

OPHTHALMOLOGY LAB REQUISITION FORM

Collection Information

Date of Collection: / /
 MM DD YY

Sample Type: BLOOD SALIVA OTHER _____

Indication for Study

E88.41 MELAS
G31.82 Leigh's disease
H47.22 Hereditary optic atrophy
H35.0-H35.9 Other retinal Disorders

ICD-10 Diagnosis Codes: _____

Patient Information

(Affix patient label here, including name, date of birth, medical record number)

Reporting Information

Physician: _____
Institution: _____
Office: _____
Phone: _____ **Fax:** _____
E-mail: _____ @ _____

Additional Professional Report Recipients

Name: _____
Institution: _____
Office: _____
Phone: _____ **Fax:** _____
E-mail: _____ @ _____

TEST REQUISITION MENU

MITOCHONDRIAL DNA SEQUENCING (e.g. LHON, MELAS, MERRF, NARP)

MITOSEQ **Mitochondrial DNA Sequencing** (next generation sequencing of the entire mitochondrial genome)

Next Generation Sequencing

OPHTH **Ophthalmology sequencing panel** (next generation sequencing panel with over 300 genes related to diseases of the eye and retina)

SPECIFIC GENE OF INTEREST:

SPECIFIC DISEASE OF INTEREST:

RETINAL DISORDERS PANEL

HRDP **Hereditary Retinal Disorders Panel** (includes the following genes: ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, USH2A)

Comments

LAB USE ONLY

Genetics # : _____

Lab/Specimen #: _____

Date/Time received : _____