



**Client** **Account Name:** Please call a client service specialist at 800.932.2943 to obtain an account # if you are not a registered client of Molecular Pathology Laboratory Network, Inc.  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Patient** Last, First M \_\_\_\_\_  
 Male  Female  
DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_  
Patient ID \_\_\_\_\_ Hospital # \_\_\_\_\_ Account # \_\_\_\_\_

**Billing**  Client  Insurance/Patient (Please Attach Copy Insurance Info)  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Address \_\_\_\_\_

**Physician** **ORDERING PHYSICIAN** \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**GENETIC COUNSELOR** \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Clinical Indication: (Specify ICD-9 codes and Diagnosis)** \_\_\_\_\_

**Comments/Patient History/Special Requests** \_\_\_\_\_

**Lab Use Only**

**MATERNAL SERUM SCREEN**

**Specimen Type:**  Peripheral Blood  
Date of Collection \_\_\_\_\_  
 **MSQ** Maternal serum testing, quad screen (AFP, hCG, uE2, inhibin-A)  
 **MS AFP** Maternal serum alphafetoprotein  
# of fetuses \_\_\_\_\_  
Maternal weight \_\_\_\_\_ lbs  
Ethnicity \_\_\_\_\_  
**EGA** \_\_\_\_\_ wks \_\_\_\_\_ days by  U/S  LMP  PE  
 No  Yes Repeat screen?  
 No  Yes Family history of NTD? Relative \_\_\_\_\_  
 No  Yes Previous pregnancy/child with Down Syndrome?  
 No  Yes Patient is insulin dependent diabetic prior to pregnancy?

**PRENATAL TESTING**

**Specimen Type:**  Amniotic Fluid  Fetal Blood  Other \_\_\_\_\_  
Date of Collection \_\_\_\_\_  
**EGA** \_\_\_\_\_ wks \_\_\_\_\_ days  
# of fetuses \_\_\_\_\_  
**Cytogenetics**  
 **AF** Chromosome analysis and AF-AFP  
 **CYTO PN** Chromosome analysis only  
 **AF AFP** Amniotic fluid alphafetoprotein only  
 **ACHE** Acetylcholinesterase  
**FISH**  
 **F ANEU** FISH for trisomy 13, 18, 21 & aneuploid X and Y  
 **F VCF** DiGeorge/Velo-cardio-facial (VCF) syndrome  
 **F STS** Steroid sulfatase deficiency/X-linked ichthyosis  
 **Other** \_\_\_\_\_

**PARENTAL TESTING**

**Specimen Type:**  Peripheral blood  Cervical swab  SurePath™  
 Buccal swab  Urine  ThinPrep®  
 Other \_\_\_\_\_  
**Cytogenetics**  
 **CYTO PB** Chromosome analysis  
 Normal  High Resolution  
**Human Genetics**  
 **CF** Cystic Fibrosis (32 mutation panel) Ethnicity: \_\_\_\_\_  
 **CF-5T** CF intron 8 5T/7T/9T  
 **F2PRO** Factor II prothrombin G20210A  
 **FVLEI** Factor V Leiden R506Q  
 **MTHFR** Methylenetetrahydrofolate Reductase A1298C  
 **MTHFR 677** MTHFR C677T mutation  
 **PAI** Plasminogen activator inhibitor type I 4G/5G polymorphism

**Infectious Disease**  
 **CMV** Cytomegalovirus, Qualitative  
 **EBV** Epstein Barr virus, Qualitative  
 **ENT** Enterovirus, Qualitative  
 **HSV** Herpes simplex virus 1 & 2, Qualitative  
 **ADENO** Adenovirus, Qualitative  
 **PARVO** Parvovirus B-19, Qualitative  
**Human Genetics**  
 **CF AF** Cystic fibrosis, please call before specimen collection  
 **Other** \_\_\_\_\_

**PRODUCTS OF CONCEPTION**

**Specimen Type:**  Products of conception  
Date of Collection \_\_\_\_\_ **EGA** \_\_\_\_\_ wks \_\_\_\_\_ days  
**Cytogenetics**  
 **CYTO POC** Chromosome analysis  
 **CYTO ST** (solid tissue) Chromosome analysis  
 **Other** \_\_\_\_\_  
*Please indicate & call before specimen collection*

**Infectious Disease**  
 **CT** Chlamydia trachomatis, Qualitative  
 **NG** Neisseria gonorrhoeae, Qualitative  
 **CTNG** Chlamydia trachomatis/Neisseria gonorrhoeae, Qualitative  
 **HCV Q** Hepatitis C virus, Quantitative  
 **HIV Q** Human immunodeficiency virus, Quantitative  
 **HPV** Human papillomavirus, low and high risk  
 **HPV HR** HPV, high risk only  
 **HPV G** HPV Genotyping  
 **HSV** Herpes simplex virus 1 & 2, Qualitative  
 **HSV1** HSV 1, Qualitative  
 **HSV2** HSV 2, Qualitative  
 **Other** \_\_\_\_\_  
*Please indicate & call before specimen collection*