



CLINICAL LABORATORY
Molecular Diagnostics

(415) 514-8488 Fax (415) 514-8193

SHIP TO: UCSF Clinical Laboratories
Attn: Molecular Diagnostics Lab
185 Berry Street, Suite 100
San Francisco, CA 94107
PLEASE SHIP MONDAY-THURSDAY ONLY

PATIENT INFORMATION

Last Name		First	M.I.
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Ethnicity/Family History
Patient or Sample ID#		Institutional Account #	

SPECIMEN INFORMATION

Collection Date	Type of Specimen		
	<input type="checkbox"/> Serum	<input type="checkbox"/> Urine	<input type="checkbox"/> Product of Conception
	<input type="checkbox"/> Plasma	<input type="checkbox"/> CSF	Tissue Origin: _____
Collection Time	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> CVS	<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Amniotic Fluid	Weeks Gestation: _____

CLIENT / BILLING INFORMATION

(Institutional Billing only. We DO NOT bill patients directly.)

Institution Name	Ordering Physician/Contact Person	Telephone	Fax # for Reports
Department or Division	Genetic Counselor	Telephone	Fax
Address	Billing Contact	Telephone	Fax
City, State, Zip	Billing Address (if different)	City, State, Zip	
For Genetic Testing Only. As the ordering physician/provider, I certify that the patient has been appropriately informed of the test benefits and limitations. Adequate genetic counseling has been offered and written informed consent was obtained.		Indication For Testing / Comments / Special Request:	
Physician/Provider Signature: _____ Date: _____		ICD10 Codes: _____	

OUTREACH SERVICES REQUISITION

INHERITED DISORDERS

- MCC **Maternal Cell Contamination (maternal and fetal samples)** LAV
In addition to EDTA whole blood, most genetic tests listed here can also be performed on amniotic fluid, CVS samples or cultured cells. For prenatal samples, we recommend submitting an EDTA whole blood sample from the mother and ordering Maternal Cell Contamination (MCC).
- ALSC9 **C9orf72 Repeat Expansion** LAV
MCFM **Cystic Fibrosis, PCR for Common Mutations** LAV
POLT **Cystic Fibrosis CBAVD Poly T Mutation** LAV
FRX **Fragile X** LAV
HHEM **Hemochromatosis, Hereditary** LAV
INVN **Hemophilia A Inversion** LAV
HUNT **Huntington's Disease Triplet Repeat** LAV
PWA **Prader-Willi/Angelman Syndromes** LAV
SMAPCR **Spinal Muscular Atrophy** LAV

THALASSEMIA & HEMOGLOBINOPATHY TESTING

HbA _____%	MCV _____fL	Date of last transfusion: _____
HbF _____%	RBC _____x10(9)/L	_____
HbA2 _____%	Fe _____µg/dL	Ethnicity: _____
Other Hb _____%	Ferritin _____µg/dL	_____

- ATHL **Alpha Thalassemia Common Deletions** LAV
HBCS **Alpha Thalassemia Point Mutations (Hb CS, Hb Pakse, Hb Quon)** LAV
AGSQ **Alpha-Globin Gene Sequencing** LAV
BTHL **Beta Thalassemia Mutations (incl. HbS, HbC, HbE)** LAV
BDEL **Beta Globin Gene Deletions** LAV
BGSQ **Beta-Globin Gene Sequencing** LAV
HBEP **Hemoglobinopathy Evaluation by HPLC** LAV

THROMBOSIS RISK

- FVR **Factor V (F5) Leiden Mutation** LAV
MTR **Methylenetetrahydrofolate Reductase (MTHFR) mutation** LAV
PTTR **Prothrombin (20210) mutation** LAV

NEOPLASTIC DISORDERS

- KDSQ **ABL Kinase Domain Mutations** LAV/BM
BCRABL **BCR/ABL Quantitative by PCR** LAV/BM
CALR **Calreticulin, Exon 9 Mutation Analysis** LAV/BM
FLT3 **FLT3 Mutations, Qualitative PCR** LAV/BM
JAK2 **Janus kinase 2 Mutation, Qualitative PCR** LAV/BM
JMML **JMML Associated Exon Panel** LAV/BM
(NRAS, KRAS, PTPN11, CBL, SETBP1, SH2B3, NF1, JAK3, ASXL1)
MGMT **MGMT Promoter Methylation Assay** FFPE slides
NPM1 **NPM1 Mutation Detection** LAV/BM
PMLR **PML-RARA PCR, Qualitative** LAV/BM
PMLQNT **PML-RARA PCR, Quantitative** LAV/BM

PHARMACOGENOMICS TESTS

- IL28B **IL28B Genotype** LAV
UGT1A1 **UDP Glucosuronosyltransferase 1A1** LAV

OTHER TESTS

**PROTOCOL FOR COLLECTION OF SPECIMENS AT REMOTE LOCATION
FOR A PATIENT BEING SEEN AT UCSF**

- 1) Please issue a completed **UCSF Clinical Laboratory "Outreach Services Requisition"** to the individual being tested with the desired test selected.
- 2) The individual being tested should take this requisition to a local blood draw station. The draw station must be licensed and willing to ship the sample to UCSF Clinical Laboratory. The individual being tested may have to make separate arrangement to pay for the shipment.
- 3) The blood sample should be collected in the appropriate tube(s) for the test(s) ordered. See the lab manual entry for specific requirements at <http://labmed.ucsf.edu/labmanual/mftIng-mtzn/test/test-index.html>
- 4) For billing purposes, the individual being tested **must** have prior **insurance authorization**. The Lab also needs the following demographic and insurance information from the individual being tested:
 - a. Name
 - b. Address
 - c. Date of Birth
 - d. Home Telephone #
 - e. Copy of front and back of insurance card
- 5) Please ship (**Monday-Thursday only**) all of the following to the address below.
 - Blood Sample
 - UCSF Outreach Services Requisition Form
 - Insurance Authorization
 - Demographic information
 - Copy of insurance card to:

UCSF Clinical Laboratories
ATTN: China Basin Central Processing
185 Berry Street, Suite 290
San Francisco, CA 94107

- 6) Please notify Cathy Figert (at Cathy.Figert@ucsf.edu or 415-353-4122) that the sample has been sent so that we can ensure receipt.