

Biochemical Genetics 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

Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) Bill Client (Invoice will be sent to Client Address Listed Above) Bill Patient

Primary Insurance Company Name: _____ Group # _____ Policy# _____

Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____

Relation to Insured : Self Child Spouse Other _____

Secondary Insurance Company Name: _____ Group # _____ Policy# _____

Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____

Relation to Insured : Self Child Spouse Other _____

Clinical Information

| | |
|---|------------------------------|
| Specimen Type: <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood | ICD-9 (Required): |
| <input type="checkbox"/> Other (Specify): | Clinical Diagnosis: |
| Date of Specimen Collection: | Time of Specimen Collection: |

Biochemical Genetics Tests

| Test Code | Test Name | Test Code | Test Name |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> 9002 | Alanine, Quantitative/ CSF | <input type="checkbox"/> 6242 | Fibroblast Retrieval |
| <input type="checkbox"/> 9004 | Alanine, Quantitative/ Plasma | <input type="checkbox"/> 9272 | Glycine, Quantitative/ Plasma |
| <input type="checkbox"/> 9006 | Alanine, Quantitative/ Urine | <input type="checkbox"/> 9274 | Glycine, Quantitative/ Urine |
| <input type="checkbox"/> 9010 | Amino Acid Single/ CSF Specify: _____ | <input type="checkbox"/> 9310 | Homocystine, Quantitative/ Urine |
| <input type="checkbox"/> 9012 | Amino Acid Single/ Plasma Specify: _____ | <input type="checkbox"/> 9400 | Ketolytic Enzymes (B-KT & SCOT) on Cultured Fibroblasts with Retrieval |
| <input type="checkbox"/> 9014 | Amino Acid Single/ Urine Specify: _____ | <input type="checkbox"/> 9402 | Ketolytic Enzymes (B-KT & SCOT) on Skin Biopsy |
| <input type="checkbox"/> 9016 | Amino Acid Metabolic Screen Urine (Includes Qualitative Amino Acid Analysis, Cystine Screening, Tyrosine Metabolite Screening, and Mucopolysaccharide Screening) | <input type="checkbox"/> 9502 | Mucopolysaccharides Quantitative (Includes Electrophoresis)/ Urine |
| <input type="checkbox"/> 9020 | Amino Acids Total, Quantitative/ CSF | <input type="checkbox"/> 9590 | Oligosaccharides/ Urine |
| <input type="checkbox"/> 9022 | Amino Acids Total, Quantitative/ Plasma | <input type="checkbox"/> 9600 | Organic Acids/ Plasma |
| <input type="checkbox"/> 9024 | Amino Acids Total, Quantitative/ Urine | <input type="checkbox"/> 9602 | Organic Acids/ Urine |
| <input type="checkbox"/> 9030 | Aspartylglucosamine, Quantitative/ Urine | <input type="checkbox"/> 9630 | Phenylalanine, Quantitative/ Plasma (Includes Tyrosine, Quantitative) |
| <input type="checkbox"/> 9074 | Carnitine/ Plasma | <input type="checkbox"/> 9640 | Phosphoethanolamine, Quantitative/ Urine |
| <input type="checkbox"/> 9106 | Cystathionine, Quantitative/ Urine | <input type="checkbox"/> 9650 | Phytanic Acid/ Plasma |
| <input type="checkbox"/> 9108 | Cystine, Quantitative/ Urine | <input type="checkbox"/> 9780 | Succinylacetone With Organic Acids/ Urine |
| <input type="checkbox"/> 9250 | Freeze and Store Cells | <input type="checkbox"/> 9812 | Tyrosine, Quantitative/ Plasma |
| <input type="checkbox"/> 9270 | Glycine, Quantitative/ CSF | <input type="checkbox"/> 9960 | Very Long Chain Fatty Acids/ Plasma |
| <input type="checkbox"/> 6240 | Fibroblast Primary Culture | | |