RUTGERS
New Jersey Medical School

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RUTGERS CLINICAL GENOMICS REQUISITION:
CARDIOVASCULAR Precision Medicine

Patient Information

Name: _____ _____ _____
LAST NAME FIRST NAME MI

Medical Records#: _____

Date of Collection: _____/_____/_____
MM DD YY

Sex: ☐Female ☐Male

Sample Type: ☐Blood ☐Amniotic Fluid ☐POC ☐Skin Biopsy
☐Other(Specify) _____

Gestational Age _____ ☐by Ultra Sound ☐by LMP

Reporting Information

Physician: _____
Institution: _____
Phone: _____
Email/Fax: _____

Additional Professional Report Recipients
Name: _____
Institution: _____
Phone: _____
Email/Fax: _____

Indication for Study

ICD10 Codes: _____

Next Generation Sequencing Tests (Purple/EDTA vacutainer)			
☐ CARDIAC	Comprehensive Cardiovascular Panel	☐ CLFHP	Comprehensive Lipidemia and Familial Hypercholesterolemia Panel
☐ ACP	Arrhythmia Comprehensive Panel	☐ ADP	Aortic Disease Panel
☐ CCP	Cardiomyopathy Comprehensive Panel	☐ CHDPM	Congenital Heart Disease Panel w/Microarray
☐ HTMA	Hereditary Transthyretin-mediated amyloidosis	☐ SCAD	SCAD (Spontaneous Coronary Artery Dissection)
☐ LDS	Loeys-Dietz syndrome	☐ SQT	Short QT Syndrome Panel
☐ LONG	Long QT Syndrome	☐ FAM	Sequencing: Familial variants or specific genes – please contact the laboratory (x3170) Gene(s)_____
Additional Genetic Testing (Purple/EDTA vacutainer)			
☐ DMD	Deletion/duplication for DMD	☐ MEDEX	Medical exome
☐ FXMO	Fragile X Expansion	☐ CBR	Chromosome Analysis, Constitutional ***Dark Green Heparin tube ONLY*
☐ SMA	Spinal Muscular Atrophy (SMN1&SMN2)	☐ CGH	SNP Microarray Analysis, Constitutional
☐ HCR	Hereditary Hemochromatosis	☐ IRDP	Inherited Recessive Disease Panel
☐ SC	Sickle Cell Disease	☐ MITO	Mitochondrial DNA Sequencing
☐ ONCO	Oncology 50 gene hot spot		
☐ MYO	Myotonic Dystrophy (DM1)		

Other Tests (Please Specify)

LAB USE ONLY

Genetics # _____
Lab/Specimen # _____ Date/Time received _____