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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual Authorized to Complete Test Requisition | | Report To Name (ordering physician) **Please Print** | | | | | | | Additional Report Recipient | |
| Authorized Person’s Signature | | Date | | Phone # | | | Fax # | | Email | |
| **Test Requested:**  *□*  Extract and Hold for  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (List Specific Test) | | **Report To Address :*Results will be sent to this address*** | | | | | | | | |
| **Indication for Testing/Clinical Details/Comments:**  **ICD-10 codes \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Patient Name or Sample ID** | **Gender** | Date ofBirth | | MRN | **Date/Time Collected** | | **Sample Type** | | **TGL Sample Number** | |
|  |  |  | |  |  | |  | |  | |
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| Shaded Area for Translational Genomics Laboratory Use Only Date & Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Package Integrity: Acceptable? 🞎 Yes 🞎 No  Received/Numbered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sample Condition: Acceptable? 🞎 Yes 🞎 No | | | | | | | | | | | |