



**GENETIC ASSAYS**  
 A Molecular Diagnostics Laboratory  
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 www.geneticassays.com

**For Genetic Assays Use Only**

Accession #: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
 Technician: \_\_\_\_\_ Total Volume: \_\_\_\_\_

**Client Information**

Call  Fax Results to \_\_\_\_\_  
 at \_\_\_\_\_

**Patient Information – Laboratory**

Patient's Name: \_\_\_\_\_  
 (Last, First, MI)  
 Patient's Social Security #: \_\_\_\_\_  
 Patient/Specimen I.D.#: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date Drawn: \_\_\_\_\_ Time Drawn: \_\_\_\_\_  
 # of Tubes: \_\_\_\_\_ Specimen Type: \_\_\_\_\_  
 Physician: \_\_\_\_\_ NP#: \_\_\_\_\_  
 ICD-10 Diagnosis Code (MUST BE PROVIDED): \_\_\_\_\_

**Billing Information**

Bill Client Directly  Bill Insurance *Provide info below, or attach copy of insurance card (front and back) and demographic sheet.*

Insurance Company: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_  
 Relationship to Insured:  Self  Spouse  Other \_\_\_\_\_  
 ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insurance Co. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_  
 Patient's Social Security #: \_\_\_\_\_  
 Patient's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**For Medicare patients:** I authorize any holder of medical or other information about me to release to the health care financing administration or its intermediaries or carriers or any other government agency or insurance carrier responsible for payment, any information needed for this or related Medicare or other claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment shown; (Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862 (a) (1) of the Medicare Law. There may be certain molecular genetic tests that are ordered which your physician feels are necessary for the maintenance of good health that are not covered by your insurance contract. You will be expected to pay for those services in full.) I have read your policy and agree to pay for services not covered by my contract as indicated by my signature. I understand that my doctor has ordered molecular genetic tests to be performed by Genetic Assays, Inc. Laboratory.

Medicare Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Frequently Requested Assays: For additional testing needs, please call Client Services.**

- 3701  Adenovirus DNA by Real-time PCR (Quantification)
- 3700  BK Virus DNA by Real-time PCR (Quantification)
- 3333/0180  C. trachomatis & N. gonorrhoeae by TMA
- 3333  Chlamydia trachomatis by TMA
- 0180  Neisseria gonorrhoeae by TMA
- 3702  Cytomegalovirus (CMV) DNA by Real-time PCR (Quantification)
- 4025  Enterovirus RNA by RT-PCR
- 6111  Epstein-Barr Virus (EBV) DNA by Real-time PCR (Quantification)
- 7667  Gastrointestinal Pathogen Panel (GPP) by multiplex RT-PCR
- 219TQ  HCV RNA by RT-PCR (Quantification)
- 8698  HCV Genotyping
- 875TQ  HIV-1 RNA by RT-PCR (Quantification)
- 478  HPV DNA by PCR (w/ ID of 16, 18, 45)  
 7575  Reflex to HPV Genotyping
- 900  HSV-1&2 DNA by Real-time PCR
- 273  Meningitis Encephalitis Panel (MEP) by multiplex RT-PCR
- 250  Mycobacteria DNA by PCR  
 1000  Reflex to Mycobacteria DNA Sequencing
- 250FFPE  Mycobacteria DNA by PCR for Formalin-fixed Paraffin-embedded Tissue  
 1000  Reflex to Mycobacteria DNA Sequencing
- 275  Mycobacteria DNA by PCR w/ AFB Stain & Culture  
 1000  Reflex to Mycobacteria DNA Sequencing
- 787  Pharyngotonsillitis Panel by Real-Time PCR
- 2001  Respiratory Virus & Bacteria Panel (RVBP) by multiplex RT-PCR
- 8425  Tick-Borne Ehrlichiosis Panel by Real-time PCR

**Women's Health Care – Commonly Ordered Assays**

- 824  Bacterial Vaginosis Panel by PCR
- 3333/0180  C. trachomatis & N. gonorrhoeae by TMA
- 3333  Chlamydia trachomatis by TMA
- 0180  Neisseria gonorrhoeae by TMA
- 395H  HPV High Risk RNA by Hologic® Aptima® (w/ ID of 16, 18, 45)  
 7575  Reflex to HPV Genotyping
- 900  HSV-1&2 DNA by Real-time PCR
- 301  STD3 Panel by PCR (CT/NG, Trich)
- 501  STD5 Panel by PCR (CT/NG, Trich, HSV-1&2)
- 101  Trichomonas vaginalis DNA by PCR
- 6262  Cystic Fibrosis Mutation Detection  
 Racial/Ethnic Background (Required) \_\_\_\_\_  
 Indications for Testing (Please check)  
 Confirmatory Diagnostic Testing  
 Carrier Testing, general population of reproductive couples  
 Carrier Testing, positive family history  Yes  No  Unknown  
 IF YES, please list known mutations: \_\_\_\_\_

**Write in test code # and test name below (For additional tests)**

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