



ADVANCED DIAGNOSTICS LABORATORY

1935 Medical District Drive, MC B1.06
Dallas, TX 75235

Phone: (214) 456-2320, option 1

Fax: (214) 867-9453

Email: ADXLab@childrens.com

Jason Y. Park, M.D., Ph.D., Director
Midori Mitui, Manager

ADX Lab Request

- 1. Fill out page 1 and 2 of the form.
2. Send the form to the laboratory by clicking the Email button.
3. Print the form and include the copy with the sample.

LABORATORY REQUISITION

Patient Name: (Last) (First) (Middle) Date of Birth:

Hospital MRN: Ethnicity: Gender:

Sample Information

Date of Collection: Blood/Purple Top (min 1 mL) FFPE Block Other:

Specimen ID: DNA* FFPE Scrolls**

*DNA isolation must be performed in a CLIA-certified (or equivalent) laboratory. Consult the lab for min DNA requirements.

**For Oncology Fusion Seq: 8 FFPE scrolls cut at 5 microns, total size not exceeding 2mm³, in two 1.5 mL tubes; min 10% lesional cells.

**For H. pylori test: 5 FFPE scrolls cut at 20 microns, in two 1.5 mL tubes; min 48 organisms on a single 5-micron IHC section.

Provider Information/Referring Institution

Provider: Institution:

Address: City: State: Zipcode:

Phone: Fax: Email Address:

Billing Contact (if different): Email Address:

Testing services are only available as client billed services. Insurance is not directly billed.

Patient Information

Summarize history or attach clinic note:

Empty box for patient history/clinic note

Family history or attach pedigree:

Empty box for family history/pedigree

Previous test history (include copy of previous test (results):

Empty box for previous test history

Family Member Testing

Target Analysis OR VUS Familial Testing

Gene:

Variant:

Summarize pertinent history:

Empty box for family member testing history



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SHIP TO

Advanced Diagnostics Laboratory
Children's Health
1935 Medical District Drive, MC B1.06
Dallas, Texas 75235

Patient Name: _____ (Last) _____ (First) _____ (Middle)

Molecular Test Menu

Single Gene Tests		Multi-Gene Tests	
	Fragile X Chromosome		Oncology Fusion Seq, 173 Genes Lesional cell content (REQUIRED): _____
	HBB Gene Sequencing		Pulmonary Genes Seq v2
	H. pylori Genotypic Analysis for Susceptibility		Miscellaneous: _____
	Targeted CNV PCR		MedExome V2 (Proband only)
	Targeted Fusion PCR		MedExome V2 (TRIO)
	Miscellaneous: _____		Name of additional Family member: _____
			Relationship to Patient: _____
			Name of additional Family member: _____
			Relationship to Patient: _____
Cytogenomic Tests			MedExome V2 (DUO)
	CytoScan Dx Chromosomal Microarray		Name of additional Family member: _____
			Relationship to Patient: _____
			MedExome V2 re-analysis (no specimen required)