UPMC LIFE CHANGING MEDICINE

DIVISION OF MOLECULAR & GENOMIC PATHOLOGY

MGP Laboratory Shipping Address:
Molecular & Genomic Pathology Laboratory
3477 Euler Way, Room 7012
Pittsburgh, PA 15213
Phone: (412) 864-6140
FAX: (412) 864-6151

(To Be Completed by MGP Staff)
Received Date **Case #**

Genetic Test Requisition

PATIENT IDENTIFICATION * Attach patient insurance card

Last Name	First Name	M.I.	SSN/MRN

Birthdate	Sex ☐ M ☐ F	Diagnosis	ICD-10 Code(s)	Surgical Path/Cytology #

CLIENT INFORMATION

Requesting Institution/ Physician	
Requesting Physician Address	
Phone Number	**Fax Number**

BILLING INFORMATION

Person/Institution Responsible For Payment	
Billing Address	
Phone Number	**Fax Number**

SPECIMEN INFORMATION

Collection Date:	Collection Time:
☐ Peripheral Blood	☐ Other (Please Call Lab):

TESTS

Please attach a clinical summary, family history and pedigree. For family studies, one specimen from each family member to be tested should be submitted (please list any known mutation that exist in family, if applicable)

Coagulation Mutation Panel: Invader Chemistry (Please select below)	**Hereditary Pancreatitis Panel: Sequencing** (Please select below)
☐ **Whole Panel** ☐ **Factor II (Prothrombin) Mutation** (G20210A) ☐ **Factor V Mutation** (R506Q) ☐ **MTHFR Mutation** (C677T and A1298C)	☐ **Whole Panel** ☐ **PRSS1 Mutation Analysis** (A16V, K23R, N29I, and R122H variants) ☐ **SPINK Mutation Analysis** (N34S variant)

Other Genetic Testing

- ☐ **Fragile X Syndrome**: PCR Sizing (FMR1 Gene; 5' UTR)
- ☐ **Hemochromatosis**: Sequencing (HFE Gene: C282Y and H63D variants)
- ☐ **Huntington Disease**: PCR Sizing (HTT Gene; exon 1): Informed consent required for pre symptomatic and symptomatic testing*
- ☐ **Multiple Endocrine Neoplasia**: Sequencing (RET proto-oncogene; MEN 2A /2B: exons 10,11,13,14,15,16)
- ☐ **vonHippel-Lindau Disease**: Whole Gene Sequencing (VHL Gene)
- ☐ **Other** (Please Specify):
- ☐ **Is there a known mutation in the family? Indicate gene and mutation** _____

*Additional Required Documents can be found at: http://mgp.upmc.com
Note: It is the responsibility of the patient's physician to obtain proper informed consent for genetic testing.

Specimen Instructions and Shipping Instructions

Peripheral blood and bone marrow

- 2-5 ml of fresh peripheral blood or bone marrow collected in EDTA (purple top) tube or ACD (yellow top) tube.
- Blood should be refrigerated until shipment at 4ºC.
- Shipment is at ambient temperature by overnight delivery in a properly labeled shipping container for biohazard substances. A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.