**Molecular Genetics Testing Requisition**

New York Clients: Consent forms are required by the State of New York. Additional information and Consent Forms are located on the Specialty Laboratories’ Web site at: www.specialtylabs.com.

### REQUIRED INFORMATION:

<table>
<thead>
<tr>
<th>Client Services: Fax 661-799-5252</th>
<th>Phone 800-421-4449</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact physician:</td>
<td>Indication/Diagnosis:</td>
</tr>
<tr>
<td>Physician phone:</td>
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<tr>
<td>Physician fax:</td>
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### For Cystic Fibrosis Carrier Studies (5356 and 5355), is there a Family History of Cystic Fibrosis (CF)?

- **No**
- **Yes**

If Yes, then:

1. Ethnicity: 
   - Ashkenazi Jewish
   - Caucasian, European
   - African American
   - Hispanic American
   - Asian American
   - Other
2. Relationship to patient:
3. Family member with history of CF is: 
   - carrier
   - affected
4. Family Mutation (s), if known is:

### Inherited Disease Testing:

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Test Name</th>
<th>ICD-9 code</th>
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<tbody>
<tr>
<td>5356</td>
<td>Cystic Fibrosis 70 GenotypR™ Carrier Study</td>
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<tr>
<td>5355</td>
<td>Cystic Fibrosis 40 GenotypR™ Carrier Study</td>
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<tr>
<td>5357</td>
<td>Cystic Fibrosis 70 GenotypR™ Diagnostic Study</td>
<td></td>
</tr>
<tr>
<td>5358</td>
<td>Cystic Fibrosis 70 GenotypR™: Prenatal Diagnosis</td>
<td></td>
</tr>
<tr>
<td>5220</td>
<td>Alpha-Thalassemia GenotypR™</td>
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<tr>
<td>5290</td>
<td>Familial Mediterranean Fever GenotypR™</td>
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<tr>
<td>5369</td>
<td>Hemochromatosis GenotypR™</td>
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<tr>
<td>1515</td>
<td>Alpha-1-Antitrypsin GenotypR™</td>
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<tr>
<td>1518</td>
<td>Alpha-1-Antitrypsin Deficiency Fetal Study</td>
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</tr>
</tbody>
</table>

### Chromosome Analysis by PCR (post and prenatal):

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Test Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5855</td>
<td>Aneuploidy 13-18-21-X-Y DetectR™ by PCR</td>
</tr>
<tr>
<td>5857</td>
<td>Trisomy-13-18-21 DetectR™ by PCR</td>
</tr>
<tr>
<td>5859</td>
<td>Chromosomes X-Y Aneuploidy DetectR™ by PCR</td>
</tr>
</tbody>
</table>

### Additional Tests:

Please use General Oncology requisition form for Molecular Oncology (Bcr/abl, Jak2 etc) tests.

For complete listing see the Specialty Directory of Services, or website www.specialtylabs.com

Only medically necessary tests (based on specific patient diagnosis and treatment) should be ordered. Screening tests will generally not be reimbursed by third party carriers.
Medicare Hospital Bundling Rules
Under Medicare rules, Specialty can only bill Medicare for a hospital-referred test when the specimen was not collected as part of an inpatient or outpatient encounter, i.e., the specimen was not drawn in a hospital facility. All other testing for hospital patients must be billed directly to the hospital. If client is a hospital and has requested that Specialty bill the Medicare program directly for any referred tests, client warrants and represents to Specialty that the patient's specimen was not collected by hospital personnel.

Medically Necessary Tests
Medicare generally does not cover routine screening tests; Medicare will only pay for those tests that are reasonable and necessary. Tests ordered pursuant to panels and/or profiles should be reviewed to ensure that all of the tests are medically necessary. Diagnosis codes should be reviewed to ensure that they accurately reflect the patient's condition that supports the medical necessity of the tests ordered.

CPT Codes, Reflex Testing and Confirmation
For the most comprehensive, up-to-date listing of CPT coding recommendations, please consult the Specialty Web site: www.specialtylabs.com. In some circumstances, based on a test result, we will reflex to additional testing as specified in the Directory of Services. If a test is reflexed for further testing, additional or different CPT codes should be added and charges for the added tests will be billed to the payor specified. If a test result requires confirmation based on methodology employed, the absolute result value or established clinical guidelines, we will perform confirmatory testing at no additional charge. No additional CPT codes are required for confirmatory testing. Turn-around time is increased at least 2 days by reflex or confirmatory testing.

Specimen Types:
For Carrier, Diagnostic and Pharmacogenetics Studies:
5 mL EDTA Whole Blood: Ambient or Refrigerated: EDTA is the preferred anticoagulant, but ACD (A or B) and Heparin is also acceptable. DO NOT FREEZE. Refrigerated specimens are also acceptable but not preferred. Ship immediately by overnight courier.

For Prenatal Diagnostic Studies:
Mother's blood (5 mL, EDTA) should accompany any fetal specimen for studies of potential maternal cell contamination.
20 mL Amniotic Fluid: Ambient: Collect as usual and ship in a sterile tube. Order DOS 5822 for fetal chromosome analysis. DOS code 12990 will be added at the laboratory for cell culture. Ship ambient within 24 h.
Cultured amniocytes: Ambient: Ship flask at confluency, topped off with culture media. DOS code 12992 will be added at the laboratory for cell culture. Ship ambient within 24 h.

Specimen Temperature
Specialty lists the critical specimen temperature requirements for each assay in the Directory of Services. If no temperature is specified, store and ship specimens at ambient (room) temperature. Please note that temperature ranges are as follows:
- (R) refrigerated (cold pack) +2°C to +6°C
- (A) ambient (room temperature) +18°C to +26°C

If you have questions, want to order copies of the Directory of Services or would like additional information on a specific assay, please call Client Services (800-421-4449). For requisitions and packaging supplies, please call Client Supply (800-421-4449) or fax (661-799-5251).

Specimen Transport
Please call Client Services (800-421-4449) for information on Courier Services in your area. Specialty staff and independent distribution service representatives assist our clients throughout the United States.

Shipping Locations
Send overnight delivery (FedEx) packages to:
Specialty Laboratories
27027 Tourney Road
Valencia, CA 91355
(661) 799-6543

Packaging Instructions for Diagnostic Specimens
FedEx regulations require that specimen packaging include the following:
1. Watertight primary receptacle. Either the primary or secondary tube must pass a pressure test.
2. Watertight secondary packaging with biohazard labeling
3. Absorbent material (desiccant) placed between the primary receptacle and the secondary packaging
4. Sturdy outside packaging constructed of corrugated fiberboard (cardboard), wood, metal or plastic

Please call Client Supply Department (800-421-4449) for mailing supplies. See the Directory of Services “General Information” section for additional information on packaging and shipping specimens to Specialty Laboratories.

NOTE: If you are sending infectious specimens to Specialty, please contact Client Services for specific instructions. Information on what constitutes an infectious specimen is listed in the Directory of Services and on our Web site (www.specialtylabs.com).
For complete listing see the Specialty Directory of Services, or website http://www.specialtylabs.com

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