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)

Hereditary Pancreatitis Panel: Sequencing
(Please select below)

- ☐ **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*
- ☐ **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

- 2-5 ml of fresh peripheral blood collected in EDTA (purple top) tube or ACD (yellow top) tube.
- Blood should be refrigerated until shipment at 4°C.
- Shipment is at ambient temperature by overnight delivery in a properly labeled shipping container for biohazard substances.