



# MOLECULAR DIAGNOSTICS LABORATORY

## UT Health San Antonio

Dept. of Pathology & Lab Medicine  
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(210) 450-2243 (Fax)  
<http://pathology.uthscsa.edu/strl/molecular/index.shtml>

Do not write in this space

MDL#

### Request for Molecular-Microbiology Diagnostic Studies

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
First (Middle Initial) Last

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

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

Specimen Submitted: \_\_\_\_\_

Specimen #: \_\_\_\_\_ Specimen Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

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

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

Additional reports to: \_\_\_\_\_  
Name Address Fax Tel

Pertinent clinical history, diagnosis, and laboratory data: \_\_\_\_\_

#### Tests Requested (check all that apply)

- Chlamydia trachomatis* and *Neisseria gonorrhoeae* by TMA
- Chlamydia trachomatis* by TMA
- Neisseria gonorrhoeae* by TMA
- Mycoplasma genitalium* by TMA
- Human papillomavirus (HPV) by TMA
- Vaginitis/Vaginosis by TMA
- Vaginitis and Vaginosis Plus Chlamydia and Gonorrhoeae by TMA
- Vaginitis and Vaginosis Plus Chlamydia and Gonorrhoeae with M Gen by TMA
- Other (specify) \_\_\_\_\_

**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 #