

Effective Date: 4/30/2025

Molecular Genetics Test Request Form

Laboratory Phone: 516-562-4114; Fax: 516-562-2691; Hours of Operation: M-F 6am to 6pm
NYS Civil Rights Law requires that the ordering physician obtain consent from the patient or legal guardian for Molecular Genetic study
laboratory tests. Please have the patient sign the consent provided on the form or indicate that you discussed the genetic disease/s listed on
this form that the patient will be tested for. (Specimen instructions on the other side)

PART I: PATIENT INFORMATION	PART II: PATIENT CLINICAL INFORMATION/HISTORY	
Patient Name:		
Med. Rec. No.: Date of Birth:	Indication for test:	
Age: Sex: Address:	Diagnosis:	
	Date and time of specimen collected:	
PART IIIA: MOLECULAR GENETIC STUDY REQUESTED	Specimen: BM Aspirate BM-Bx Blood	
[] Factor-V Leiden [] Prothrombin gene [] Hemochromatosis [] HIBM [] Y microdeletion	Tissue Sections Tumor Tissue	
[] Fragile-X	PB-WBC count: Blast count:	
[] Spinal Muscular Atrophy [] HLA-B*27 [] HLA-B*58:01	PB-WBC count Blast count	
PART IIIB: INFORMED CONSENT	PART IV: MOLECULAR ONCOLOGY TEST REQUESTED	
Consent: Forwarded / Retained in the office I have received information regarding the disease(s) for which I am	[] B-Cell Gene Rearrangement [] T-Cell Gene Rearrangements	
being tested and the necessity of the above test and hereby give my consent to perform the test(s). NO test other than those authorized	[]FLT3 ITD and TKD Mutation []CALR []MPL Mutations	
shall be performed on my biological sample. The sample will be	[] Quantitative BCR/ABL t(9:22) for CML/ALL [] p210 [] p190	
destroyed at the end of the testing or NOT more than 60 days after the sample was taken.	[] Quantitative JAK2 V617F Mutation	
I also understand that a positive result may not result in disease, but increases the risk for the disease. Such a result may require	[] JAK2 V617F reflex to JAK2 Exons 12-15 Mutation Analysis	
genetic counseling and/or further testing and/or further physician consultation. A negative result does not rule-out increased risk	[]MYD88 L265P []CXCR4 C1013G []WM/LPL Panel	
for disease. The test may give false negative result due to changes not detectable by the method and/or reagents used. Results of the	[] DNA & HOLD	
test(s) are provided to my physician, and anyone else who is legally authorized.		
	PART V: RESIDUAL MATERIAL	
Patient / Guardian signature Physician signature	I consent to having my specimen retained for greater than 60 days for the use by the laboratory for the purposes of quality control	
PRINT NAME PRINT NAME	and/or training purposes. I understand this is not a DNA banking facility and there are no guarantees that a specimen will be remaining for future testing. If used for quality control and/or	
Date Date	training purposes, all identifying information will be permanently stripped from the sample.	
(Mandated by the NYS Civil Rights Law Section 79-I for constitutional genetic analysis by chromosome study or by DNA study)	I hereby give my consent to the above.	
FOR LAB USE ONLY	Patient / Guardian signature Physician signature	
	PRINT NAME PRINT NAME	
	Date Date	





Instructions for specimen collection, transportation and/or storage

Molecular Specimens	Tube Type	Handling and Storage Conditions
Peripheral Blood (at least 2ml)	Lavender Top (EDTA)	Room Temperature 20-25°C or refrigerate at 4°C / DO NOT FREEZE
Bone Marrow	Lavender Top (EDTA)	Room Temperature 20-25°C or refrigerate at 4°C / DO NOT FREEZE
Tissues	Cut 10 sections at 10 microns thick, place in a 1.5ml microfuge tube or on slides.	Room Temperature 20-25°C
BCR/ABL1, JAK2 V617F reflex to JAK2 Exons 12-15 Mutation Analysis - Peripheral blood/Bone Marrow (at least 3 ml)	Lavender Top (EDTA)	Refrigerate at 4°C, deliver to lab within 72 hours/ DO NOT FREEZE
Pleural Fluid, submit at least 0.5 x10^7 cells	collected in sterile tube	Transport at 4°C
FNA, submit at least 0.5 x10^7 cells	collected in sterile tube	Transport at 4°C

Transportation: Submit all specimens to the laboratory ASAP after collection at room temperature. DO NOT EXPOSE THE SPECIMEN TO EXTREME TEMPERATURES (COLD OR HEAT) DURING TRANSPORTATION. DO NOT FREEZE THE SPECIMEN.

Specimens for BCR/ABL1 and JAK2 V617F reflex to JAK2 Exons 12-15 Mutation must be refrigerated at 4°C and arrive within 72 hours of collection.

Any questions? Call the laboratory at 516-562-4179