

WOMEN'S HEALTH REQUISITION FORM

MOLECULAR PATHOLOGY
LABORATORY NETWORK, INC.

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LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	SOCIAL SECURITY NUMBER	
PATIENT I.D. NUMBER	DATE OF BIRTH	GENDER
BILL TO: <input type="checkbox"/> Client Account <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Other POLICY HOLDER: <input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian		
INSURANCE COMPANY		
INSURANCE BILLING ADDRESS		
POLICY NUMBER	GROUP NUMBER	
ICD-9 CODE(S)		

REQUESTING PHYSICIAN (print) _____ UPIN _____

PHYSICIAN SIGNATURE (The signature indicates that informed consent has been obtained from the patient regarding the tests I have ordered) _____

GENETIC COUNSELOR _____

Collection Date: _____ Collection Time: _____ Today's Date: _____

INDICATION FOR STUDY

PARENTAL TESTING

Specimen Type: Peripheral blood Cervical swab SurePath™
 Buccal swab Urine ThinPrep®
 Other _____

Cytogenetics
 CYTO PB Chromosome analysis

Human Genetics
 CF Cystic fibrosis (32 mutation panel)*
 Ethnicity: _____
 CF-5T CFTR Intron 8 5T/7T/9T
 F2PRO Factor II prothrombin G20210A
 FVLEI Factor V Leiden R506Q
 MTHFR Methylene tetrahydrofolate reductase (MTHFR) 677T & A1298C
 MTHFR 677 MTHFR C677T mutation
 PAI Plasminogen activator inhibitor type 1 4G/5G polymorphism
 HUMAN ID Paternity testing, please call before specimen collection

Infectious Disease
 CT Chlamydia trachomatis, Qualitative
 NG Neisseria gonorrhoeae, Qualitative
 CTNG Chlamydia trachomatis/ Neisseria gonorrhoeae
 CMV Cytomegalovirus, Qualitative
 ENT Enterovirus, Qualitative
 HBV Q Hepatitis B virus, Quantitative
 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
 HSV Herpes simplex virus 1 & 2, Qualitative
 HSV1 HSV 1, Qualitative
 HSV2 HSV 2, Qualitative

Other parental testing, please indicate below & call before specimen collection

MATERNAL SERUM SCREEN

Specimen Type: Peripheral blood

MSQ Maternal serum testing, quad screen (AFP, hCG, uE3, 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 specify _____ relative _____
 No Yes Previous pregnancy/child with Down syndrome
 No Yes Patient is insulin dependent diabetic prior to pregnancy
 IVF egg donor age (if applicable) _____

PRENATAL TESTING

Specimen Type: Amniotic fluid Fetal blood Other _____
 EGA _____ wks _____ days # of fetuses _____

Cytogenetics
 AF Chromosome analysis and AF-AFP*
 CYTO PN Chromosome analysis
 AF AFP Amniotic fluid alphafetoprotein*
 ACHE Acetylcholinesterase (AChE)

FISH
 F ANEU FISH 13, 18, 21, X, Y
 F VCF DiGeorge/ Velo-cardio-facial (VCF) syndrome
 F STS Steroid sulfatase deficiency/ X-linked ichthyosis
 F SP Other FISH: _____

Infectious Disease
 VIRAL AF Viral panel by PCR (CMV, ENT, EBV, Parvovirus B-19, Adenovirus)
 CMV Cytomegalovirus, Qualitative
 EBV Q Epstein Barr virus, Quantitative
 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
 HUMAN ID Paternity testing, please call before specimen collection, additional information required

Other fetal testing, please indicate in space below & call before specimen collection (prenatal testing for molecular genetic disorders requires a maternal blood sample to rule out maternal cell contamination in the amniotic fluid sample)

PRODUCTS OF CONCEPTION

Specimen Type: Products of conception
 Tissue type: _____
 EGA _____ wks _____ days

Cytogenetics
 CYTO ST Chromosome analysis

FISH
 F ANEU FISH 13, 18, 21, X, Y

Other testing on products of conception, please indicate below & call before specimen collection

* Reflex policy: AChE when AF-AFP is elevated; fetal cell staining when AF-AFP is elevated and the amniotic fluid sample is bloody; CFTR Intron 8 5T, 7T, 9T when the R117H mutation is present