



GENETIC ASSAYS
 A Molecular Diagnostics Laboratory
 4711 Trousdale Drive, Suite 209 • Nashville, TN 37220
 615-781-0709 • Fax 615-781-0766 • 800-390-5280
 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
- 2001 Respiratory Virus & Bacteria Panel (RVBP) by multiplex RT-PCR
- 8425 Tick-Borne Ehrlichiosis Panel by Real-time PCR
- 8667 Tonsillitis 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)
