



Cohesion Phenomics
230 Spindale Street, Suite B
Spindale, NC 28160

Phone 828.375.0145
Fax 828.375.0148
CohesionPhenomics.com

LABEL HERE

Laboratory Requisition

PATIENT INFORMATION

First Name		Date of Birth		Gender	M	F
Last Name		Medical Record #		Adopted	Y	N
Middle Name		Race & Ethnicity (Check ALL that Apply)				
Street Address		☐ White ☐ Hispanic ☐ Black/African-American				
City, State & Zip		☐ Asian ☐ Ashkenazi/Jewish ☐ American Indian/Native Alaskan				
Phone		☐ Native Hawaiian/Pacific Islander				
		☐ Other: _____				

CLINICAL INDICATIONS FOR STUDY

☐	Symptomatic
☐	Family History

SPECIMEN INFORMATION

☐	Blood	Collection Date/Time:
☐	Saliva	
☐	DNA	Collected By:

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 purple top (K2 EDTA or K3 EDTA) tube (Adults & Children)

3 ml whole blood in purple top (K2 EDTA or K3 EDTA) tube (Infant < 2 years)

Packing/Shipping Information

- Place Sample Into Biohazard Bag and Seal.
- **Do Not Freeze Sample.**
- **Refrigerate Sample Until Time of Shipping for A.M. Delivery.**

Causes for Rejection

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

ORDERING PROVIDER INFORMATION

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

INSURANCE DIAGNOSIS CODES

ICD Codes	Definition