

Developmental & Neurogenetics Laboratory (DNL)

TEST REQUISITION FORM—SINGLE SAMPLE SUBMISSION

****COMPLETE A TEST REQUISITION FORM FOR EACH SPECIMEN SUBMITTED****

PATIENT INFORMATION

REQUIRED

Patient Last Name M I First Name

Gender: Male Female Unknown

Medical Record Number

DOB (mm/dd/yy)

INSTITUTION CONTACT/ REPORT ADDRESS

REQUIRED

Contact Name

Institution Name

Institution Mailing Address

City / State / Zip Code

Phone #

Fax # (Important)

Physician Signature

Physician Name (PRINTED)

PATIENT INFORMATION

OPTIONAL

Ethnicity: Caucasian African American

Asian Hispanic

Other _____

SPECIMEN DELIVERY

Shipping: Ship samples overnight via FedEx with refrigerated pack.

Send samples to:

Medical College of Wisconsin
Developmental & Neurogenetics Laboratory
Attn: Rachel Lorier
TBRC/CRI Rm C2388
8701 Watertown Plank Road
Milwaukee, WI 53226

Additional Contact Information

Website: www.mcw.edu/DN

Email: DNL@mcw.edu

Phone #: 414-955-2358

Fax #: 414-955-6128

REQUESTED GENETIC TESTING PANELS

REQUIRED

Drug Metabolism Enzyme Transport (DMET)

Custom SNP Genotyping*

HLA Panel

Collect peripheral blood specimen in EDTA tube (2 – 4 mL)

*Prior consult with the lab is required to determine gene/probes.

SPECIMEN INFORMATION

REQUIRED

Collection Date: ____/____/____ Collection Time: _____

Specimen Type: _____ Specimen ID#: _____