

RUTGERS CLINICAL GENOMICS REQUISITION: **NEUROLOGY Precision Medicine**

Patient Information			
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> LAST NAME FIRST NAME MI </small>			
Medical Records#: _____ Date of Collection: ____/____/____ <small style="display: flex; justify-content: space-around; width: 100%;"> MM DD YY </small>			
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> POC <input type="checkbox"/> Skin Biopsy <input type="checkbox"/> Other(Specify) _____			
Gestational Age _____ <input type="checkbox"/> by Ultra Sound <input type="checkbox"/> by LMP			
Reporting Information			
Physician: _____ Institution: _____ Phone: _____ Email/Fax: _____	Additional Professional Report Recipients Name: _____ Institution: _____ Phone: _____ Email/Fax: _____		
Indication for Study			
ICD10 Codes: _____			
Neurology Precision Medicine Testing <small>*Purple/EDTA vacutainer except for Chromosomal analysis *Orderable in EPIC</small>			
<input type="checkbox"/> NEURO	Comprehensive Neurology Sequencing Panel	<input type="checkbox"/> MEDEX	Medical exome
<input type="checkbox"/> CGH	SNP/CNV Microarray Analysis, Constitutional	<input type="checkbox"/> EPI	Epilepsy and Seizure Disorder Panel
<input type="checkbox"/> CBR	Chromosome Analysis, Constitutional <small>*Dark Green/Heparin tube</small>	<input type="checkbox"/> AUT	Autism and Intellectual Disability Panel
<input type="checkbox"/> IRDP	Inherited Recessive Disease Panel	<input type="checkbox"/> MITO	Mitochondrial DNA Sequencing
Single Gene Tests <small>*Purple/EDTA vacutainer *Orderable in EPIC</small>			
<input type="checkbox"/> DMD	Deletion/duplication for DMD	<input type="checkbox"/> MYO	Myotonic Dystrophy (DM1)
<input type="checkbox"/> FXMO	Fragile X FMR1 molecular analysis	<input type="checkbox"/> SMA	Spinal Muscular Atrophy (SMN1 & SMN2)
Other Tests (Please Specify)			
LAB USE ONLY			
Genetics # _____ Lab/Specimen # _____ Date/Time received _____			

NEUROLOGY Precision Medicine

Guidelines for Sample Collection and Submission

Prior to Collection

Order Testing:

- **EPIC**
 - Order testing in EPIC. Simultaneously, submit the filled in paper requisition form.
 - If testing does not appear – please order as an MSO and clearly type the test requested in the paper requisition form with test code- with a notation in EPIC “please send to Clinical Genomics lab at MSB F656”
- **Patients:**
 - All patients must be identified positively, by a minimum of two patient identifiers prior to specimen collection for clinical testing.
 - Patients with a recent history of blood transfusion (<30 days) are not able to submit whole blood specimens, but can submit saliva samples.

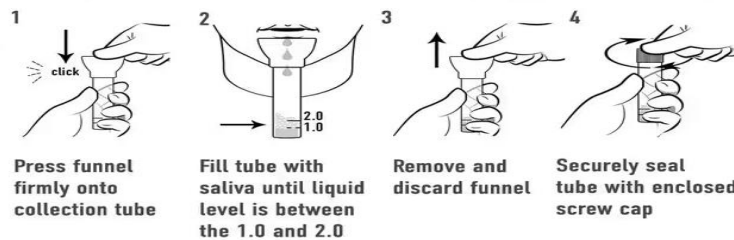
Collection of Specimens

Peripheral blood

- 3-5cc of whole blood in Lavender/EDTA vacutainer
 - minimum blood volumes of 0.5cc. for newborn/pediatric patients.
 - Label tube with Patient Name, DOB, Date of collection and Medical record Number. Place the labeled specimen tube into the biohazard bag with the appropriate intake form

Saliva

- Please contact the laboratory for saliva collection devices, to be provided upon request. All kits are to be stored according to the manufacturer’s requirements and only to be used before the expiration date.



- **Steps**
 - Hold the tube and remove the stopper.
 - Place funnel into tube.
 - Check tube indicator to fill with saliva until this mark
 - Expel saliva into tube until mark
 - Remove and discard the funnel, replace the stopper
 - Label tube with Patient Name, DOB, Date of collection and Medical record Number. Place the labeled specimen tube into the biohazard bag with the appropriate intake Form.

Specimen Submission

- Send the blood or saliva samples to UH C107 Accessions lab or contact the Rutgers Clinical Genomics (973-972-3170) to arrange pick up of the specimen.
 - If the specimen cannot be picked up same day, please keep saliva specimen at room temperature until send for accessioning. Please store blood at 2-6C or at room temperature.