# Regional Pathology Services

University of Nebraska Medical Center
981180 Nebraska Medical Center
Omaha NE 68198-1180
www.reglab.org

Toll Free 1-800-334-0459
Phone (402) 559-6420
FAX (402) 559-9497

## MOLECULAR DIAGNOSTICS TEST REQUEST FORM

Lab Use Only

Accession #: _____

Date Rec'd: ___/___/___ # of Slides: _____

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME | FIRST NAME | MI

DOB ___/___/___ | GENDER ☐ MALE ☐ FEMALE | PT. ID# / ADDITIONAL INFO

SSN ___-___-___ | BILL ☐ OFFICE/CLIENT ☐ PATIENT/PATIENT INSURANCE

**PATIENT INSURANCE**

**ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE**
**IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED**

**GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)**

ADDRESS | CITY | STATE | ZIP

**PRIMARY INSURANCE**

☐ MEDICARE IN-PATIENT ☐ MEDICARE OUT-PATIENT ☐ MEDICAID ☐ INSURANCE

**POLICY ID#** | **GROUP ID#**

INSURANCE COMPANY | PHONE NUMBER

INSURANCE COMPANY ADDRESS | CITY | STATE | ZIP

**EFFECTIVE DATE** ___/___

**DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)**

ICD-9/10 #1 | ICD-9/10 #2 | ICD-9/10 #3

NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. **FOR MORE INFORMATION SEE reglab.org/billingcompliance/**

**Collection Date** ___/___/___ **Collection Time** _____ AM ☐ PM ☐

PHYSICIAN PROVIDER: _____
(Indicate the Supervising Dr./P.A. or N. Pract.)

EMAIL | PRINT | RESET

**THE BELOW EIGHT (8) BOXES ARE REQUIRED**

**ACCOUNT NUMBER*** **ACCOUNT NAME**

***If you do not know your account number, call Client Services at 402-559-6420.**

**STREET ADDRES OR PO BOX**

**CITY** **STATE** **ZIP CODE**

**PHONE NUMBER** **FAX NUMBER**

SECONDARY / TERTIARY INS - ATTACH INFORMATION

☐ ABN ATTACHED ☐ PRIOR AUTHORIZATION ATTACHED

## MOLECULAR DIAGNOSTIC TESTING

SOURCE: _____

**Pharmacogenomics**
- ☐ Abacavir Sensitivity Genotyping (HLA B*5701)

**HLA Genotyping for Disease Association**
- ☐ Ankylosing Spondylitis (B27); HLA-B Genotype
- ☐ Antiglomerular basement membrane disease (DR15); HLA-DR Genotyping
- ☐ Autoimmune Thyroid Disease (DR3, DR5); HLA-DR Genotyping
- ☐ Autoimmune Hepatitis (DR3, DR4); HLA-DR Genotyping
- ☐ Behcet's disease (B51); HLA-B Genotyping
- ☐ Bird Shot Retinopathy (A29); HLA-A Genotyping
- ☐ Celiac Disease (HLA-DQA1*05, HLA-DQB1*02, and HLA-DQB1*03;02); HLA-DQ Genotyping
- ☐ Graves Disease (DR3); HLA-DR Genotyping
- ☐ Hashimoto's thyroiditis (DR3); HLA-DR Genotyping
- ☐ HLA-B*27 Syndromes; HLA-B Genotyping
- ☐ Idiopathic Inflammatory Myopathy; HLA-B, DR and DQ Genotyping
- ☐ Myelodysplastic syndrome (MDS) (DR15); HLA-DR Genotyping
- ☐ Narcolepsy (DQB1*06:02); HLA-DQ Genotyping
- ☐ Pemphigus vulgaris; HLA-B and HLA-DR Genotyping
- ☐ Rheumatoid Arthritis (DR4); HLA-DR Genotyping
- ☐ Systemic Lupus Erythematosus (DRB1*15:01, DRB1*03:01); HLA-DR Genotyping

**HLA Other Testing**
- ☐ Platelet Support (HLA-A&B Antigen Level)
- ☐ HLA Type for suspected TRALI
- ☐ Red Blood Cell Genotyping

**Molecular Solid Tumor**
- ☐ BRAF c.1799T>A (p.V600k, p.V600R, p.V600E) mutation
- ☐ EGFR mutation (29 common mutations)
- ☐ KRAS mutation (codons 12, 13, 61)
- ☐ Microsatellite Instability Analysis (MSI)

**Sarcoma RT-PCR**
- ☐ Ewing Sarcoma t(11;22)
- ☐ Rhabdomyosarcoma, t(1 or 2;13)
- ☐ Synovial Sarcoma t(X;18)

**Inherited Disease Testing**
- ☐ Alpha-1 Antitrypsin Mutation (Z and S Mutations)
- ☐ Hemochromatosis Mutation (p.C282Y, p.H63D)
- ☐ Factor II Mutation (Prothrombin g.20210G>A)
- ☐ Factor V Mutation (Leiden p.R506Q)
- ☐ Factor II/V Mutations (Prothrombin g.20210G>A/Leiden p.R506Q)
- ☐ Factor II/V and MTHFR Mutations
- ☐ MTHFR Mutations (c.677C>T, c.1298A>C)
- ☐ Cystic Fibrosis 39 Mutation Panel
- ☐ Fragile X Mutation *(FMR 1)*

**FISH Testing** - specify indication(s) or gene(s):

Indication:

Gene:

**Infectious Disease Testing**
- ☐ Adenovirus DNA Detection, Qualitative
- ☐ B Pertussis DNA Detection
- ☐ BK Virus DNA Detection, Quantitation; Plasma or Urine
- ☐ BK Virus DNA Detection, Tissue Qualitative
- ☐ CMV DNA Detection, Qualitative
- ☐ CMV DNA Detection, Quantitation, Plasma
- ☐ EBV DNA Detection, Qualitative
- ☐ EBV DNA Detection, Quantitation, Plasma
- ☐ Enterovirus RNA Detection
- ☐ HBV DNA Detection, Quantitative
- ☐ HCV Genotyping
- ☐ HCV RNA Detection, Quantitative
- ☐ Herpes Virus Panel (HSV, CMV, EBV, VZV, HHV-6)
- ☐ HHV-6 DNA Detection, Qualitative
- ☐ HHV-8 DNA Detection, Plasma/Other source
- ☐ HIV RNA Detection, Quantitation
- ☐ HSV DNA Detection
- ☐ JC Virus DNA Detection
- ☐ Norovirus RNA Detection, stool
- ☐ Parvovirus DNA Detection
- ☐ VZV DNA Detection

**Molecular Hematology**
- ☐ BCL1 Translocation t(11;14)
- ☐ BCL2 Translocation t(14;18)
- ☐ BCR-ABL t(9;22) (p190, p210) Qualitative for Diagnosis of CML, ALL
- ☐ BCR-ABL t(9;22) (p 210) Quantitative for CML Therapeutic Monitoring*
- ☐ FLT3 Internal Tandem Duplication
- ☐ IGH Gene Rearrangement by DNA Amplification
- ☐ IGH Gene Rearrangement by Southern Analysis
- ☐ JAK2 (p.V617F) Mutation, Qualitative
- ☐ NPM1 Mutation
- ☐ T Cell Receptor Beta Gene Rearrangement by Southern Analysis
- ☐ T Cell Receptor Gamma Gene Rearrangement by DNA Amplification
- ☐ MPL Mutation

*Include recent CBC and differential test results.

**Comment:**

**Testing Supplies**

**Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.**

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling client services
Toll Free 800-334-0459
Phone 402-559-6420

**Courier Services**

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
Client Services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:
Regional Pathology Services
University Of Nebraska Medical Center
668 S 41ST ST MSB3500
OMAHA NE 68105-1180

**Transport Instructions:**
**Specimen Handling/Shipping**
To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

**Questions?**
Contact client services at 800-334-0459