



GENETIC ASSAYS

A Molecular Diagnostics Laboratory
4711 Trousdale Drive, Suite 209 • Nashville, TN 37220
615-781-0709 • Fax 615-781-0766 • 800-390-5280
www.geneticassays.com

For Genetic Assays Use Only

Accession #: _____
Date Received: _____ Time Received: _____
Technician: _____ Total Volume: _____

Client Information

Call Fax Results to _____
at _____

Patient Information – Laboratory

Patient's Name: _____
(Last, First, MI)
Patient's Social Security #: _____
Patient/Specimen I.D.#: _____
Sex: _____ Date of Birth: _____ Age: _____
Date Drawn: _____ Time Drawn: _____
of Tubes: _____ Specimen Type: _____
Physician: _____ NP#: _____
ICD-10 Diagnosis 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: _____
Subscriber Name: _____
Relationship to Insured: Self Spouse Other _____
ID #: _____ Group #: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____

Insurance Co. Phone #: _____
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)
- 3700 BK Virus DNA by Real-time PCR (Quantification)
- 3333/0180 C. trachomatis & N. gonorrhoeae DNA by PCR
 - 3333 Chlamydia trachomatis DNA by PCR
 - 0180 Neisseria gonorrhoeae DNA by PCR
- 3702 Cytomegalovirus (CMV) DNA by Real-time PCR (Quantification)
- 4025 Enterovirus RNA by RT-PCR
- 6111 Epstein-Barr Virus (EBV) DNA by Real-time PCR (Quantification)
- 7667 Gastrointestinal Pathogen Panel (GPP) by multiplex RT-PCR
- 219TQ HCV RNA by RT-PCR (Quantification)
- 8698 HCV Genotyping
- 875TQ HIV-1 RNA by RT-PCR (Quantification)
- 478 HPV DNA by PCR (w/ ID of 16, 18, 45)
 - 7575 Reflex to HPV Genotyping
- 900 HSV-1&2 DNA by Real-time PCR
- 273 Meningitis Encephalitis Panel (MEP) by multiplex RT-PCR
- 250 Mycobacteria DNA by PCR
 - 1000 Reflex to Mycobacteria DNA Sequencing
- 250 FFPE Mycobacteria DNA by PCR for Formalin-fixed Paraffin-embedded Tissue
 - 1000 Reflex to Mycobacteria DNA Sequencing
- 275 Mycobacteria DNA by PCR w/ AFB Stain & Culture
 - 1000 Reflex to Mycobacteria DNA Sequencing
- 2001 Respiratory Virus & Bacteria Panel (RVBP) by multiplex RT-PCR
- 8425 Tick-Borne Ehrlichiosis Panel by Real-time PCR
- 8667 Tonsillitis Panel by Real-Time PCR

Women's Health Care – Commonly Ordered Assays

- 824 Bacterial Vaginosis Panel by PCR
- 3333/0180 C. trachomatis & N. gonorrhoeae DNA by PCR
 - 3333 Chlamydia trachomatis DNA by PCR
 - 0180 Neisseria gonorrhoeae DNA by PCR
- 395H HPV High Risk DNA by Hybrid Capture 2 (w/ ID of 16, 18, 45)
 - 7575 Reflex to HPV Genotyping
- 900 HSV-1&2 DNA by Real-time PCR
- 301 STD3 Panel by PCR (CT/NG, Trich)
- 501 STD5 Panel by PCR (CT/NG, Trich, HSV-1&2)
- 101 Trichomonas vaginalis DNA by PCR
- 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: _____

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