Cleveland Clinic Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

Testing will be performed by Knight Diagnostics Laboratories

MOLECULAR GENETICS TEST REQUISITION

Patient Information

Patient Last Name
Patient First Name
Street Address
City, State, Zip
Phone
DOB / /
☐ Male ☐ Female
ID/MRN #
Hospital In-Patient ☐ Yes ☐ No

Physician Signature Date

Ordering Healthcare Provider Information

Full Name
NPI
Office/Facility Name
Address
City, State, Zip
Phone Fax
Account #
Notes

Send additional copies of test results to:

Healthcare Provider Name
Provider Phone Fax 216.445.2673
Healthcare Provider Name
Provider Phone Fax 216.445.2673

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed.

☐ Self Pay
☐ Bill Insurance
Attach Copy of Insurance Card or Billing Face Sheet
☐ Bill Referring Provider or Institution
Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name
Primary Policy #
Primary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Secondary Insurance Name
Secondary Policy #
Secondary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Specimen Type

☐ Whole Blood ☐ Extracted DNA

Molecular Diagnostic Tests - Single Gene and Targeted Testing

☐ 1050 APOL1 Sequencing (exon 6)

NOTICE REGARDING MOLECULAR GENETIC TESTING

Maternal cell rule-out testing will be performed on all prenatal specimens received. Please provide maternal blood or saliva in addition to the fetal specimen sent for genetic testing. Additional charges apply for the maternal cell rule-out test.

Result Release

Results will be immediately available to the patient unless you mark the box below.

☐ Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: