RUTGERS
New Jersey Medical School

Medical Science Building, Room F-624
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Newark, NJ 07103

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Genomics Lab: 973-972-3170
Fax: 973-972-0795
Sample Pickup: 973-972-3305

NEUROGENETICS LAB REQUISITION FORM

Collection Information

Date of Collection: ____/____/____ (MM/DD/YY)

Sample Type: ☐**BLOOD** ☐**SALIVA** ☐**BUCCAL SWAB**

Indication for Study

ICD-10 Diagnosis Codes: _____

Patient Information

(*Affix patient label here*)

Reporting Information

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

Additional Professional Report Recipients
Name: _____
Institution: ___
Office: _____
Phone: -_____ **Fax:** -_____ ___
E-mail: _____@_____

First-line Tests	
☐ CBR	Chromosome Analysis (Karyotype), Constitutional
☐ CGH	SNP Microarray Analysis, Constitutional
☐ FXMO	Fragile X FMR1 molecular analysis
☐ DMD	DMD Deletion/Duplication ONLY
Next Generation Sequencing	
☐ ALS	ALS Panel
☐ AIDP	Autism/Intellectual Disability Panel
☐ EPIL	Epilepsy Panel
☐ MITOSEQ	Mitochondrial DNA Sequencing
☐ NEURO	Comprehensive Neurology Panel (*includes ALS, Autism/Intellectual Disability, Epilepsy, and Neuromuscular Panels* *****DOES NOT include Fragile X***)
☐ IRDP	Inherited Recessive Disease Panel
Disease-Specific Tests	
☐ FXMO	Fragile X FMR1 molecular analysis
☐ PWS/AS	Prader-Willi/Angelman syndrome methylation
☐ SMA	SMN1 and SMN2 gene dosage

FISH Tests for Microdeletion Syndromes	
☐FDEL01	1p36 (LSIp58)
☐FDEL02	Angelman (D15S10), 15q11-q13
☐FDEL03	Cri-du-Chat (CDC), 5p15.2
☐FDEL06	Miller Dieker (LIS1), 17p13.3
☐FDEL07	Prader-Willi (SNRPN), 15q11-q13
☐FDEL08	Smith Magenis (SMS), 17p11
☐FDEL10	Williams (ELN), 7q11.23
☐FDEL11	Wolf Hirschhorn (WHS), 4p16.1

LAB USE ONLY

Genetics # _____

Lab/Specimen # _____

Date/Time received _____

DIRECTIONS:

1) Complete the above requisition form.
2) Collect one EDTA/lavender top tube 2-3cc blood (NOTE: for FISH tests and Chromosome Karyotype include an extra tube Sodium Heparin 2-3cc blood).

2) Attach the following:

- ☐ Copy of patient's insurance card
- ☐ Patient's face sheet
- ☐ Patient clinical information (e.g. recent note)