



Biochemical Genetics Requisition

Patient Information

Full Name

Street Address

City, State, Zip

Phone DOB / /

Fax Male Female

ID/MRN#

Hospital In-Patient Yes No

Physician Signature Date

Ordering Physician Information

Full Name

NPI

Office/Facility Name

Address

City, State, Zip

Phone Fax

Account #

Notes

Send additional copies of test results to:

Physician Name Physician Phone Fax

Physician Name Physician Phone Fax

Billing Information

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

Bill Client

Invoice will be sent to Client Account and Address Listed Above

Self-Pay

Primary Insurance Name

Primary Policy#

Primary Group#

Preauthorization #

Relation to Insured Medicaid Medicare

Self Child Spouse Other

Secondary Insurance Name

Secondary Policy#

Secondary Group#

Preauthorization #

Relation to Insured Medicaid Medicare

Self Child Spouse Other

Clinical Information

Specimen Type

Urine

CSF

Plasma

Whole Blood

Other

Date of Specimen Collection / /

Time of Specimen Collection : :

ICD-10 (required)

Diagnosis Description

Biochemical Genetics Tests

Test Name	Test Name
<input type="checkbox"/> Alanine, Quantitative, CSF	<input type="checkbox"/> Glycine, Quantitative, CSF
<input type="checkbox"/> Alanine, Quantitative, Plasma	<input type="checkbox"/> Glycine, Quantitative, Plasma
<input type="checkbox"/> Alanine, Quantitative, Urine	<input type="checkbox"/> Glycine, Quantitative, Urine
<input type="checkbox"/> Amino Acid Single, Plasma Specify:	<input type="checkbox"/> Homocystine, Quantitative, Urine
<input type="checkbox"/> Amino Acid Single, Urine Specify:	<input type="checkbox"/> Mucopolysaccharides Quantitative (Includes Electrophoresis), Urine
<input type="checkbox"/> Amino Acid Single CSF Specify:	<input type="checkbox"/> Oligosaccharides, Urine
<input type="checkbox"/> Amino Acid Metabolic Screen, Urine (Includes Qualitative Amino Acid, Cystine Screen, Tyro- sine Metabolite, Mucopolysaccharide Screening, Creatinine Screen, and UA)	<input type="checkbox"/> Organic Acids, Plasma
<input type="checkbox"/> Amino Acids Total, Quantitative, CSF	<input type="checkbox"/> Organic Acids, Urine
<input type="checkbox"/> Amino Acids Total, Quantitative, Plasma	<input type="checkbox"/> Phenylalanine, Quantitative, Plasma (Includes Tyrosine, Quantitative)
<input type="checkbox"/> Amino Acids Total, Quantitative, Urine	<input type="checkbox"/> Phosphoethanolamine, Quantitative, Urine
<input type="checkbox"/> Aspartylglucosamine, Quantitative, Urine	<input type="checkbox"/> Phytanic Acid, Plasma
<input type="checkbox"/> Cystathionine, Quantitative, Urine	<input type="checkbox"/> Succinylacetone with Organic Acids, Urine
<input type="checkbox"/> Cystine, Quantitative, Urine	<input type="checkbox"/> Tyrosine, Quantitative, Plasma
<input type="checkbox"/>	<input type="checkbox"/> Very Long Chain Fatty Acids, Plasma