

**Molecular Diagnostics Requisition**

**1. PATIENT INFORMATION**

Patient Name (Last, First) DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male  Female  Neutral/Other  Unknown

**2. BILLING INFORMATION – INSTITUTIONAL BILLINGS ONLY**

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

**3. REPORT DELIVERY INFORMATION**

Same as Billing Address

Client ID	Client Name		
Client Name	Address		
Address	City	State	Zip
City	State	Zip	Phone
Phone	<input type="checkbox"/> Duplicate Report Requested		Secure Fax
Secure Fax	Phone	Attn:	
	Phone	Secure Fax	

**4. SPECIMEN INFORMATION**

Submitted By	Submitter Specimen Number
Phone	Actual Specimen Collection Date
Secure Fax	Collection Time

**5. GENETIC TESTS**

<input type="checkbox"/> FXII Factor XII Mutation Analysis	<p><b>Hereditary Angioedema Clinical Presentation</b></p> Urticaria <input type="checkbox"/> Present <input type="checkbox"/> Absent C4 Level <input type="checkbox"/> Normal <input type="checkbox"/> Low C1-INH Level <input type="checkbox"/> Normal <input type="checkbox"/> Low C1-INH Function <input type="checkbox"/> Normal <input type="checkbox"/> Low Family History <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
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**6. SPECIMEN TYPE**

<input type="checkbox"/> DNA extract DNA yield must be greater than 1ng/mcL. The isolation of nucleic acids for clinical tests must occur in a CLIA-certified laboratory or equivalent.	<input type="checkbox"/> Buccal Swab (BUCCSW) <input type="checkbox"/> Whole Blood (Check One): <input type="checkbox"/> ACD A <input type="checkbox"/> ACD B <input type="checkbox"/> Heparin <input type="checkbox"/> EDTA
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**7. INFORMED CONSENT**

**BY SUBMITTING A REQUEST FOR A GENETIC TEST ON THIS REQUISITION, THE ORDERING PHYSICIAN ACKNOWLEDGES THAT THE PATIENT HAS RECEIVED GENETIC COUNSELING AND THAT THE PATIENT HAS CONSENTED TO THIS TEST IN WRITING. A SIGNED COPY OF THE INFORMED CONSENT DOCUMENTATION MUST BE KEPT ON FILE IN THE PATIENT'S MEDICAL RECORD.**

**8. SPECIAL INSTRUCTIONS**

**INTERNAL USE**

Received By	Date	Account#	MRUN	Accession
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