

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

<i>(To Be Completed by MGP Staff)</i>				
Received Date		Case #		
Genetic Test Requisition				
PATIENT IDENTIFICATION				* Attach patient insurance card
Last Name		First Name	M.I.	SSN/MRN
Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> 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:	
<input type="checkbox"/> Peripheral Blood			<input type="checkbox"/> 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)				
<input type="checkbox"/> Whole Panel <input type="checkbox"/> PRSS1 Mutation Analysis (A16V, K23R, N29I, and R122H variants) <input type="checkbox"/> SPINK Mutation Analysis (N34S variant)				
Other Genetic Testing				
<input type="checkbox"/> Fragile X Syndrome: PCR Sizing (FMR1 Gene; 5' UTR)				
<input type="checkbox"/> Hemochromatosis: Sequencing (HFE Gene: C282Y and H63D variants)				
<input type="checkbox"/> Huntington Disease: PCR Sizing (HTT Gene; exon 1): Informed consent required for pre symptomatic and symptomatic testing*				
<input type="checkbox"/> Multiple Endocrine Neoplasia: Sequencing (RET proto-oncogene; MEN 2A /2B: exons 10,11,13,14,15,16)				
<input type="checkbox"/> vonHippel-Lindau Disease: Whole Gene Sequencing (VHL Gene)				
<input type="checkbox"/> Other (Please Specify):				
<input type="checkbox"/> 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.