input type="checkbox"/> Fragile X DNA Assay [Lab738]	81244		<input type="checkbox"/> TERT [Lab6736]	81345
	<input type="checkbox"/> Kidney Genetic Mutation Panel [Lab7505]	81479		<input type="checkbox"/> MGMT [Lab7376]	81287
	<input type="checkbox"/> Hereditary Hemochromatosis Assay [Lab833]	81256			
	<input type="checkbox"/> JAK2 V617F, Quantitative Mutation [Lab7501]	81270		Fellow/Pathologist Review:	
	<input type="checkbox"/> BRAF Somatic Mutation, Hematologic malignancies [Lab6788]	81210		NOTES:	
	<input type="checkbox"/> TP53 Somatic Mutation, Hematologic malignancies [Lab6789]	81351		Tumor Percentage (%): _____	
	<input type="checkbox"/> NPM1 Quantitative RNA PCR [Lab5678]	81401		Signature: _____	
	<input type="checkbox"/> Clopidogrel (Plavix) response genotyping (CYP2C19) [Lab5657]	81225		Date: _____	
	<input type="checkbox"/> Prader Willi/Angelman syndromes [Lab5677]	81331		LAB Use Only	
	<input type="checkbox"/> Primary ciliary dyskinesia (PCD) [Lab5674]	81407		Received Date: _____	TECH INITIALS: _____
	<input type="checkbox"/> SMA Testing [Lab11165A]	81329		Received Time: _____	NOTES:
	<input type="checkbox"/> Carrier Screen <input type="checkbox"/> Diagnostic				
	<input type="checkbox"/> T-Cell Large Granular Lymphocytic leukemia [Lab7791]	81479			
	<input type="checkbox"/> UGT1A1 genotyping [Lab5681]	81350			
	<input type="checkbox"/> Other: _____	N/A			