Client

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Precision Diagnostics Lab Requisition
Phone (720) 777-0500
Fax (720) 777-7877

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM*****

Contact Information

Ordering Institution Name

Ordering Institution Address
Street
City, State, Zip

Ordering Provider (Last, First, and Middle Initial)

Ordering Provider Phone

Result Contact Name

Result Phone

Result Fax

Patient Information

Last Name | First Name | Middle I | Birthdate (MM/DD/YYYY) | Sex

Client Medical Record Number | Client Specimen Number | Diagnosis/ICD-10 Code

Specimen Information

Date Collected (MM/DD/YY)

Time Collected (HHMM) AM / PM

☐ Blood
☐ Cord Blood
☐ CVS Direct
☐ CVS Tissue Culture
☐ Amniotic Fluid Direct
☐ Amniotic Fluid Tissue Culture
☐ DNA (specify source):
☐ Fetal Sample (specify source)
Gestational Age
☐ Existing Sample in Lab (Call to Verify)
☐ Other:

Patient/Family Information

Reason for Testing: ☐ Diagnostic ☐ Carrier Testing ☐ Prenatal (complete special consent form) ☐ Prenatal Positive Control Sample (no report issued)

Relationship to Proband: ☐ Proband ☐ Child ☐ Mother ☐ Father ☐ Sibling ☐ Other (specify):

Known Mutation: Gene: Mutation:

Pedigree, Clinical Information or Special Instructions (attach pedigree):

Molecular Genetics Test Information

NextGeneration Sequencing (NGS)

Cystic Fibrosis [CFTR]:
- ☐ CFTR Sequencing (L7050)
- ☐ CFTR Common Variants (L6935)

Methylmalonic Acidemia [MMA]:
- ☐ MMA 24 Gene Panel* (L7052)

RASopathy (Noonan):
- ☐ RASopathy Panel* (L7273)

Sanger Sequencing and Microarray

Cystic Fibrosis [CFTR]:
- ☐ CFTR Del-Dup Exonic Microarray (L7051)
- ☐ CFTR 1 or 2 Known Mutations (L7242)

Fragile X [FMR1]:
- ☐ FMR1 CGG Repeats[1] (L6943)
- ☐ FMR1 Del-Dup Exonic Microarray

Glutaric Acidemia, Type 1 [GA1]:
- ☐ GCDH Sequencing (L6905)
- ☐ GCDH Del-Dup Exonic Microarray (L7160)
- ☐ GCDH 1 or 2 Known Mutations (L7205)

Sanger Sequencing and Microarray

Methylmalonic Acidemia [MMA]:
- ☐ MMA 3 Gene Sanger Sequencing Panel (L6929)
- ☐ MMA 3 Gene Del-Dup Exonic Microarray

Non-Ketotic Hyperglycinemia [NKH]:
- ☐ NKH 3 Gene Sequencing Panel (L6928)
- ☐ NKH 3 Gene Del-Dup Exonic Microarray (L7152)

RASopathy (Noonan):
- ☐ RASopathy Single Gene Del-Dup OGT Microarray
- ☐ RASopathy 1 or 2 Known Mutations

Very Long Chain Acyl-CoA Dehydrogenase Deficiency [VLCAD]:
- ☐ ACADVL Sequencing (L6906)
- ☐ ACADVL Del-Dup Exonic Microarray (L7161)
- ☐ ACADVL 1 or 2 Known Mutations (L7206)

* A list of the genes in this panel is on the 2nd page
[1] Test includes Southern Blot if positive

Additional Options

Is this an add on test?
☐ Yes ☐ No

If the test needed is not listed please choose the test you are looking for:

Test Code(s)**:

☐ Reflex to Test Code:

** Test codes are listed on our test list which can be found online

Signature of Consent Required for All Laboratory Testing:
I certify that the patient specified above and/or their legal guardian has been informed of the benefits risks and limitations of the laboratory test(s) requested. I have answered all questions and have obtained informed consent from the patient or their legal guardian for this testing.

Name: **Signature:** **Date:**

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Please do not send patient insurance. We bill clients only, referring provider will be held responsible for payment if no billing information is provided.

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Bill To: ☐ **Billing Facility and Address same as listed on page 1**

Institution Name:

Address:

City, State, Zip:

Phone:

Fax:

Billing Contact Information:

Name:

Email:

Phone:

MMA 24 Gene NextGeneration Panel:	
MMAA	TCN2
MMAB	GIF
HCFC1	MTHFR
CBS	MMACHC
MCEE	MTHFD1
LMBRD1	ACSF3
MTRR	MTR
TCN1	SLC46A1
CUBN	MUT
IVD	MMADHC
CD320	AMN
ABCD4	SUCLA2

RASopathy (Noonan) NextGeneration Panel:	
BRAF	RAF1
HRAS	CBL
KRAS	RIT1
MAP2K1	A2ML1
PTPN11	ACTB
SHOC2	ACTG1
SOS1	LZTR1
SPRED1	SOS2
NF1	PPP1CB
MAP2K2	RASA2
NRAS	RRAS