



Pharmacogenomics Laboratory

IU Genetic Testing Laboratories
975 W. Walnut St, IB-350, Indianapolis, IN 46202
phone: (317) 274-7597 Fax: (317) 278-9061

Affix label here

SHIP SPECIMENS TO: 975 W. Walnut St., IB-350, 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)

| <input checked="" type="checkbox"/> | Individual Tests for Pharmacogenomics | <input type="checkbox"/> Full Panel for Pharmacogenomics | | | | | | | | | | | | | | | |
|---|--|--|---|----------------|--|------------------------------------|--|---|--|---------------|------|--------|------|--------|--------|------|--|
| | APOL1 Genotyping | <table border="1"> <tr> <td>CYP2B6</td> <td>CYP3A5</td> <td>NUDT15</td> </tr> <tr> <td>CYP2C9</td> <td>CYP4F2</td> <td>SLCO1B1</td> </tr> <tr> <td>CYP2C19</td> <td>CYP2C Cluster</td> <td>TPMT</td> </tr> <tr> <td>CYP2D6</td> <td>DPYD</td> <td>VKORC1</td> </tr> <tr> <td>CYP3A4</td> <td>G6PD</td> <td></td> </tr> </table> | CYP2B6 | CYP3A5 | NUDT15 | CYP2C9 | CYP4F2 | SLCO1B1 | CYP2C19 | CYP2C Cluster | TPMT | CYP2D6 | DPYD | VKORC1 | CYP3A4 | G6PD | |
| CYP2B6 | CYP3A5 | | NUDT15 | | | | | | | | | | | | | | |
| CYP2C9 | CYP4F2 | | SLCO1B1 | | | | | | | | | | | | | | |
| CYP2C19 | CYP2C Cluster | | TPMT | | | | | | | | | | | | | | |
| CYP2D6 | DPYD | | VKORC1 | | | | | | | | | | | | | | |
| CYP3A4 | G6PD | | | | | | | | | | | | | | | | |
| | CYP2B6 Genotyping | | | | | | | | | | | | | | | | |
| | CYP2C9 Genotyping | | | | | | | | | | | | | | | | |
| | CYP2C19 Genotyping | | | | | | | | | | | | | | | | |
| | CYP2C19 Genotyping (cardiology) | | | | | | | | | | | | | | | | |
| | Warfarin Genotyping (CYP2C9, VKORC1, CYP4F2, 2C cluster) | | | | | | | | | | | | | | | | |
| | CYP2D6 Genotyping | <table border="1"> <tr> <td><input checked="" type="checkbox"/> Kidney Transplant Panel</td> </tr> <tr> <td>Donor (CYP2D6)</td> </tr> <tr> <td>Donor African American (APOL1, CYP2D6)</td> </tr> <tr> <td>Recipient (CYP2D6, CYP3A4, CYP3A5)</td> </tr> <tr> <td>Recipient African American (APOL1, CYP2D6, CYP3A4, CYP3A5)</td> </tr> <tr> <td><input type="checkbox"/> Heart Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5)</td> </tr> <tr> <td><input type="checkbox"/> Lung Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5)</td> </tr> </table> | <input checked="" type="checkbox"/> Kidney Transplant Panel | Donor (CYP2D6) | Donor African American (APOL1, CYP2D6) | Recipient (CYP2D6, CYP3A4, CYP3A5) | Recipient African American (APOL1, CYP2D6, CYP3A4, CYP3A5) | <input type="checkbox"/> Heart Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5) | <input type="checkbox"/> Lung Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5) | | | | | | | | |
| <input checked="" type="checkbox"/> Kidney Transplant Panel | | | | | | | | | | | | | | | | | |
| Donor (CYP2D6) | | | | | | | | | | | | | | | | | |
| Donor African American (APOL1, CYP2D6) | | | | | | | | | | | | | | | | | |
| Recipient (CYP2D6, CYP3A4, CYP3A5) | | | | | | | | | | | | | | | | | |
| Recipient African American (APOL1, CYP2D6, CYP3A4, CYP3A5) | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Heart Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5) | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lung Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5) | | | | | | | | | | | | | | | | | |
| | CYP3A4 Genotyping | | | | | | | | | | | | | | | | |
| | CYP3A5 Genotyping | | | | | | | | | | | | | | | | |
| | CYP4F2 Genotyping | | | | | | | | | | | | | | | | |
| | DPYD Genotyping | | | | | | | | | | | | | | | | |
| | G6PD Genotyping | | | | | | | | | | | | | | | | |
| | IL28B (IFNL3) Genotyping | <p>Comment(s)/Additional Information</p> | | | | | | | | | | | | | | | |
| | ITPA Genotyping | | | | | | | | | | | | | | | | |
| | NUDT15 Genotyping | | | | | | | | | | | | | | | | |
| | SLCO1B1 Genotyping | | | | | | | | | | | | | | | | |
| | TPMT Genotyping | | | | | | | | | | | | | | | | |
| | TPMT and NUDT15 Genotyping | | | | | | | | | | | | | | | | |
| | VKORC1 Genotyping | | | | | | | | | | | | | | | | |
| | UGT1A1 Genotyping | | | | | | | | | | | | | | | | |
| | UGT1A9 Genotyping | | | | | | | | | | | | | | | | |
| | UGT2B7 Genotyping | | | | | | | | | | | | | | | | |

Website: <http://geneticslab.medicine.iu.edu/>

Requisition forms: <http://www.iuhealth.net/portal/pathlab/requisitions?ContentID=/pathology-lab/requisitions/index.xml>

CLIA # 15D0647198 • CAP# 1678930 • Hours of Operation: Monday through Friday, 7:00am to 4:30pm

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. Note: DNA must have been extracted in a CLIA-certified laboratory. |
| 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) 274-7597 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) 274-7597 to determine the status of the patient's sample in lab and discuss available options.