



A Molecular Diagnostics Laboratory  
 4711 Trousdale Drive, Suite 209 • Nashville, TN 37220  
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 www.geneticassays.com

**For Genetic Assays Use Only**

Accession #: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
 Technician: \_\_\_\_\_ Specimen/Volume: \_\_\_\_\_

**Client Information**

**Fill out Info Below:**

Account # \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Street Address City, ST Zip \_\_\_\_\_  
 Ph: (615) \_\_\_\_\_ Fx: (615) \_\_\_\_\_

Call  Fax Results to \_\_\_\_\_

**Patient Information**

Patient's Name: \_\_\_\_\_  
(Last, First, MI)  
 Patient/Specimen I.D.#: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_  
 Specimen Type: \_\_\_\_\_  
 Physician: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 ICD-10 Code (**MUST BE PROVIDED**): \_\_\_\_\_

**Billing Information**

Bill Client Directly  Bill Insurance - Provide info below or attach copy of insurance card (front **and** back) and demographic sheet.

Insurance Company: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insurance Co. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insurance Co. Phone #: \_\_\_\_\_

Patient Relationship to Insured:  Self  Spouse  Other \_\_\_\_\_  
 Patient's Social Security: \_\_\_\_\_  
 Patient's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FOR MEDICARE PATIENTS:** I authorize any holder of medical or other information about me to release to the health care financing administration or its intermediaries or carriers or any other government agency or insurance carrier responsible for payment, any information needed for this or related Medicare or other claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment shown; (**Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862 (a) (1) of the Medicare Law. There may be certain molecular genetic tests that are ordered which your physician feels are necessary for the maintenance of good health that are not covered by your insurance contract. You will be expected to pay for those services in full.**) I have read your policy and agree to pay for services not covered by my contract as indicated by my signature. I understand that my doctor has ordered molecular genetic tests to be performed by Genetic Assays, Inc. Laboratory.

Medicare Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Frequently Requested Assays: For additional testing needs, please call Client Services.**

- 3701  Adenovirus DNA by Real-time PCR (Quantification)
- 824  Bacterial Vaginosis Panel by PCR
- 3333/0180  C. trachomatis & N. gonorrhoeae by TMA
- 3333  Chlamydia trachomatis by TMA
- 0180  Neisseria gonorrhoeae by TMA
- 6262  Cystic Fibrosis Mutation Detection
- Racial/Ethnic Background (Required) \_\_\_\_\_
- Indications for Testing (Please check)
  - Confirmatory Diagnostic Testing
  - Carrier Testing, general population of reproductive couples
  - Carrier Testing, positive family history  Yes  No  Unknown
- IF YES, please list known mutations: \_\_\_\_\_

- 3702  Cytomegalovirus (CMV) DNA by Real-time PCR (Quantification)
- 3427  Diarrhea Panel with C. diff (DP) by multiplex RT-PCR
- 3427N  Diarrhea Panel without C. diff (DP) by multiplex RT-PCR
- 6111  Epstein-Barr Virus (EBV) DNA by Real-time PCR (Quantification)
- 900  HSV-1&2 DNA by Real-time PCR
- 250  Mycobacteria DNA by PCR
- 275  Mycobacteria DNA by PCR w/ AFB Stain & Culture
- 787  PharyngoTonsillitis Panel (PTP) by Real-Time PCR
- 7638  Pneumonia Panel by multiplex RT-PCR
- 2019  Respiratory Virus & Bacteria Panel w/Covid-19 (RVBP) by multiplex RT-PCR
- 301  STD3 Panel by PCR (CT/NG, Trich)
- 501  STD5 Panel by PCR (CT/NG, Trich, HSV-1&2)
- 8425  Tick-Borne Ehrlichiosis Panel by Real-time PCR
- 101  Trichomonas vaginalis DNA by PCR

**Write in test code # and test name below (For additional tests)**

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