

## Cytogenetics Genomic Instability Requisition

Patient Information	Client Information
Name (Last, First, MI):	Ordering Physician Name:
Address:	Ordering Physician NPI:
City, State, Zip:	Office/Facility Name:
Patient Phone:                      Fax:	Client Address:
Patient DOB:                      Sex:	City, State, Zip:
Patient ID/MRN #:	Client Phone:                      Fax:
Notes:	Account #:

Additional Physicians To Receive Report Copy		
CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

Billing Information		
<input type="checkbox"/> Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) <input type="checkbox"/> Bill Client (Invoice will be sent to Client Address Listed Above) <input type="checkbox"/> Bill Patient		
Primary Insurance Company Name: _____ Group # _____ Policy# _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____ Relation to Insured : <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Secondary Insurance Company Name: _____ Group # _____ Policy# _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____ Relation to Insured : <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		

Clinical Information		
Clinical Diagnosis: <input type="checkbox"/> Fanconi Anemia <input type="checkbox"/> Bloom Syndrome <input type="checkbox"/> Other (Describe): _____	ICD-9 (Required):	Date of Specimen Collection:
Blood Differential:  Segs _____    Eos _____    Lymph _____    Bands _____  Baso _____    Mono _____    Other _____  WBC: _____    Platelets: _____	Time of Specimen Collection:	
	Tissue Site:	

Genomic Instability Tests	
Test Code	Test Name
<input type="checkbox"/> 6078	Breakage Study – Blood
<input type="checkbox"/> 6080	Breakage Study – Fibroblasts
<input type="checkbox"/> 6650	Sister Chromatid Exchange Analysis
<input type="checkbox"/> 6620	Premature Chromatid Separation Analysis
<input type="checkbox"/> 6050	G-Banded Chromosome Analysis - Blood
<input type="checkbox"/> 6754	G-Banded Chromosome Analysis - Fibroblasts