

Biochemical Genetics Requisition

Patient Information

Full Name			
Street Address			
City, State, Zip			
Phone		DOB	/ /
Fax		<input type="checkbox"/> Male	<input type="checkbox"/> Female
ID/MRN #			
Hospital In-Patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Physician Signature _____ Date _____

Ordering Physician Information

FullName		
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 #	

Secondary Insurance Name	
Secondary Policy #	
Secondary Group #	
Preauthorization #	

Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other _____

Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other _____

Clinical Information

Specimen Type

☐ Urine

☐ CSF

☐ Plasma

☐ Whole Blood

Other _____

ICD-10 (required)

Diagnosis Description

Date of Collection

Time of Collection

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 Amino Acid):	<input type="checkbox"/> Homocysteine, Quantitative, Urine
<input type="checkbox"/> Amino Acid Single, Urine (Specify Amino Acid):	<input type="checkbox"/> Organic Acids, Plasma
<input type="checkbox"/> Amino Acid Single CSF (Specify Amino Acid):	<input type="checkbox"/> Organic Acids, Urine
<input type="checkbox"/> Amino Acid Metabolic Screen, Urine (Includes Qualitative Amino Acid, Cystine Screen, Tyrosine Metabolite, Mucopolysaccharide Screening, Creatinine Screen, and UA)	<input type="checkbox"/> Phenylalanine, Quantitative, Plasma (Includes Tyrosine, Quantitative)
<input type="checkbox"/> Amino Acids Total, Quantitative, CSF	<input type="checkbox"/> Phosphoethanolamine, Quantitative, Urine
<input type="checkbox"/> Amino Acids Total, Quantitative, Plasma	<input type="checkbox"/> Tyrosine, Quantitative, Plasma
<input type="checkbox"/> Amino Acids Total, Quantitative, Urine	<input type="checkbox"/> Very Long Fatty Chain Acids, Plasma
<input type="checkbox"/> Cystine, Quantitative, Urine	