

**REQUISITION FOR DNA TESTS ON LIQUID PAP CYTOLOGY SPECIMENS**

**Milford Molecular Diagnostics Laboratory (MMDL)**

CLIA #07D2067401

2044 Bridgeport Ave.

Milford, CT 06460

Phone: (203) 878-1438 Fax: (203) 878-0109

**Sample submissions must include:**

ThinPrep<sup>o</sup> or Surepath<sup>TM</sup> Pap test specimen, minimum 1 mL [ ]

Completed & Signed Requisition Form [ ]

Check payable to **Milford Molecular Diagnostics** [ ]

[ ] *BRCA 1&2* founder mutation panel of 3 sites by Sanger sequencing (CPT code 81212)\* \$200.00<sup>†</sup>

[ ] HPV DNA detection by nested PCR and genotyping by Sanger sequencing (CPT codes 87623, 87624) 90.00<sup>†</sup>

[ ] *Chlamydia trachomatis* DNA by nested PCR/Sanger sequencing (CPT code 87491) 90.00<sup>†</sup>

[ ] *Neisseria gonorrhoeae* DNA by nested PCR/Sanger sequencing (CPT code 87591) 90.00<sup>†</sup>

Check [X] the item(s) you want to test

Total payment in check \$

*\*The intended use of the test for the three BRCA1 and BRCA2 founder mutations is to screen women with Ashkenazi Jewish ancestry and a family history of breast, ovarian, tubal, or peritoneal cancer. A licensed health care professional with experience in women's oncology, especially a gynecologist, and the informed patient will decide if the patient should be tested for these mutations.*

<http://www.acog.org/About-ACOG/News-Room/News-Releases/2009/Routine-Screening-for-Hereditary-Breast-and-Ovarian-Cancer-Recommended>

Date: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

(Please Print)

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....  
Patient Name: \_\_\_\_\_ Sex: Male [ ] Female [ ]

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....  
<sup>†</sup> MMDL uses Sanger sequencing, the gold standard of nucleic acid-based tests, to validate all positive results. The CPT codes listed are close to those commonly used for billing and reimbursement purposes. The third party payers may or may not fully reimburse this charge.

The official laboratory report with test results will be faxed and also mailed, if DNA sequences are generated, to the above ordering physician.

**Please send the specimen, this requisition form (signed by the ordering physician), and the check for payment to:  
Milford Molecular Diagnostics Laboratory, 2044 Bridgeport Avenue, Milford, CT 06460**