



Pharmacogenomics Laboratory

Indiana University Department of Medical and Molecular Genetics

550 University Blvd, UH-6029 Indianapolis, IN 46202

Phone: (317) 944-7597 Fax: (317) 944-4384

Affix label here

SHIP SPECIMENS TO: Tube Station #829 or 550 University Blvd, UH-6029, Indianapolis, IN 46202

PATIENT INFO

NAME: _____
 HOSPITAL: _____
 MRN: _____
 MALE FEMALE DOB: _____

PHYSICIAN INFO

Physician: _____
 Address: _____

 City, State, Zip: _____
 Phone/Fax: _____

SAMPLE INFO

Date Collected: _____
 Collected By: _____ Volume: _____
 Specimen Type:
 Whole Blood DNA Saliva Other: _____

CLINICAL INFO

Diagnosis/ICD-10: _____

 Medications(s): _____

BILLING INFORMATION

Bill to: Client Patient (Insurance/Medicare/Medicaid)
 Grant (Account #) _____ :
 Demographic sheet must be attached.
 Please provide a copy of both the front and back of insurance card(s).

Medicare No. _____ Medicaid No. _____

Primary Insurance

Secondary Insurance _____ Secondary Ins. No. _____
 Group Name _____ Group No. _____
 Address _____
 Insured Name _____ Relationship _____

Secondary Insurance

Secondary Insurance _____ Secondary Ins. No. _____
 Group Name _____ Group No. _____
 Address _____
 Insured Name _____ Relationship _____

LAB USE

Date Received: _____ Received By: _____

(SPECIMEN REQUIREMENTS, SHIPPING INSTRUCTIONS AND CANCELLATION POLICY ON BACK OF FORM)

✓	Individual Tests for Pharmacogenomics	<input type="checkbox"/> Full Panel for Pharmacogenomics
	CYP2B6 Genotyping	CYP2B6 G6PD
	CYP2C9 Genotyping	CYP2C9 IL28B (IFNL3)
	CYP2C19 Genotyping	CYP2C19 ITPA
	Warfarin Genotyping (CYP2C9, VKORC1, CYP4F2)	CYP2D6 SLCO1B1
	CYP2D6 Genotyping	CYP3A4 TPMT
	CYP3A4 Genotyping	CYP3A5 VKORC1
	CYP3A5 Genotyping	CYP4F2
	CYP4F2 Genotyping	DPYD
	DPYD Genotyping	
	G6PD Genotyping	
	IL28B (IFNL3) Genotyping	
	ITPA Genotyping	
	SLCO1B1 Genotyping	
	TPMT Genotyping	
	VKORC1 Genotyping	
		Comment(s)/Additional Information

Specimen Requirements and Shipping Instructions

Whole Blood	3-5 mL of whole blood in EDTA (purple top tube) for routine tests. Ship overnight at room temperature.
DNA	Send at least 1 µg of genomic DNA with a minimum concentration of at least 20 ng/µL in a screw cap tube. Ship overnight at room temperature.
Saliva	Send at least 2 mL utilizing an Oragene collection device. IMPORTANT: No eating, drinking, smoking or chewing gum 30 minutes prior to collection. Ship overnight at room temperature.

- Please use sterile technique and close all containers tightly.
- Please label all containers with patient name, hospital number, and date of collection.
- Please attach a completed requisition form, including diagnosis with the sample.
- IU Medical Center campus samples should be delivered to the laboratory on the same day of sample collection. If the sample is collected after business hours or missed the transportation pick-up time, please keep the sample in the refrigerator or at room temp and deliver to laboratory as soon as possible the next business day.
- Samples from off site should be shipped at room temperature for overnight delivery directly to the laboratory's address listed at the top front of this requisition form.
- Grossly hemolyzed or clotted blood specimens will be rejected.

CANCELLATION POLICY

Cancellation of test orders must be received within 48 hours of sample receipt in the laboratory.

Testing scheduled for STAT/priority processing cannot be canceled after sample receipt due to adjusted lab processing.

To cancel testing, call (317) 944-7597 within 48 hours of sample receipt.

Note: A handling fee may be assessed for initial processing of the sample prior to test cancellation.

To revise requested testing, call (317) 944-7597 to determine the status of the patient's sample in lab and discuss available options.