

DIAGNOSTIC MOLECULAR PATHOLOGY

Ordering Physician (Please Print)		Place <i>CURRENT</i> encounter label here (Two patient identifiers required)			
(Last)	(First)	UCLA Medical Record Number:			
Physician's ID #		Patient Name:			
Other Physician (COPY) (Please Print)		Birth Date:			
		Loc/Clinic:	Specimen Collection		Requisition #
(Last)	(First)	Date	Time	By	Specimen Description
Physician's ID #					SS L R GN BK GY GLD
Pt. Ethnicity	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Comment			Other

SPECIMEN TYPE	
Blood (1 Lavender top required for each test)	
Amniotic Fluid (2 ml minimum)	
Bone Marrow (2-3 ml)	
Buccal Brush (Call Lab for Special Instructions: 310-794-2781)	
Tissue: (≥0.2g) Source: _____	
Paraffin block: _____	
Case # as applicable: _____	
Referring Pathology: _____	

PATIENT INFORMATION/HISTORY	
Pertinent Family History:	
Primary Counseling Issue for Genetic Disease	
<input type="checkbox"/> Proband Diagnosis <input type="checkbox"/> Prenatal Diagnosis <input type="checkbox"/> Carrier Screen <input type="checkbox"/> Presymptomatic Diagnosis OTHER: _____	

Notice to Ordering Physicians	
Patient Diagnosis:	
Medical Necessity for test(s) requested MUST be indicated by ICD-9 Code(s):	

Notes/Special Instructions:	

Molecular Genetic Testing	
9224	BRCA 1 / 2 Mutations (Ashkenazi Jewish only)
2962	Cystic Fibrosis Mutation Panel
9009	Factor V-Leiden Mutation
9223	Familial Mediterranean Fever Mutations
2876	Fragile X Mutations
9032	Friedreich's Ataxia Mutation
9262	Hereditary Hemochromatosis (HFE)
9033	Huntington Disease Mutation
9234	Prothrombin Gene Mutation (20210A Variant)
16516	MTHFR Variants Detection

Bone Marrow Engraftment	
Please select one:	
3260	Recipient PRE -Transplant (RFLP)
3312	Recipient POST -Transplant (RFLP)
3261	Recipient POST-Txp Follow-up (RFLP)
3313	DONOR
	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Related <input type="checkbox"/> Unrelated
	Donor's Full Name
Recipient's Full Name	

Please complete if ordering test below:	
Paternity Testing	
9952	Child's Full Name:
9304	No Mother available
9038	Mother's Full Name:
9039	Alleged Father #1 Name:
9019	Alleged Father #2 Name:
9018	Sibling's Name:

Molecular Oncology Testing	
9242	B Cell Gene Rearrangement *
9244	T Cell Gene Rearrangement *
	*Reflex test for southern blot if PCR result is negative
3278	Bcl-2 Gene Rearrangement
3276	BCR-ABL Gene Rearrangement
16745	JAK2 V617F Mutation Detection
16706	PML/RARα t(15;17) Translocation
16808	c-KIT Mastocytosis Mutation
9993	Microsatellite Instability (MSI) (Colon Cancer)
7225	KRAS Gene Mutations
10193	BRAF Mutation Detection
10196	EGFR Mutation Detection

Miscellaneous Molecular Testing	
3262	DNA Isolation
3314	DNA Fingerprinting; Specimen Identification (2 specimens)
9360	DNA Fingerprinting; Specimen Identification (3 specimens)
9227	Sex Determination/ Y-Chromosome Probe

Twin Zygosity	
9036	Twin #1 Name:
	Twin #2 Name:
	Mother Name:
	Father Name:
9989	No parents available

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Instructions for Referred Testing

Specimen: Follow specimen instructions on the requisition form.
Label all specimens with Patient name, I.D. numbers, date and time of collection.

Information: Fill out Client information, Patient information, and Specimen information areas.
Submit a separate form for each patient (copies are acceptable). Select test being requested.

Mail: Please ship overnight express.
Send specimens and forms **Monday** through **Thursday** to:

UCLA Medical Center, Clinical Laboratories
200 Medical Plaza, Suite 145
Los Angeles, CA 90095-6943
Attn: Support Services Supervisor

For further information, please call (310) 794-2781, UCLA Molecular Pathology Laboratory

Referring Laboratory / Physician Information

Name: _____ **Phone:** _____ **FAX:** _____

Address:

_____ City State Zip

Requesting Physician:

UPIN: _____ **Phone:** _____ **FAX:** _____

Billing Information

We will bill Referring Laboratory or Physician (Client).
If patient will be paying the bill, payment must accompany test request and should be made out to:
Regents of University of California.

For additional billing information please call the Department of Pathology Business office at
(310) 825-8591.