

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:

<input type="checkbox"/> Diabetes Type I Insulin Gene (INS) Mutation Analysis by DNA Sequencing <input type="checkbox"/> Diabetes Type I Insulin Gene (INS) Individual known mutation analysis. Indicate mutation: _____	<input type="checkbox"/> CPTII DNA analysis – Common Mutation (S113L) <input type="checkbox"/> CPTII DNA analysis – Panel of 8 mutations (DOES NOT INCLUDE Common Mutation – tests for the mutations listed below) <input type="checkbox"/> CPTII DNA analysis – Individual mutations (check all that apply) <input type="checkbox"/> R124X <input type="checkbox"/> Q550R <input type="checkbox"/> Q413fs <input type="checkbox"/> P604S <input type="checkbox"/> P227L <input type="checkbox"/> R631C <input type="checkbox"/> L178F (534Tins/25bpdel) <input type="checkbox"/> S38fs (112-113 GC insertion) <input type="checkbox"/> CPTII Enzyme Assay <input type="checkbox"/> Unknown CPTII Mutation Analysis by DNA sequencing
<input type="checkbox"/> Fabry Disease - Unknown Mutation Analysis by DNA sequencing of the GLA gene <input type="checkbox"/> Fabry Disease DNA Analysis for individual known mutation. Indicate mutation: _____	<input type="checkbox"/> MCAD DNA analysis - Common Mutation (985A>G) <input type="checkbox"/> MCAD DNA analysis – Panel of 8 mutations (DOES NOT INCLUDE Common Mutation – tests for the mutations listed below) <input type="checkbox"/> MCAD DNA analysis – Individual mutations (check all that apply) <input type="checkbox"/> 244insT <input type="checkbox"/> 583 G>A <input type="checkbox"/> 250C>T <input type="checkbox"/> 616 C>T <input type="checkbox"/> 322-325 4bp del <input type="checkbox"/> 617 G>A <input type="checkbox"/> 503 A>G <input type="checkbox"/> 799 G>A <input type="checkbox"/> Unknown MCAD Mutation Analysis by DNA sequencing
<input type="checkbox"/> Familial Hypertrophic Cardiomyopathy/Wolff-Parkinson-White Syndrome - PRKAG2 Gene Sequencing <input type="checkbox"/> R302Q (905G>A) Mutation Analysis <input type="checkbox"/> Familial Hypertrophic Cardiomyopathy/Wolff-Parkinson-White Syndrome – individual known mutation analysis Indicate mutation: _____	<input type="checkbox"/> LCHAD DNA Analysis– Common Mutation (1528G>C)
<input type="checkbox"/> Salla DNA analysis – Common mutation 115 C>T (R39C) <input type="checkbox"/> SASD Disease DNA Analysis for individual known mutation. Indicate mutation: _____ <input type="checkbox"/> Unknown SASD Mutation analysis by DNA sequencing of SLC17A5 gene	

RESULTS ADDRESS

Phone: _____ Fax: _____

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

Phone: _____ Fax: _____