Submitter:

Form Completed by:

Address:

City/State/Zip:

Phone:

Fax:

Molecular Genetics Test Request Form

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

Provider Information

Ordering Provider (PRINT):

Signature:

Date:

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.

Specimen Type

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

SAMPLE REQUIREMENTS: 5-10 micron thickness

☐**Bone marrow** ☐**Other*** Tissue Type: Case#:

*Extracted nucleic acid only accepted from CLIA-approved laboratories

TESTS

	DESCRIPTION (UNCH EAP)		CPT Code
☐	Alpha-1-Antitrypsin DNA [Lab19872]		81332
☐	APOLIPOPROTEIN E (APOE) Genotyping Assay [LAB11564]		81401
☐	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 [Lab5392]		81206
☐	BCR/ABL1 p190 [Lab5656]		81207
☐	BCR/ABL1 p190/p210 panel [Lab56501]		N/A
☐	Connexin panel (includes GJB2 and GJB6)		81252 81254
☐	CMV Guthrie Card Analysis [Lab5509A]		87497
☐	Cystic Fibrosis DNA panel [Lab542]	☐Carrier ☐Diagnostic	81220
☐	DNA fingerprinting (marrow engraftment / chimerism)	☐ CD3 [Lab57932] ☐CD33 [Lab57934] ☐Pre-Transplant Assay [Lab16049] ☐Donor Assay [Lab15721] ☐(for MCC Analysis ONLY) - on Maternal Blood [Lab8032] ☐Materal Cell Contamination of Fetal Cells [Lab6794]	81267
☐	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
☐	KIT p.Asp816Va (D816V) Quantitative Analysis [Lab6795]		81273
☐	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
☐	T-Cell Large Granuldar Lymphocytic leukemia [Lab7791]		81479
☐	UGT1A1 genotyping [Lab5681]		81350
☐	Other: _____		N/A

	DESCRIPTION (UNCH EAP)	CPT Code
	Myeloid Mutation Panel - Select Indication:	
☐	AML (Includes FLT3 ITD, FLT3 TKD, RNA Extract & Hold) [Lab6792]	81450
☐	MDS & MPN [Lab6791]	
☐	Myeloproliferative Neoplasm Hot Spot (CALR, JAK2, MPL) [Lab6790]	81270 81219 81403
☐	MSI DNA Assay (Microsatellite Instability) [Lab14512] *(Preferably greater than 70% tumor on the slide)* 10 unstained sections of tumor tissue & 1 "H&E recut" of the same section **AND** 10 unstained sections of any non-tumor tissue & 1 "H&E recut" of the same non-tumor	81301
☐	MSI DNA Assay with Immunohistochemistry (IHC) staining* (MLH1, MSH2, MSH6, PMS2) (Greater than 50% tumor on the slide) 15 unstained sections of tumor tissue & 1 "H&E recut" of the same section **AND** 10 unstained sections of any non-tumor tissue & 1 "H&E recut" of the same non-tumor tissue	
☐	BRAF V600 Mutation Analysis [Lab6793] 10 unstained paraffin sections & an H&E-stained slide on which areas with >10% malignant cells are circled with a total area >2mm^2. *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.*	81210
	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 (%): _____

Signature_____

Date:_____

NOTES:

LAB Use Only

Received Date: _____

Received Time: _____

TECH INITIALS:_____

NOTES:

REVISED: 06/29/2026