Baylor Scott and White Research Institute
Institute of Metabolic Disease
http://www.baylorhealth.edu/Research/BSWRI/Dallas/InstitutesCenters/IMD/Pages/default.aspx
3434 Live Oak Street Dallas, TX 75204
Tel: 214 820 4533 | Fax: 214 820 4853

RESEARCH DNA TEST REQUISITION FORM

Updated 2/18/20

PATIENT INFORMATION

Last Name: _____

First Name: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Medical Record #/Patient ID #: _____

- OR –

Place Patient Sticker Here

SPECIMEN INFORMATION

Accession/Lab ID #: _____

Specimen Date: _____

FTA card is only acceptable specimen type.

ADDITIONAL INFORMATION

Primary presenting symptoms: _____

Abnormal labs: _____

Medication(s): _____

If this space isn't sufficient please attach clinical summary or patient history.

TEST(S) RESQUESTED

☐ MTHFR C677T
☐ MTHFR A1298C
☐ MTHFR SNP panel *(C677T AND A1298C)*
☐ MTHFD1 G1958A
☐ MTR A2756G
☐ MTRR A66G

PHYSICIAN INFORMATION

Ordering Physician (signature): _____

Ordering Physician (printed): _____

I attest that this patient has been informed about and has given consent for the test(s) I have ordered.

Results Name & Address: _____

_____

_____

Phone: _____

Fax: _____

BILLING INFORMATION

Billing Name & Address: _____

_____

_____

Phone: _____

Fax: _____

The IMD does not bill patients, Medicare, Medicaid, or insurance.

Baylor Use Only

Demographic Entry Quality Check

Sample Process: _____

Testing Department: _____

Client Services: _____

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RESEARCH DNA SPECIMEN REQUIREMENT INFORMATION AND COLLECTION PROTOCOL

REQUIREMENTS

TEST NAME	SPECIMEN Volume	SPECIMEN REQUIREMENTS	SHIPPING	TURNAROUND TIME	CPT CODE
MTHFR A1298C MTHFR C677T MTHFR panel MTHFRD1 G1958A MTR A2756G MTRR A66G	2 fully soaked 3 mm hole punches; 1 fully soaked 3 mm hole punch is minimum	FTA Whatman Card Stable for at least 5 years	Room temperature Monday – Thursday No Saturday deliveries accepted Trackable courier	7 business days	81291

COLLECTION INSTRUCTIONS

1. Label the FTA card and the pouch with the patient name and date of birth.
2. Patient must be lying down or seated during the entire procedure.
3. The non-dominant hand is preferred, positioned below the heart.
4. The 3rd and 4th fingers on the plantar side are the sites of choice.
5. Cleanse the fingertip with alcohol prep. Allow to dry.
6. Using a sterile lancet device, puncture skin just off center of the finger pad.
7. Gently massage the patient's finger to force blood to the tip.
8. Apply pressure to the side of the finger (avoid excessive pressure).
9. Drip blood in the center of the circle and allow it to diffuse out.
10. When collection has finished apply bandage to finger.
11. Allow blood to dry on card for 10 minutes.
12. Place labeled blood spot card in labeled card holder.
13. Ship to:

    Institute of Metabolic Disease
    ATTN: Sample Processing
    3434 Live Oak St
    Dallas TX 75204

ADDITIONAL INFORMATION

- Laboratory Hours: Monday through Friday, 8:30 am – 5:00 pm (CST).
- All specimens must be submitted with a complete test requisition.
- All specimens must be labeled with the patient name and specimen collection date; this information must match the test requisition exactly.
- Use indelible ink or gummed labels to label specimens.
- Results are available for a verbal report (or if possible, a preliminary fax on request) within the turnaround time specified.
- Result reports are faxed and mailed to the submitter and physician (if provided).
- The IMD does not bill patient, Medicare, Medicaid or insurance.
- Contact us at 214-820-4533 if you have any additional questions or need to request the special FTA blood spot collection kits.

Updated: 2/18/20

Informed Consent for Genetic Testing

DNA Testing

1. The Purpose of my DNA test is to look for mutation(s) known to be associated with the following genetic condition or disease:_____
_____
_____
2. This testing is done on a small sample of blood.
3. Mutations are often in different populations. I understand that the laboratory needs accurate information about my family history and ethnic background for the most accurate interpretation of the test results.
4. When DNA testing shows a mutation, then the person is a carrier or is affected with that condition or disease. Consulting a doctor or genetic counselor is recommended to learn the full meaning of the results.
5. When the DNA testing does not show a known mutation, the chance that the person is a carrier or is affected is reduced. There is still a chance to be a carrier or to be affected because the current testing cannot find all the possible changes within a gene.
6. In some families DNA testing might discover non-paternity (someone who is not the biological father), or some other previously unknown information about family relationships, such as adoption.
7. The decision to consent to, or to refuse the above testing is entirely mine.
8. No test(s) will be performed and reported on my sample other than the one(s) authorized by my doctor, and any unused portion of my original sample will be destroyed within 2 months of receipt of the sample by the laboratory.
9. The laboratory performing genetic testing will disclose the results ONLY to the doctor named below, or to his/her agent, unless otherwise authorized by the patient or required by law.
10. My signature below indicates that I have read, or had read to me, the above information and I understand it. I have had the opportunity to discuss it, including the purposes and possible risks, with my doctor or someone by doctor has designated. I know that I may obtain professional genetic counseling if I wish, before signing this consent. I have all the information I want, and all my questions have been answered.

YES: I REQUEST that Dr._____perform the genetic testing above.

I understand and accept the consequences of this decision.

_____ _____ _____

Patient Signature Date Witnessed by

California, Georgia, New York and Utah have statutes requiring laboratories to send confidential results of certain genetic tests to state or federal health agencies for monitoring the detection of birth defects.

It is standard of care for physicians to obtain informed consent for genetic testing.