



Cohesion Phenomics  
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CohesionPhenomics.com

LABEL HERE

## Laboratory Requisition Form

### PATIENT INFORMATION

First Name		Date of Birth		Gender	M	F
Last Name		Medical Record #		Adopted?	Y	N
Middle Name		<b>Race &amp; Ethnicity</b> <i>(Check ALL that Apply)</i> <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black/African-American <input type="radio"/> Asian <input type="radio"/> Ashkenazi/Jewish <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other: _____				
Street Address						
City, State & Zip						
Phone						

### CLINICAL INDICATIONS FOR STUDY

<input type="checkbox"/>	Symptomatic
<input type="checkbox"/>	Family History

### SPECIMEN INFORMATION

<input type="checkbox"/>	Blood	Collection Date/Time:
<input type="checkbox"/>	Saliva	
<input type="checkbox"/>	DNA	Collected By:

Attach Clinical Information/Family History.  
A Pedigree Can Be Drawn Here or Attached.

### ORDERING PROVIDER INFORMATION

Full Name		Phone	
Institution		Fax	
NPI #		Address	
Email		City, State & Zip	

### INSURANCE DIAGNOSIS CODES

ICD Codes	Definition

DOB	MR#
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LAB#
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**REQUIRED INFORMATION**

- Clinician & Patient Signatures
- Informed Consent for Genetic Testing
- ICD Codes
- Private Insurance Noncoverage Acknowledgement
- Billing/Insurance Information
- Copy of Patient Insurance Cards, Front & Back

**SPECIMEN COLLECTION GUIDELINES**

**Molecular (DNA) Studies**  
 All specimen tubes should be labeled with patient full name, medical record#, DOB, date/time drawn and the initials of the person collecting sample.

**Sample Information**  
 6 ml whole blood in lavender top (K2 EDTA or K3 EDTA) tube (Adults & Children)  
 3 ml whole blood in lavender top (K2 EDTA or K3 EDTA) tube (Infant < 2 years)

**Packing/Shipping Information**

- Place Sample Into Biohazard Bag and Seal.
- Place Requisition Form and Other Patient Paperwork Into Side Pouch of Biohazard Bag.
- Refrigerate Sample Until Time of Shipping for Overnight Delivery or Courier Pick-up.

**Causes for Rejection**

- Frozen Sample
- Hemolysis
- Quantity Not Sufficient for Analysis
- Improper Container

**PHYSICIAN SIGNATURE**

Physician Signature	X	Date	
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Note: An interpretative report is included when testing is requested.

**MOLECULAR TEST MENU**

Cardiomyopathy	Channelopathy	Aortopathy	Other
<input type="radio"/> <b>Arrhythmogenic Cardiomyopathy (AC)</b> <i>PKP2, DSP, DSG2, DSC2, TMEM43, JUP</i>	<input type="radio"/> <b>Brugada Syndrome (BrS)</b> <i>SCN5A</i>	<input type="radio"/> <b>Vascular Ehlers Danlos Syndrome (vEDS)</b> <i>COL3A1</i>	<input type="radio"/> <b>Danon Disease</b> <i>LAMP2</i>
<input type="radio"/> <b>Hypertrophic Cardiomyopathy (HCM)</b> <i>MYBPC3, MYH7, TNNI3, TNNT2, TPM1, ACTC1, MYL2, MYL3, LAMP2, GLA, PRKAG2, TTR</i>	<input type="radio"/> <b>Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)</b> <i>CASQ2, RYR2 targeted exons</i>	<input type="radio"/> <b>Familial Thoracic Aortic Aneurysm and Dissection (FTAAD)</b> <i>ACTA2, TGFBR2, TGFBR1, SMAD3</i>	<input type="radio"/> <b>Fabry Disease</b> <i>GLA</i>
<input type="radio"/> <b>Familial Variant</b> <i>(specify gene and variant)</i>	<input type="radio"/> <b>Long QT syndrome (LQTS)</b> <i>KCNQ1, KCNH2, SCN5A</i>	<input type="radio"/> <b>Loeys-Dietz Syndrome (LDS)</b> <i>TGFBR2, TGFBR1, SMAD3</i>	<input type="radio"/> <b>Familial Transthyretin Amyloidosis</b> <i>TTR</i>
	<input type="radio"/> <b>Familial Variant</b> <i>(specify gene and variant)</i>	<input type="radio"/> <b>Marfan Syndrome (MFS)</b> <i>FBN1</i>	<input type="radio"/> <b>Wolff-Parkinson-White Syndrome (WPW)</b> <i>PRKAG2</i>
		<input type="radio"/> <b>Familial Variant</b> <i>(specify gene and variant)</i>	<input type="radio"/> <b>Familial Hypercholesterolemia</b> <i>APOB, LDLR, PCSK9</i>
			<input type="radio"/> <b>Familial Variant</b> <i>(specify gene and variant)</i>