



# Specimens:	Blue:	Lav:	Red:	SST:	Grn:	Gray:	Urine	Micro:
Collect Date:	Time:	By:	Depot:	ABN Signed: <input type="checkbox"/>				
MR #:	A #:							

**\*STAT\***

**REQUIRED (PRINT OR PATIENT LABEL)**

Name (Last, First, MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: (circle) M F

Street Address \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Chart Number \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate primary (1) and secondary (2) insurance**

Blue Cross/Shield     Child Health Plus     MVP

Blue Choice     Medicaid     MVPG

Medicare Blue Choice     Medicare     Aetna

Other \_\_\_\_\_

1. Primary Contract #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Relationship to Subscriber: \_\_\_\_\_

2. Secondary Contract \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Relationship to Subscriber: \_\_\_\_\_

Phone Results to: \_\_\_\_\_ Fax Results to: \_\_\_\_\_

Ordering Provider's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Diagnosis Mandatory: Signs/Symptoms or ICD10 Codes  
*If ordered for screening, list test name here and write "SCREENING" after it*

Send Additional Reports To: (Full Name/Address) \_\_\_\_\_

Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-10 code(s) or a descriptive diagnosis must be included on each patient for each test ordered. It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.

**Patient History Mandatory**

Chief Complaint/Diagnosis: \_\_\_\_\_

Clinical History/Relevant Family History: \_\_\_\_\_

Current Medications: (list all drugs taken in last 4 days) \_\_\_\_\_

Current Diet/Supplementation \_\_\_\_\_ Time of last meal: \_\_\_\_\_

**BIOCHEMICAL GENETICS (275-8483)**

**REFERENCE LAB TESTS (350-2657)**

33526  Amino Acid Analysis, Quantitative Green On Ice

27152  Glycine Profile for NKH Green On Ice  
(Amino Acid Analysis, Quant. & Glycine, CSF) CSF On Ice

48033  MSUD Profile, Quant. Green On Ice  
(Valine, Allo-Isoleucine, Isoleucine, and Leucine)

45828  PKU Profile Whole Blood Filter Card

45830  PKU Profile, Plasma Green on Ice NA Heparin

44418  Ammonia Lavender On Ice

Other: \_\_\_\_\_

15835  Amino Acids, Urine, Quantitative Urine On Ice  
(includes Creatinine) MINIMUM: 2.0 ml, PREFERRED: 5 ml

17326  Organic Acid, Urine, Qualitative by GC/MS Urine On Ice  
(includes Creatinine) MINIMUM: 4.0 ml, PREFERRED: 10 ml

(01) NYS APPROVAL REQUIRED PRIOR TO SPECIMEN COLLECTION  
(02) SPECIAL FORM FROM PERFORMING LAB REQUIRED  
(03) SAMPLES MUST BE DRAWN MON-WED/MUST BE SHIPPED SAME DAY AS COLLECTED

REFERENCE TESTING REQUIRES SUBSPECIALTY- PHYSICIAN'S SIGNATURE

BLOOD	29008 <input type="checkbox"/> Acylcarnitine <u>Green On Ice</u>
	32221 <input type="checkbox"/> Carbohydrate Deficient Transferrin (CDG) <u>Red On Ice</u>
	40000 <input type="checkbox"/> Carboxylase (02, 03), Control req'd <u>Yellow ACD-A</u>
	30308 <input type="checkbox"/> Carnitine Free & Total <u>Green On Ice</u>
	17756 <input type="checkbox"/> Galactose 1 PO4 (02, 03) <u>Green</u>
	19979 <input type="checkbox"/> Gal 1 Uridyl Transferase <u>Lav On Ice</u>
	31309 <input type="checkbox"/> Glutaric Acid, Plasma (01) <u>Green On Ice</u>
	46376 <input type="checkbox"/> Guanidinoacetate (GAMT) <u>Green On Ice</u>
	44462 <input type="checkbox"/> Lysosomal Enzyme (02, 03) <u>Green Rm Temp</u>
	20538 <input type="checkbox"/> Methylmalonic Acid, Serum <u>SST On Ice</u>
URINE	17502 <input type="checkbox"/> PKU CoFactor <u>Filter Paper</u>
	46268 <input type="checkbox"/> 7-Dehydrocholesterol (01) <u>Lav</u>
	20137 <input type="checkbox"/> Fatty Acid Profile, Peroxisomal (C22-C26) <u>SST On Ice</u>
	23962 <input type="checkbox"/> Fatty Acid Profile, Essential (C12-C24) <u>SST On Ice</u>
	34008 <input type="checkbox"/> Acylglycine <u>Urine On Ice</u>
	19762 <input type="checkbox"/> Galactitol <u>Urine On Ice</u>
	44546 <input type="checkbox"/> Glutaric Acid, Urine (01) <u>Urine On Ice</u>
	13304 <input type="checkbox"/> Methylmalonic Acid, Urine <u>Urine On Ice</u>
	23049 <input type="checkbox"/> Mucopolysaccharides (01) <u>Urine On Ice</u>
	36586 <input type="checkbox"/> Oligosaccharides (01) <u>Urine On Ice</u>
	42704 <input type="checkbox"/> S-Sulfocysteine <u>Urine On Ice</u>
	26725 <input type="checkbox"/> Sialic Acid <u>Urine On Ice</u>
	24251 <input type="checkbox"/> Trimethylamine (01) <u>Urine On Ice</u>

**PATIENT CONSENT**

**HEALTHCARE PROVIDER CONSENT**

I have read the information on the consent form and discussed it with my health care provider. I have been given the opportunity to ask questions and have them answered about the test ordered. I authorize collection and analysis of the necessary sample(s).

I attest that I have reviewed the requirements for genetic testing ordered on the requisition with the patient. I have conveyed the required information to the patient and obtained consent.

Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Information about Genetic Testing

1. One or more of the following tests is/are being ordered to look for changes gene products which are known to be associated with the specific condition in question.

Plasma/Urine Amino Acid Testing: This test measures amino acids in blood or urine to look for abnormalities that may suggest a genetic defect in the body's processing of one or more of these amino acids. This test may be used as a follow-up to NYS Newborn screening, to monitor treatment in a patient with a genetic defect involving amino acids, or to rule out such a disease in an at risk patient.

Phenylketonuria (PKU) Testing: Measures blood levels of two amino acids, phenylalanine and tyrosine. These results will allow your healthcare team to monitor and adjust your diet to minimize your risks of complications from your phenylketonuria.

Maple Syrup Urine Disease (MSUD) Testing: Measures blood levels of leucine, isoleucine and valine to test for a genetic disease called maple syrup urine disease. This test may also be used to monitor dietary treatment in known MSUD patients.

Urine Organic Acid Testing: This test looks for the presence of chemical compounds in the urine that will suggest abnormal processes in the body. Some patterns may suggest a genetic cause while others may indicate other disease processes.

2. Genetic counseling is available prior to signing consent. This test may reveal that the individual tested is affected with the condition, carries the genetic pre-disposition for it, or that he/she does not. If a positive result is obtained, a medical and/or genetic counseling follow-up may be advised and is available.
3. Genetic Testing is ordinarily highly accurate, however, in some cases results may not be obtained or may be inconclusive. Also, accurate genetic testing depends upon an accurate diagnosis in affected family members. If the diagnosis in a family is not certain, results can be misleading. I have been able to discuss the expected accuracy of the testing in my particular case. Initial\_\_\_\_\_
4. Some genetic testing may require comparison of samples from multiple family members with their consent, and in these cases, previous unknown non-paternity can be discovered.
5. Some genetic tests are only done by a few laboratories in the world. This sample may need to be sent out of state to laboratories that are not certified by the New York State Health Department. In these cases, approval for testing will be obtained from New York State.
6. Records of this testing or test results will not be released to anyone other than entities that can receive them by law, myself, my referring doctors, and Strong Memorial Hospital Medical records unless I specify otherwise. Initials\_\_\_\_\_
7. No tests other than those authorized shall be performed on the biological sample and that the sample shall be destroyed at the end of the testing process or not more than sixty days after the sample was taken. Any part of the biological sample not used for specific testing may be retained for five years and used for medical research as long as names and other identifying information are not released. Initial\_\_\_\_\_
8. I indicate my desire to opt out of participation in anonymized research studies using my DNA sample. Initial\_\_\_\_\_