

UPMC Genome Center – Tech Only Service Requisition

Test Information
<input type="checkbox"/> Whole Genome Sequencing (WGS) <input type="checkbox"/> Whole Exome Sequencing (WES)

Patient Information		
Name		
DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		
City	State	Zip

Physician Information	
Name	NPI
Practice Name	
Street Address	
City	State Zip
Authorization: by signing below I acknowledge medical necessity	

Specimen Information	
Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> DNA <input type="checkbox"/> Saliva <input type="checkbox"/> Tissue (fresh/frozen)	
Specimen ID	Collection Date
Diagnosis ICD-10 Codes	

Data Return Information
Primary Contact
Email Address
<input type="checkbox"/> FTP Transfer <input type="checkbox"/> Hard Drive

Payment Information
<input type="checkbox"/> Institutional Bill <input type="checkbox"/> Insurance Bill <input type="checkbox"/> Credit Card
Insurance Group
Insured Party / Relationship to Insured
Credit Card Information

Laboratory Use Only
Specimen Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Damaged <input type="checkbox"/> Insufficient
Received Date Received Time Received By (initials)
Specimen Barcodes
Notes