

DNA TEST REQUISITION FORM

Updated 6/25/18

PATIENT INFORMATION

Last Name: _____
 First Name: _____
 Date of Birth: _____
 Sex: Male Female
 Medical Record #/Patient ID #: _____

- OR -

Place Patient Sticker Here

SPECIMEN INFORMATION

Accession/Lab ID #: _____
 Specimen Date: _____
FTA card is only acceptable specimen type.

ADDITIONAL INFORMATION

Primary presenting symptoms: _____
 Abnormal labs: _____
 Medication(s): _____
If this space isn't sufficient please attach clinical summary or patient history.

TEST(S) REQUESTED

Clinical

- MTHFR C677T
 MTHFR A1298C
 MTHFR SNP panel (C677T AND A1298C)

Research

- MTHFD1 G1958A
 MTR A2756G
 MTRR A66G

PHYSICIAN INFORMATION

Ordering Physician (signature): _____
 Ordering Physician (printed): _____
I attest that this patient has been informed about and has given consent for the test(s) I have ordered.

Results Address: _____

 Phone: _____
 Fax: _____

BILLING INFORMATION

Name: _____
 Billing Address: _____

 Phone: _____
 Fax: _____

Baylor Use Only

The IMD does not bill patients, Medicare, Medicaid, or insurance.

Demographic Entry Quality Check

Sample Process: _____

Testing Department: _____

Client Services: _____

Baylor Use Only

DNA SPECIMEN REQUIREMENT INFORMATION AND COLLECTION PROTOCOL

REQUIREMENTS

TEST NAME	SPECIMEN Volume	SPECIMEN REQUIREMENTS	SHIPPING	TURNAROUND TIME	CPT CODE
Folate panel MTHFR A1298C MTHFR C677T MTHFR panel MTHFRD1 G1958A MTR A2756G MTRR A66G	2 fully soaked 3 mm hole punches; <u>1 fully soaked 3 mm hole punch is minimum</u>	FTA Whatman Card Stable for at least 5 years	Room temperature Monday – Thursday No Saturday deliveries accepted Trackable courier	7 business days	81291

COLLECTION INSTRUCTIONS

1. Label the FTA card and the pouch with the patient name and date of birth.
2. Patient must be lying down or seated during the entire procedure.
3. The non-dominant hand is preferred, positioned below the heart.
4. The 3rd and 4th fingers on the plantar side are the sites of choice.
5. Cleanse the fingertip with alcohol prep. Allow to dry.
6. Using a sterile lancet device, puncture skin just off center of the finger pad.
7. Gently massage the patient's finger to force blood to the tip.
8. Apply pressure to the side of the finger (avoid excessive pressure).
9. Drip blood in the center of the circle and allow it to diffuse out.
10. When collection has finished apply bandage to finger.
11. Allow blood to dry on card for 10 minutes.
12. Place labeled blood spot card in labeled card holder.
13. Ship to:

Institute of Metabolic Disease
ATTN: Sample Processing
3812 Elm St.
Dallas, TX 75226

ADDITIONAL INFORMATION

- Laboratory Hours: Monday through Friday, 8:30 am – 5:00 pm (CST).
- As per CLIA and CAP regulations, all specimens must be submitted with a complete test requisition.
- **All specimens must be labeled with the patient name and specimen collection date; this information must match the test requisition exactly.**
- Use indelible ink or gummed labels to label specimens.
- Results are available for a verbal report (or if possible, a preliminary fax on request) within the turnaround time specified.
- Result reports are faxed and mailed to the submitter and physician (if provided).
- The IMD does not bill patient, Medicare, Medicaid or insurance.
- Contact us at 214-820-4533 if you have any additional questions or need to request the special FTA blood spot collection kits.