

RESEARCH DNA TEST REQUISITION FORM

Updated 4/20/22

Last Name: _____

First Name: _____

Date of Birth: _____

Sex: Male Female

Medical Record #/Patient ID #: _____

- OR -

Place Patient Sticker Here

Accession/Lab ID #: _____

Specimen Date: _____

FTA card is only acceptable specimen type.

Primary presenting symptoms: _____

Abnormal labs: _____

Medication(s): _____

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

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 Name & Address: _____

Phone: _____

Fax: _____

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

- MTHFR C677T
- MTHFR A1298C
- MTHFR SNP panel (C677T AND A1298C)

Baylor Use Only

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	2 fully soaked 3 mm hole punches; <u>1 fully soaked 3 mm hole punch is minimum</u>	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 FTA blood spot collection kits.