UNIVERSITY OF TOLEDO MEDICAL CENTER
MOLECULAR DIAGNOSTICS LABORATORY TEST REQUEST FORM

LABORATORY CONTACT INFORMATION

University Of Toledo Medical Center
Molecular Diagnostics Laboratory
3000 Arlington Ave, Room 0102
TOLEDO, OH 43614-2598
PHONE (419) 383-5636
Fax: (419) 383-6130
WEBSITE:
http://www.utoledo.edu/med/depts/path/moldx/index.html

PATIENT INFORMATION

Full Name (Last, First, M.I.):

____

Medical Record Number:__________________

Date Of Birth:___________________________

Patient Address:__________________________

City__________________________________

State:______________Zip:_________________

Telephone: (_____) -__________-______________

FACILITY/ORDERING PHYSICIAN INFORMATON:

Practice Name: ________________________________

Facility Address: _____________________________

City:__________________ State:______ Zip:________

Phone Number: (_______)________-___________
Fax Number: (_______)________-_____________

☐Bill Facility ☐Bill Patient
Please Attach photocopy of both sides of insurance card

INDICATION FOR TESTING:
____

ICD-9 Code (s)______________ Physician #:________
I certify that the tests ordered are medically necessary and that these codes support the tests ordered.

Physician Name:_______________________________

Physician Signature:____________________________

SAMPLE INFORMATION:

☐Blood (EDTA tube) ☐Blood (ACD tube) ☐Bone Marrow (case #_________) ☐Pleural Fluid
☐Cerebrospinal Fluid (CSF) ☐Ascitic Fluid ☐Stool ☐Fresh Tissue
☐ paraffin-embedded **<u>tissue slides</u>** (5 unstained slides, 5 µm thick with 1 H&E stained slide) ☐Other____________

Date Collected: ____/____/____ Time Collected:______________ Collected By: ______________________

AVAILABLE TESTS:

GENETIC MUTATIONS:

☐Thrombosis Panel
(factor V Leiden, Prothrombin, & MTHFR)

☐Factor V Leiden

☐Prothrombin (20210G>A)

☐Methylene Tetrahydrofolate (MTHFR)

INFECTIOUS DISEASES:

☐HIV Viral Load (Quantitative Real Time PCR)

☐Chlamydia Trachomatis/Neisseria Gonorrhea by Real Time PCR