Submitter:

Form Completed by:

Address:

City/State/Zip:

Phone:

Fax:

Molecular Genetics Test Request Form

HIM#963
101 Manning Dr. Rm. 1046 Anderson Pavilion
Molecular Genetics Laboratory
Phone: (984) 974-1825 | Fax (984) 974-2496

Patient Information

Patient's Name: (LAST) (FIRST) M.I. SEX

UNC Health Patient? ☐

Date of Birth / /

UNC Medical Record #:

Collection Date: / / Collection Time: Collected by:

Notes:

Billing Information

Check One (Required)

☐Bill Patient/Insurance
☐Bill Client/Facility

Specimen Type

☐**Blood (ACD/EDTA)** ☐**Cerebrospinal Fluid** ☐**Paraffin Embedded Tissue**

☐**Bonemarrow** ☐**Other*** Tissue Type: Case#:

*Extracted nucleic acid only accepted from CLIA-approved laboratories

Provider Information

Ordering Provider (PRINT):

Signature:

Date: Time:

NPI#:

Phone#:

Diagnosis

Diagnosis/Signs/Symptoms in ICD-10:

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.

TESTS

	DESCRIPTION (UNCH EAP)			CPT Code
☐	Alpha-1-Antitrypsin DNA [Lab19872]			81332
☐	APOL1 Genotyping [Lab7790]			81479
☐	B-cell clonality (IgH and IgK) [Lab5663]			81261 81264
☐	T-cell clonality (TRG) [Lab5679]			81342
☐	BCR/ABL1 mutations (TKI resistance) [Lab12562]			81170
☐	BCR/ABL1 p210		☐Blood [Lab5392] ☐Bonemarrow [Lab53921]	81206
☐	BCR/ABL1 p190		☐Blood [Lab5656] ☐Bonemarrow [Lab56561]	81207
☐	BCR/ABL1 p190/p210 panel		☐Blood [Lab56501] ☐Bonemarrow [Lab56601]	
☐	Connexin panel (includes GJB2 and GJB6)			81252 81254
☐	CMV Guthrie Card Analysis – Sent to ARUP			
☐	Cystic Fibrosis DNA panel [Lab542]		☐Carrier ☐Diagnostic	81220
☐	DNA fingerprinting (marrow engraftment / chimerism)	☐Blood	☐With CD3 Fraction [Lab57932BL] ☐With CD33 Fraction [Lab57934BL]	81267
		☐Bonemarrow	☐With CD3 Fraction [Lab57932BM] ☐With CD33 Fraction [Lab57934BM]	
☐	Extract and Hold		☐DNA [Lab8016] ☐RNA [Lab12501]	N/A
☐	Factor V Leiden DNA [Lab346]			81241
☐	Prothrombin (Factor II) DNA Assay [lab5668]			81240
☐	FII & FV DNA Panel [Lab12500]			N/A
☐	FLT3 ITD Only [Lab5670]			81245
☐	FLT3 TKD and ITD Mutation Panel [Lab6739]			81245 81246
☐	Fragile X DNA Assay [Lab738]			81244
☐	Kidney Genetic Mutation Panel [Lab7505]			81479
☐	Hereditary Hemochromatosis Assay [Lab833]			81256
☐	JAK2 V617F, Quantitative Mutation [Lab7501]			81270
☐	BRAF Somatic Mutation, Hematologic malignancies [Lab6788]			81210
☐	TP53 Somatic Mutation, Hematologic malignancies [Lab6789]			81351
☐	NPM1 Quantitative RNA PCR [Lab5678]			81401
☐	Clopidogrel (Plavix) response genotyping (CYP2C19) [Lab5657]			81225
☐	Prader Willi/Angelman syndromes [Lab5677]			81331
☐	Primary ciliary dyskinesia (PCD) [Lab5674]			81407
☐	SMA Testing [Lab11165A]		☐Carrier Screen ☐Diagnostic	81329
☐	UGT1A1 genotyping [Lab5681]			81350
	Myeloid Mutation Panel - Select Indication:			
☐	AML (Includes FLT3 ITD, FLT3 TKD, RNA Extract & Hold) [Lab6792]			81450
☐	MDS & MPN [Lab6791]			81450
☐	Myeloproliferative Neoplasm Hot Spot (CALR, JAK2, MPL) [Lab6790]			81270 81219 81403
☐	Other: _____			

	DESCRIPTION (UNCH EAP)	CPT Code
☐	MSI DNA Assay (Microsatellite Instability) [Lab14512] 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). 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).	81301
☐	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).	

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 [Lab67801]	81120 81121
☐	MLH1 methylation [Lab12600]	81288
☐	TERT [Lab6736]	81345
☐	MGMT [Lab7376]	81287

Fellow/Pathologist Review:

Tumor Percentage(%): _____

Notes:

Signature: _____

Date: _____ Time: _____

LAB Use Only

Received Date: _____

Received Time: _____

Tech Initials: _____

REVISED: 08/25/2022

Chart Location: Provider Orders

* M D O R D O O 1 *