



Instructions: To help provide the best possible service, supply the information requested below and send paperwork with the specimen.

Patient Information

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Requesting Provider Name (Last, First), Phone, Fax\*, and Genetic Counselor Name (Last, First), Phone, Fax\*.

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Form with checkboxes for CADASIL, Ciliary morphology (eg, primary ciliary dyskinesia), Connective tissue disorder, Other, Mitochondrial disorder, Storage disease, and Tumor, each with a specify line.

Patient History/Pathologist Comments

Large empty text area for Patient History/Pathologist Comments.

Specimen Fixative

Form with checkboxes for Trumps fixative, 2.5%–3% Glutaraldehyde, and Other (call lab before submitting).

Specimen Type

Form with checkboxes for Skin, Whole blood, Ciliary brushing, Buffy coat, Nasal, Trachea, Heart (only available through test ANPAT / Anatomic Pathology Consultation, Wet Tissue), and Other.