

INSTITUTE OF METABOLIC DISEASE  
3812 Elm Street  
Dallas, TX 75226

Phone: (214) 820 – 4533  
Fax: (214) 820 – 4853

MOLECULAR DIAGNOSTICS  
CLINICAL TEST REQUISITION

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Gender:  Male  Female  
DOB or Age: \_\_\_\_\_ Hospital or Patient ID: \_\_\_\_\_  
Accession #: \_\_\_\_\_

**SAMPLE INFORMATION**

Sample type: \_\_\_\_\_ If fibroblasts, flask date: \_\_\_\_\_ passage#: \_\_\_\_\_  
Sample date: \_\_\_\_\_ Sample Time: \_\_\_\_\_

**CLINICAL HISTORY:**

Symptoms or Clinical findings: \_\_\_\_\_  
Family history: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

NY State Clientele **MUST** check **AT LEAST** one of the following:  Informed consent form for Genetic Testing enclosed,  Informed consent form for Genetic Testing on file in Physician's office,  Physician has signed or initialed above indicating that information regarding the nature of the Genetic Testing was conveyed to the patient.  A Waiver from NY State has been obtained for the testing.

**TEST(S) REQUESTED:**

- Alpha-1 Antitrypsin Deficiency – [Common Mutation \(E342K\) Analysis](#)
- Alpha-1 Antitrypsin Deficiency – Panel of 8 mutations or individual mutation (check ALL for panel)
  - Glu342Lys  Pro386 Ser
  - Val361Ala  Glu400Asp
  - Leu362Met  Gln401Lys
  - Gly373Trp  Thr416Pro
- Alpha-1 Antitrypsin Deficiency – SERIPINA1 Mutation Analysis by DNA Sequencing
- Alpha-1 Antitrypsin Deficiency – SERIPINA1 Individual known mutation analysis. Indicate mutation: \_\_\_\_\_
  
- CPTII DNA analysis – [Common Mutation \(S113L\)](#)
- CPTII DNA analysis – Panel of 8 mutations or individual mutation (check ALL for panel)
  - R124X  Q550R
  - Q413fs  P604S
  - P227L  R631C
  - L178F (534Tins/25bpdel)  S38fs (112-113 GC insertion)
- CPTII DNA Analysis for individual known mutation. Indicate mutation: \_\_\_\_\_
- CPTII Enzyme Assay
- CPTII – Unknown Mutation Analysis by DNA sequencing
  
- Diabetes Type I Insulin Gene (INS) Mutation Analysis by DNA Sequencing
- Diabetes Type I Insulin Gene (INS) Individual known mutation analysis. Indicate mutation: \_\_\_\_\_

**RESULTS ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BILLING ADDRESS** (The IMD does not bill patients, Medicare, Medicaid or insurance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_