COLLECTION INFORMATION: ☐ AM ☐ PM

DATE _____ TIME _____ INITIALS _____

ACCOUNT INFORMATION

NAME

ADDRESS

CITY STATE ZIP

PHONE

FAX

ORDERING PHYSICIAN

SECOND REPORT TO

ACCOUNT	PATIENT ACCT.	RESEARCH ACCT.

MOLECULAR DIAGNOSTIC LABORATORY
Barnes-Jewish Hospital, Institute of Health
425 South Euclid Avenue
Room 5970, Mailstop #90-28-344
St. Louis, MO 63110
(314) 454-8685, 314-121-3914; FAX (314) 454-7616
URL: https://pathology-wustl.edu/clinical-services/molecular-diagnostics-laboratory/

BARNES-JEWISH Hospital BJC HealthCare

PATIENT INFORMATION

PATIENT LAST NAME OR ID# FIRST			DOB	SEX
RACE (see back)	ETHNICITY (see back)	DIAGNOSIS CODE	SSN	
PATIENT'S ADDRESS CITY STATE ZIP			PHONE	

BILLING INFORMATION } **BILL TO:** ☐ ACCOUNT ☐ PATIENT ☐ INSURANCE ☐ RESEARCH ACCT.

☐ Medicare ☐ Medicaid ☐ CARE PARTNERS ☐ PARTNERS HMO

ID # ALPHA Code _____ ☐ GHP ☐ OTHER _____

INSURANCE CO.	I.D. #
ADDRESS	GRP. #
INSURED NAME (IF NOT PATIENT)	PLAN NAME

Test Requested:

Check box sample type

Inherited Disorders

Fragile X / FXTAS
- ☐ Blood (EDTA)
- ☐ Amniotic Fluid
- ☐ CVS
- ☐ DNA*

Factor V Leiden (*FVL*) Mutation
- ☐ Blood (EDTA)

Prothrombin (*F2*) Mutation
- ☐ Blood (EDTA)

***MTHFR* C677T Mutation**
- ☐ Blood (EDTA)

Pharmacogenetics

***UGT1A1* Genotyping**
- ☐ Blood (EDTA)
- ☐ DNA*

Oncology

***BCR/ABL* p210 IS, Quant**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ RNA*

Check box sample type

Oncology, cont.

***JAK2* V617F, Quant**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ DNA*

***IGH* Hypermutation (IGHV), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ DNA*

***IGH* Rearrangement (B Cell Clonality), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ Fresh Tissue
- ☐ Vitreous Fluid
- ☐ DNA*

***TCR* Rearrangement (T Cell Clonality), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ Fresh Tissue
- ☐ DNA*

Check box sample type

Oncology, cont.

STR Comprehensive (Patient Pre-BMT)
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ Buccal swabs
- ☐ DNA*

STR Donor (Donor Pre-BMT)
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ Buccal swabs
- ☐ DNA*

STR Identity Testing
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ DNA*

STR Enrichment Identity Testing Blood (EDTA)

Select cell lines (3 mL whole blood per cell line)
- ☐ CD3 (T cell)
- ☐ CD15 (Myeloid cell)
- ☐ CD19 (B cell)
- ☐ CD56 (NK cell)

Other test(s) requested: _____

*DNA/RNA must be extracted in a CLIA/CAP certified laboratory. Circle one: CLIA CAP Cert # _____

Clinical Information:

DNA/ONCOLOGY

COLLECTION INFORMATION: ☐ AM ☐ PM

DATE _____ TIME _____ INITIALS _____

ACCOUNT INFORMATION

NAME

ADDRESS

CITY STATE ZIP

PHONE

FAX

ORDERING PHYSICIAN

SECOND REPORT TO

ACCOUNT	PATIENT ACCT.	RESEARCH ACCT.

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BARNES-JEWISH Hospital BJC HealthCare

PATIENT INFORMATION

PATIENT LAST NAME OR ID# FIRST			DOB	SEX
RACE (see back)	ETHNICITY (see back)	DIAGNOSIS CODE	SSN	
PATIENT'S ADDRESS CITY STATE ZIP			PHONE	

BILLING INFORMATION } **BILL TO:** ☐ ACCOUNT ☐ PATIENT ☐ INSURANCE ☐ RESEARCH ACCT.

☐ Medicare ☐ Medicaid ☐ CARE PARTNERS ☐ PARTNERS HMO

ID # ALPHA Code _____ ☐ GHP ☐ OTHER _____

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***MTHFR* C677T Mutation**
- ☐ Blood (EDTA)

Pharmacogenetics

***UGT1A1* Genotyping**
- ☐ Blood (EDTA)
- ☐ DNA*

Oncology

***BCR/ABL* p210 IS, Quant**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ RNA*

Check box sample type

Oncology, cont.

***JAK2* V617F, Quant**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ DNA*

***IGH* Hypermutation (IGHV), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ DNA*

***IGH* Rearrangement (B Cell Clonality), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ Fresh Tissue
- ☐ Vitreous Fluid
- ☐ DNA*

***TCR* Rearrangement (T Cell Clonality), NGS**
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ FFPE
- ☐ Fresh Tissue
- ☐ DNA*

Check box sample type

Oncology, cont.

STR Comprehensive (Patient Pre-BMT)
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ Buccal swabs
- ☐ DNA*

STR Donor (Donor Pre-BMT)
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ Buccal swabs
- ☐ DNA*

STR Identity Testing
- ☐ Blood (EDTA)
- ☐ Bone marrow (EDTA)
- ☐ DNA*

STR Enrichment Identity Testing Blood (EDTA)

Select cell lines (3 mL whole blood per cell line)
- ☐ CD3 (T cell)
- ☐ CD15 (Myeloid cell)
- ☐ CD19 (B cell)
- ☐ CD56 (NK cell)

Other test(s) requested: _____

*DNA/RNA must be extracted in a CLIA/CAP certified laboratory. Circle one: CLIA CAP Cert # _____

Clinical Information:

DNA/ONCOLOGY