Advanced Diagnostic Laboratories National Jewish Health®

Molecular Diagnostics | 800.550.6227 phone | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Molecular Diagnostics Laboratory
1400 Jackson Street, Room D303
Denver, CO 80206

1. PATIENT INFORMATION

Patient Name (Last, First) ☐ Male ☐ Female DOB __ __ / __ __ / __ __ __ __

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY

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

Account Name

Address

City State Zip

Billing Contact Name

Phone Fax

3. REPORT DELIVERY INFORMATION

Account Name

Address

City State Zip

Secure Fax

☐ Duplicate Report Requested

Name

Phone Secure Fax

4. SPECIMEN INFORMATION

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

5a. RESPIRATORY PATHOGEN TESTS

☐ MPCP	Mycoplasma pneumoniae/Chlamydophila pneumoniae	☐ RESPCR	Respiratory Virus Panel

5b. Specimen Type

☐ **Biopsy (BIOP)*** ☐ **Bronchial Brush (BRUS)*** ☐ Bronchial Wash (WASH) ☐ Bronchoalveolar Lavage (BALAV)
☐ Nasal Swab (NSWAB) ☐ Nasopharyngeal Swab (NASP) ☐ **Sputum (SPUT)*** ***Not a valid sample type for RESPCR**

6a. GENETIC TESTS

☐ FLG	Filaggrin Genetic Test	☐ STAT3	SH2 & DNA Binding Sequence
☐ C2TYIP	C2 Type I Deficiency **Clinical Presentation** C2 Level ☐ Normal ☐ Low C2 Function ☐ Normal ☐ Abnormal	☐ FXIISA	Factor XII Mutation Analysis **Hereditary Angioedema Clinical Presentation** Urticaria ☐ Present ☐ Absent C4 Level ☐ Normal ☐ Low C1-INH Level ☐ Normal ☐ Low C1-INH Function ☐ Normal ☐ Low Family History ☐ Yes ☐ No ☐ Other:_____
☐ CFMDX	CFTR Full Gene Sequencing		

6b. Specimen Type

☐ Buccal Swab (BUCCSW) ☐ Whole Blood (Check One): ☐ ACD A ☐ ACD B ☐ Heparin ☐ EDTA

6c. 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.

7. SPECIAL INSTRUCTIONS

INTERNAL USE

Received By Date Account# MRUN Accession