

# Test Requisition Form

## BIOCHEMICAL GENETICS

KSL Diagnostics  
1000 Youngs Road, Suite 210  
Buffalo NY 14221 USA  
800.960.1080  
info@ksldx.com | ksldx.com



### REQUESTING DOCTOR

Last Name	First Name	
NPI #	Practice/Facility Name	
Address		
City	State	Zip
Telephone ( )	Fax ( )	
Email		
Physician Signature (Required by CMS)		

### CLINICAL INFORMATION

**Please attach copy of clinical history and laboratory/pathology reports.**

Diagnosis/Indication for Testing

ICD Dx Code

Disease Status  New Diagnosis  Follow-Up  Relapse

### SPECIMEN COLLECTION DATE

--

### TEST

- 501:** Amino Acids, Full Profile
- 502:** Phenylketonuria (PKU) Amino Acids (Phenylalanine and Tyrosine only)
- 503:** Maple Syrup Urine Disease (MSUD) Amino Acids (Valine, Leucine, and Isoleucine only)

### PATIENT INFORMATION

Name		
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip
Telephone ( )	Email	

### BILLING INFORMATION

**For insurance billing, provide complete insurance information or send photocopy of patient's insurance card. If not billing insurance, doctor or lab, please include credit card information to ensure prompt results.**

<input type="checkbox"/> Medicare #, If Applicable		
<input type="checkbox"/> Insurance Name		
Address		
City	State	Zip
Telephone ( )	Fax ( )	
Insurance ID #	Group #	
Subscriber Name	DOB	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Credit Card #	Exp Date	
I accept responsibility for bills related to testing of my specimen		
Patient Signature		

### SPECIMEN INFORMATION / INSTRUCTIONS

#### Type:

- Plasma separated from whole blood collected in a sodium heparin (preferred) or lithium heparin tube (Minimum 0.5 mL)
- Fasting (preferred)

#### Labeling:

- Specimens should be labeled with patient name, DOB, and date collected (minimally)

#### Processing:

- Plasma should be aliquoted into a labeled tube.
- Plasma should be separated from cells within 2 hours of collection.

#### Storage:

- Specimens should be stored frozen (-15 to -25°C is acceptable).
- Specimens should not be left at room temperature for more than 2 hours.

#### Shipping / Receiving:

- Plasma delivered by a local courier within a 3-hour drive should be shipped in a cooler with icepacks.
- Plasma may also be shipped overnight by a mail carrier in an insulated shipping package with ice packs.
- Ship frozen (preferred); refrigerated acceptable if received within 24 hours.