MOLECULAR GENETICS TEST REQUEST FORM

University of North Carolina Hospitals
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http://labs.unchealthcare.org/
MIM #963, Chart Location: Physician Orders

PATIENT INFORMATION

Full Name (Last, First, M.I.):
UNC Medical Record Number:
NOT a UNC Hospitals Patient? Add'l Information Needed for Registration
Date of Birth:
Patient Address:
City / State / Zip:
Telephone:

☐ **Bill Patient's Insurance (Attach copy of both sides of insurance card)** ☑ **Bill Facility**

Requested By: NCGENES **Date:** _____ **Facility Name:** _____
Phone Number: _____ **Facility Address:** _____
Fax Number: _____ **City / State / Zip:** _____

Indication for Testing and Supporting ICD-10 Code(s): _____

Ordering Physician (Print) _____ **Signature:** _____ **Date:** _____

SPECIMEN TYPE SUBMITTED:

☑ **Blood (ACD or EDTA tube)** ☐ **Bone Marrow**
☐ **Cerebrospinal Fluid (CSF)** ☐ **Other:** _____
Date and Time of Collection: _____

☐ **A1AT deficiency (*SERPINA1 Z and S*)**
☐ ***BRCA1 & BRCA2* Mutation Panel (Call laboratory before ordering. Additional Information needed)**
☐ **B-cell clonality (*IgH* and *IgK*)**
☐ **T-cell clonality (*TRG*)**
☐ **BCR/ABL1 p210**
☐ **BCR/ABL1 p190**
☐ **BCR/ABL1 mutations (*TKI resistance*)**
☐ **Connexin panel (includes *GJB2* and *GJB6*)**
☐ **CMV from Guthrie Card (*UNC Only*)**
☐ **EBV viral load (*Epstein-Barr Virus*)**
☐ **Extract and Hold** ☐ **DNA** ☐ **RNA**
☐ ***FLT3* ITD Only**
☐ ***FLT3* TKD and ITD Mutation Panel**
☐ **Fragile X syndrome (*FMR1*)**
☐ **Kidney Genetic Mutation Panel**
☐ **Hemochromatosis (*HFE C282Y and H63D*)**
☐ **JAK2 1849G>T [V617F]**
☐ **MCAD (Med.-Chain Acyl-CoA Dehydrogenase, *K329E / Y42H*)**
☐ ***MTRNR1* (1555A>G)**
☐ **Lymphoid Mutation Panel**
☐ **Myeloid Mutation Panel - Select Indication:**
  ☐ **AML** ☐ **MDS** ☐ **Myeloproliferative Neoplasm**
  ☐ **With *FLT3* internal tandem duplication (ITD)**
☐ ***NPM1* Quantitative RNA PCR**
☐ **Plavix response genotyping (*CYP2C19*)**
☐ **Prader Willi/Angelman syndromes**
☐ **Primary ciliary dyskinesia (PCD) (37 gene panel))**
☐ ***UGT1A1* genotyping**
☐ **Factor V Leiden (*FV1691G>A*)**
☐ **Prothrombin (Factor II, 20210G>A)**
☐ **DNA fingerprinting (marrow engraftment/chimerism)**
  ☐ **With CD3 Fractionation**
☐ **Cystic Fibrosis mutations. Ashkenazi Jewish Descent?**
  ☐ **Carrier Screen** ☐ **Yes** ☐ **No**
  ☐ **Diagnostic/Symptomatic**
☑ **Other:** EXOME SEQUENCING

PARAFFIN EMBEDDED TISSUE SUBMITTED:

Tissue Type: _____ **Case Number:** _____
Date of Collection: _____
Archived Specimen Located at:
☐ **UNC Hospitals Surgical Pathology Department**
☐ **Other Institution (Provide Facility Information Above)**

☐ **MSI DNA Assay (Microsatellite Instability):** 10 unstained sections of tumor tissue 5-10 micron thickness (preferably greater than 70% tumor on the slide) plus 1 "H&E recut" of the same section ***AND*** 10 unstained sections of any non-tumor tissue plus 1 "H&E recut" of the same non-tumor tissue (22 slides total)

☐ **MSI DNA Assay with Immunohistochemistry (IHC) staining* (MLH1, MSH2, MSH6, PMS2):** 15 unstained sections of tumor tissue 5-10 micron thickness (preferably greater than 70% tumor on the slide) plus 1 "H&E recut" of the same section ***AND*** 10 unstained sections of any non-tumor tissue plus 1 "H&E recut" of the same non-tumor tissue (27 slides total).

☐ **GastroGenus Panel for Gastric Cancer (Includes Solid Tumor Mutation Panel, MLH1 methylation, EBV Viral Load):** 15 unstained sections of tumor tissue 4 – 5 micron thickness with greater than 20% tumor on the slide **plus** 1 "H&E recut"
IHC performed by UNCH Histology Laboratory.

For the following test(s): 10 unstained sections of tumor tissue 4 – 5 micron thickness and 1 "H&E recut" of the same section. (11 total slides). **The following tests require greater than 50% tumor:**

☐ ***IDH1& IDH2*** ☐ ***TERT*** ☐ ***MLH1* methylation** ☐ ***MGMT***
The following test requires **greater than 20% tumor:**
☐ **Solid Tumor Mutation Panel (Excluding Glial Neoplasms)**

☐ **ALK and ROS1 FISH:** 4 unstained slides 4-5 micron thickness **plus** 1 "H&E recut" (5 total slides). These slides must be reviewed for suitability & marked by a pathologist. Signature required from pathologist who marked the relevant regions for testing. See below.

Percentage tumor: _____

Signature / Date: _____

ALK and ROS1 FISH performed by UNCH Cytogenetics Laboratory

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes. **Form revised 3-2018**