



# MOLECULAR DIAGNOSTICS LABORATORY

## UT Health OncoPanel NGS Requisition

Dept. of Pathology & Lab Medicine  
Room 344B, Medical School Bldg.  
7703 Floyd Curl Drive  
San Antonio, TX 78229-3900

STRClientServices@uthscsa.edu  
(210) 567-6599  
(210) 450-2243 (Fax)  
<http://pathology.uthscsa.edu/str/molecular/>

Do not write in this space

MDL#

Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Stage at time of testing: \_\_\_\_\_

Ordering Facility: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Hospital/Pt ID#: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Specimen Submitted:  Fresh  Frozen  Paraffin

Specimen #: \_\_\_\_\_ Block: \_\_\_\_\_ Specimen Site: \_\_\_\_\_ Collection Date: \_\_\_\_\_

Requesting Physician (required): \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
Street City State Zip

Disease status: Metastatic: \_\_\_\_\_ Recurrent: \_\_\_\_\_ Relapsed: \_\_\_\_\_ Refractory: \_\_\_\_\_ None: \_\_\_\_\_

Primary ICD-10: \_\_\_\_\_

Clinical History:  
 Patient has received a transplant?  Yes  No  
 Please call results back to me directly (number above)  Yes  No  
 Best day/time to call (between 8AM-4PM M-F)

Included copy of final or preliminary pathology report (required).

Has preauthorization been acquired (required)?\*

\*Attach documentation

**Note: Specimens will not be processed without billing information**

**Bill Patient:** \_\_\_\_\_  
Address Phone

**Bill Facility:** \_\_\_\_\_  
Facility Name and Address Patient ID#

**Bill Insurance:** \_\_\_\_\_  
Insurance Company Name and Address

\_\_\_\_\_  
Name of Insured Policy # Group #

\_\_\_\_\_  
Patient Address Telephone # Date of Birth

**Bill Research Account:** \_\_\_\_\_  
Principal Investigator Account #