

MILFORD MOLECULAR DIAGNOSTICS LABORATORY, LLC

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CT LIC# CL-0699

CLIA# 07D2067401

Routine Partial N Gene Sanger Sequencing for SARS-CoV-2 Detection and Reflex Target S gene Sanger Sequencing for Determination of Variants Of Concern And Interest

REQUISITION

(Self-collected nasopharyngeal swab specimens)

Enclose a check paid to MILFORD MOLECULAR DIAGNOSTICS LABORATORY per specimen: \$150.00 (your insurance policies should reimburse this testing cost.)

PLEASE PRINT. Information required by Federal and State governments

Date: _____

Patient Name: _____ (first) _____ (middle) _____ (last) Sex: M []; F []; AGE _____
Race: (Please check one) White ; African American ; Asian ; American Indian ; Native Hawaiian
Ethnicity: (Please check one): Hispanic or Latino ; Not Hispanic or Latino

Address: _____

City & State: _____ Zip: _____

Phone Number: _____ Date of Birth: (m) _____ (d) _____ (y) _____

Email

Address: _____

Please do the following:

(1) Follow the instructions given by the CDC <https://www.cdc.gov/coronavirus/2019-ncov/testing/How-To-Collect-NMT-Specimen-for-COVID-19.pdf>

Get a set of tube containing preservative fluid and nasopharyngeal swab from your healthcare provider or a testing center.

(2) Ship the specimen on the same day via FEDEX next morning delivery on a working day (not on Holidays or weekends) to Milford Molecular Diagnostics Laboratory according to the following instructions. <https://www.fedex.com/en-us/shipping/how-to-ship-clinical-samples.html>

December 19, 2021