Client

Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Molecular Genetics Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7921

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM*****

Contact Information

Ordering Institution Name	Ordering Institution Address Street _____ City, State, Zip	
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone	
Result Contact Name	Result Phone	Result Fax

Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Client Medical Record Number	Client Specimen Number		Diagnosis/ICD-10 Code	

Specimen Information

Date Collected (MM/DD/YY) _____
Time Collected (HHMM) _____ AM / PM

☐Blood ☐Cord Blood ☐CVS Direct ☐CVS Tissue Culture
☐Amniotic Fluid Direct ☐Amniotic Fluid Tissue Culture ☐DNA (specify source):
☐Fetal Sample (specify source) _____ Gestational Age _____ ☐Existing Sample in Lab (Call to Verify) ☐Other: _____

Patient/Family Information

Reason for Testing: ☐Diagnostic ☐Carrier Testing ☐Prenatal (complete special consent form) ☐Prenatal Positive Control Sample (no report issued)
Relationship to Proband: ☐Proband ☐Child ☐Mother ☐Father ☐Sibling ☐Other (specify):

Known Mutation: Gene: _____ Mutation: _____

Pedigree, Clinical Information or Special Instructions (attach pedigree):

Molecular Genetics Test Information

NextGeneration Sequencing (NGS)

Cystic Fibrosis [CFTR]:
- ☐CFTR Sequencing (L7050)
- ☐CFTR Common Variants (L6935)

Methylmalonic Acidemia [MMA]:
- ☐MMA 24 Gene Panel (L7052)

RASopathy (Noonan):
- ☐RASopathy Panel (L7273)
- ☐RASopathy Prenatal including MCC

Sanger Sequencing and Microarray

Cystic Fibrosis [CFTR]:
- ☐CFTR Del-Dup Exonic Microarray (L7051)
- ☐CFTR Prenatal, common variants including MCC (L7081, MOGCHIR)
- ☐CFTR 1 or 2 Known Mutations (L7242)

Fragile X [FMR1]:
- ☐FMR1 CGG Repeats* (L6943)
- ☐FMR1 Del-Dup Exonic Microarray
- ☐FMR1 Prenatal CGG Repeats including MCC*

* Test includes Southern Blot if positive

Sanger Sequencing and Microarray

Glutaric Acidemia, Type 1 [GA1]:
- ☐GCDH Sequencing (L6905)
- ☐GCDH Del-Dup Exonic Microarray (L7160)
- ☐GCDH 1 or 2 Known Mutations (L7205)

Methylmalonic Acidemia [MMA]:
- ☐MMA 3 Gene Sanger Sequencing Panel (L6929)
- ☐MMA 3 Gene Del-Dup Exonic Microarray

Non-Ketotic Hyperglycinemia [NKH]:
- ☐NKH 3 Gene Sequencing Panel (L6928)
- ☐NKH 3 Gene Del-Dup Exonic Microarray (L7152)

RASopathy (Noonan):
- ☐RASopathy Single Gene Del-Dup OGT Microarray
- ☐RASopathy 1 or 2 Known Mutations

Very Long Chain Acyl-CoA Dehydrogenase Deficiency [VLCAD]:
- ☐ACADVL Sequencing (L6906)
- ☐ACADVL Del-Dup Exonic Microarray (L7161)
- ☐ACADVL 1 or 2 Known Mutations (L7206)

Additional Options

Is this an add on test?
☐Yes ☐No

If the test needed is not listed please choose the test you are looking for:

Test Code(s)**:
_____
_____
_____

☐Reflex to Test Code:
_____

** Test codes are listed on our test list which can be found online

Specimen requirements and shipping and handling information can be found on our website at www.denvergenetics.org
By submitting this document you agree to the terms and conditions listed on our website

Signature of Consent Required for All Laboratory Testing:
I certify that the patient specified above and/or their legal guardian has been informed of the benefits risks and limitations of the laboratory test(s) requested. I have answered all questions and have obtained informed consent from the patient or their legal guardian for this testing.

Name: **Signature:** **Date:**

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Please do not send patient insurance. We bill clients only, referring provider will be held responsible for payment if no billing information is provided.

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Bill To: ☐ Billing Facility and Address same as listed on page 1

Institution Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Billing Contact Information:

Name: _____

Email: _____

Phone: _____