11600 Wilshire Blvd. Ste 410
Los Angeles, CA 90025

Phone: (424) 387-8100
Fax: (424) 387-8101

Laboratory Director: Richard A. Gatti, M.D.
CA State ID: CLF 348119 I CLIA #: 07D2006340

MOLECULAR TEST REQUISITION FORM

Patient Information

Name (Last, First)

Date of Birth (mm/dd/yyyy) Sex

Ancestry: (check all that apply)
[ ] African American
[ ] Ashkenazi-Jewish
[ ] Asian
[ ] Caucasian
[ ] Hispanic
[ ] Native American
[ ] Other (specify below):

Consanguinity:
[ ] Yes [ ] No

Known Mutation(s):

Family History:

Previous Diagnosis:

[ ] Proband
[ ] Prenatal
[ ] Presymptomatic
[ ] Carrier Screen
[ ] Other (Specify below)

Physician Information

Institution Name

Physician Name (Last, First)

Street Address

City State Zip

Phone

Fax

Email

NPI #

Physician Signature Date

By signing my name above, I, the physician treating this patient, attest that I have supplied information to the patient regarding testing and the patient has given consent for testing.

The results of testing will be faxed to the ordering physician listed above.
To request a copy of report to another physician, please complete the information below:

Name (Last, First)

Fax

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Specimen Testing Information

Specimen Type:

[ ] 7 mL Sodium Heparin (green top)
[ ] Fibroblast Culture
[ ] 8 mL EDTA (purple top)

Test Ordered:

[ ] EBV-Transformation
[ ] ATM Protein Immunoblot
[ ] DNA Ligase IV Immunoblot
[ ] NBSI Immunoblot
[ ] DNA pKc Immunoblot

Collection Date _____ Collection Time _____ Collected By _____

Billing Information

Contact Name _____ Institution _____

Street Address _____

City, State _____ Zip _____ Email _____

Phone _____ Fax _____

Alternative Contact Name _____ Phone _____

Email _____ Fax _____

Please ship specimen **OVERNIGHT EXPRESS AT ROOM TEMPERATURE** to
MiraDx, DNA Repair Clinical Laboratory
11600 Wilshire Blvd, Suite 410
Los Angeles, CA 90025
Please contact MiraDx for questions or concerns regarding testing or shipping.