

MOLECULAR GENETICS TEST REQUEST FORM

University of North Carolina Hospitals
 101 Manning Drive
 Molecular Genetics Laboratory, Rm. 1046 Anderson Pav.
 Chapel Hill, NC 27514
 Phone: (984) 974-1825 Fax: (984) 974-2496
<http://labs.unchealthcare.org/>
 MIM #963, Chart Location: Physician Orders

PATIENT INFORMATION

Full Name (Last, First, M.I.): _____
UNC Medical Record Number: _____
NOT a UNC Hospitals Patient? Add'l Information Needed for Registration
Date of Birth: _____
Patient Address: _____
City / State / Zip: _____
Telephone: _____

Bill Patient's Insurance (UNC Healthcare ONLY) **Bill Facility**

Form Completed By: _____ **Date:** _____ **Facility Name:** _____
Phone Number: _____ **Facility Address:** _____
Fax Number: _____ **City / State / Zip:** _____

Indication for Testing and Supporting ICD-10 Code(s): _____
Ordering Physician (Print) _____ **Signature:** _____ **Date:** _____

SPECIMEN TYPE SUBMITTED:
 Blood (ACD or EDTA tube) **Bone Marrow**
 Cerebrospinal Fluid (CSF) **Other*:** _____
Date and Time of Collection: _____
 *Extracted nucleic acid only accepted from CLIA-approved laboratories.

PARAFFIN EMBEDDED TISSUE SUBMITTED:
Tissue Type: _____ **Case Number:** _____
Date of Collection: _____
Archived Specimen Located at:
 UNC Hospitals Surgical Pathology Department
 Other Institution (Provide Facility Information Above)

A1AT deficiency (*SERPINA1 Z and S*)
 B-cell clonality (*IgH and IgK*)
 T-cell clonality (*TRG*)
 BCR/ABL1 p210
 BCR/ABL1 p190
 BCR/ABL1 mutations (*TKI resistance*)
 Connexin panel (includes *GJB2* and *GJB6*)
 CMV from Guthrie Card (*UNC Only*)
 Extract and Hold **DNA** **RNA**
 ***FLT3* ITD Only**
 ***FLT3* TKD and ITD Mutation Panel**
 Fragile X syndrome (*FMRI*)
 Kidney Genetic Mutation Panel (*Alport* and *FSGS*)
 Hemochromatosis (*HFE C282Y* and *H63D*)
 JAK2 1849G>T [V617F]
 MCAD (Med.-Chain Acyl-CoA Dehydrogenase, *K329E / Y42H*)
 Lymphoid Mutation Panel
 Myeloid Mutation Panel - Select Indication:
 AML (Includes *FLT3 ITD* and *FLT3 TKD*)
 MDS
 MPN (Myeloproliferative Neoplasm)
 ***NPM1* Quantitative RNA PCR**
 Plavix response genotyping (*CYP2C19*)
 Prader Willi/Angelman syndromes
 Primary ciliary dyskinesia (PCD) (37 gene panel)
 ***UGT1A1* genotyping**
 Factor V Leiden (*FVI69IG>A*)
 Prothrombin (Factor II, 20210G>A)
 DNA fingerprinting (marrow engraftment/chimerism)
 With CD3 Fractionation
 Cystic Fibrosis mutations. Ashkenazi Jewish Descent?
 Carrier Screen **Yes** **No**
 Diagnostic/Symptomatic
 Other: _____

MSI DNA Assay (Microsatellite Instability): 10 unstained sections of tumor tissue 5-10 micron thickness (preferably greater than 70% tumor on the slide) plus 1 "H&E recut" of the same section **AND** 10 unstained sections of any non-tumor tissue plus 1 "H&E recut" of the same non-tumor tissue (22 slides total)

MSI DNA Assay with Immunohistochemistry (IHC) staining* (MLH1, MSH2, MSH6, PMS2): 15 unstained sections of tumor tissue 5-10 micron thickness (greater than 50% tumor on the slide) plus 1 "H&E recut" of the same section **AND** 10 unstained sections of any non-tumor tissue plus 1 "H&E recut" of the same non-tumor tissue (27 slides total). *IHC performed by UNCH Histology Laboratory.

GastroGenus Panel for Gastric Cancer (Includes Solid Tumor Mutation Panel, *MLH1* methylation, EBV Viral Load): 15 unstained sections of tumor tissue 4 – 5 micron thickness plus 1 "H&E recut"

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:**

IDH1* & *IDH2 ***TERT*** ***MGMT*** ***MLH1* methylation**
 Glioma Panel (Includes *IDH1* & *IDH2* and *TERT*)

The following test requires greater than 20% tumor:
 Solid Tumor Mutation Panel (Excluding Glial Neoplasms)

ALK and ROS1 FISH: 4 unstained slides 4-5 micron thickness plus 1 "H&E recut" (5 total slides). These slides must be reviewed for suitability & marked by a pathologist. Signature required from pathologist who marked the relevant regions for testing. See below.

Percentage tumor: _____
 Signature / Date: _____

ALK and ROS1 FISH performed by UNCH Cytogenetics Laboratory

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. Form revised 9-2018