

# Pharmacogenomics Laboratory

IU Genetic Testing Laboratories  
 975 W. Walnut St, IB-350, Indianapolis, IN 46202  
 phone: (317) 274-7597 Fax: (317) 278-9061

Affix label here

**SHIP SPECIMENS TO: 975 W. Walnut St., IB-350, Indianapolis, IN 46202**

PATIENT INFO	NAME: _____ HOSPITAL: _____ MRN: _____ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DOB: _____
PHYSICIAN INFO	Physician: _____ Address: _____ _____ City, State, Zip: _____ Phone/Fax: _____
SAMPLE INFO	Date Collected: _____ Collected By: _____ Volume: _____ Specimen Type: <input type="checkbox"/> Whole Blood <input type="checkbox"/> DNA <input type="checkbox"/> Saliva <input type="checkbox"/> Other: _____
CLINICAL INFO	Diagnosis/ICD-10: _____ _____ Medications(s): _____ _____ _____

BILLING INFORMATION	Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Patient (Insurance/Medicare/Medicaid) <input type="checkbox"/> Grant (Account #) _____ : Demographic sheet must be attached. Please provide a copy of both the <u>front and back</u> of insurance card(s).	
	Medicare No.	Medicaid No.
	<b>Primary Insurance</b>	
	Secondary Insurance	Secondary Ins. No.
	Group Name	Group No.
	Address	
	Insured Name	Relationship
	<b>Secondary Insurance</b>	
	Secondary Insurance	Secondary Ins. No.
	Group Name	Group No.
Address		
Insured Name	Relationship	
LAB USE	Date Received: _____ Received By: _____	

**(SPECIMEN REQUIREMENTS, SHIPPING INSTRUCTIONS AND CANCELLATION POLICY ON BACK OF FORM)**

	Individual Tests for Pharmacogenomics	<input type="checkbox"/> Full Panel for Pharmacogenomics		
✓	APOL1 Genotyping	CYP2B6	CYP3A5	NUDT15
	CYP2B6 Genotyping	CYP2C9	CYP4F2	SLCO1B1
	CYP2C9 Genotyping	CYP2C19	CYP2C Cluster	TPMT
	CYP2C19 Genotyping	CYP2D6	DPYD	VKORC1
	CYP2C19 Genotyping (cardiology)	CYP3A4	G6PD	
	Warfarin Genotyping (CYP2C9, VKORC1, CYP4F2, 2C cluster)	✓	<input type="checkbox"/> <b>Kidney Transplant Panel</b>	
	CYP2D6 Genotyping		Donor non African-Ancestry (CYP2D6)	
	CYP3A4 Genotyping		Donor African-Ancestry (APOL1, CYP2D6)	
	CYP3A5 Genotyping		Recipient non African-Ancestry (CYP2D6, CYP3A4, CYP3A5)	
	CYP4F2 Genotyping		Recipient African-Ancestry (APOL1, CYP2D6, CYP3A4, CYP3A5)	
	DPYD Genotyping			
	G6PD Genotyping	<input type="checkbox"/>	<b>Heart Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5)</b>	
	NUDT15 Genotyping	<input type="checkbox"/>	<b>Lung Transplant Panel (CYP2C19, CYP2D6, CYP3A4, CYP3A5)</b>	
	SLCO1B1 Genotyping	<input type="checkbox"/>	<b>Antidepressant Panel (CYP2C19, CYP2D6)</b>	
	TPMT Genotyping	<input type="checkbox"/>	<b>Azathioprine Panel (TPMT, NUDT15)</b>	
	TPMT and NUDT15 Genotyping	<input type="checkbox"/>	Deutetrabenazine (CYP2D6) Genotyping	
	VKORC1 Genotyping	<input type="checkbox"/>	Eliglustat (CYP2D6) Genotyping	
	UGT1A1 Genotyping	<input type="checkbox"/>	Siponimod (CYP2C9) Genotyping	
	UGT1A9 Genotyping	<input type="checkbox"/>	Tetrabenazine (CYP2D6) Genotyping	
		<b>Comment(s)/Additional Information</b>		

## Specimen Requirements and Shipping Instructions

<b>Whole Blood</b>	3-5 mL of whole blood in EDTA (purple top tube) for routine tests. Ship overnight at room temperature.
<b>DNA</b>	Send at least 1 µg of genomic DNA with a minimum concentration of at least 20 ng/µL in a screw cap tube. Ship overnight at room temperature. Note: DNA must have been extracted in a CLIA-certified laboratory.
<b>Saliva</b>	Send at least 2 mL utilizing an Oragene collection device. IMPORTANT: No eating, drinking, smoking or chewing gum 30 minutes prior to collection. Ship overnight at room temperature.

- Please use sterile technique and close all containers tightly.
- Please label all containers with patient name, hospital number, and date of collection.
- Please attach a completed requisition form, including diagnosis with the sample.
- IU Medical Center campus samples should be delivered to the laboratory on the same day of sample collection. If the sample is collected after business hours or missed the transportation pick-up time, please keep the sample in the refrigerator or at room temp and deliver to laboratory as soon as possible the next business day.
- Samples from off site should be shipped at room temperature for overnight delivery directly to the laboratory's address listed at the top front of this requisition form.
- Grossly hemolyzed or clotted blood specimens will be rejected.

### CANCELLATION POLICY

**Cancellation of test orders must be received within 48 hours** of sample receipt in the laboratory.

Testing scheduled for STAT/priority processing cannot be canceled after sample receipt due to adjusted lab processing.

To cancel testing, call (317) 274-7597 within 48 hours of sample receipt.

Note: A handling fee may be assessed for initial processing of the sample prior to test cancellation.

To revise requested testing, call (317) 274-7597 to determine the status of the patient's sample in lab and discuss available options.