

Georgia Esoteric and Molecular Diagnostic Laboratories, LLC

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Tel: (706) 721-5116 Fax: (706) 721-5117

FOR GEM LABS USE ONLY:

Date Received: _____

Sample Type: _____

Other: _____

PATIENT INFORMATION (PLEASE PRINT)

Name (Last, First, MI): _____ DOB: _____ / _____ / _____

Address: _____ Phone: _____

City, State, Zip: _____ MR#: _____

Sex: Male Female Pregnant: Yes No

Ethnicity: Caucasian Ashkenazi Jewish African American Asian Hispanic Other _____

REFERRING PHYSICIAN (PLEASE PRINT)

Name: _____ Phone: _____

Hospital/Institution: _____ Fax: _____

Address: _____ E-mail: _____

City, State, Zip: _____

Name & Phone of Person Completing Requisition: _____ Signature: _____

BILLING INFORMATION (PLEASE PRINT)

Please complete ALL the information requested in this section.

ICD-9 Codes: _____

*Please provide all diagnosis codes applicable for tests medically necessary for that diagnosis and treatment of patient.

Referring Institution or Physician:

Name: _____

Hospital/Institution: _____

Address: _____

City, State, Zip: _____

Account #: _____

Phone: _____

Fax: _____

Signature: _____

Date: _____

SAMPLE INFORMATION

- EDTA Blood Plasma Serum
- DNA Tissue _____ Other _____

Collection Date: _____

Sample Stored At: _____

MOLECULAR TESTS

- Factor V Leiden Mutation (1061)
- Factor II (Prothrombin) Mutation (1062)
- HIV-1 Genotyping for Drug Resistance (1081)
- HIV-1 Viral Load –Standard (1082)
(Detection Range: 500-1,000,000 copies/mL)
- HIV-1 Viral Load –Ultrasensitive (1083)
(Detection Range: 50-100,000 copies/mL)
- HCV Viral Load – Quantitative PCR (1084)
(Detection Range: 25-20,000,000 IU/mL)
- HCV Genotyping (1086)
- Cystic Fibrosis Testing (33 Mutations) (1031)
 - Patient/Couple is pregnant Absence of vas deferens
 - No family history of CF Abnormal ultrasound
 - Family history of CF Other infertility
 - Diagnosis of a suspected patient
- P450 AmpliChip (1161)

SEND RESULTS TO

NAME: _____

NAME: _____

PHONE (required): _____

PHONE (required): _____

FAX (required to receive results): _____

FAX (required to receive results): _____