

ANALYTE TEST REQUISITION

PATIENT DATA



SHIP TO: MEDICAL GENETICS LABORATORIES
Baylor College of Medicine
2450 Holcombe, Grand Blvd. - Receiving Dock
Houston, TX 77021-2024

REPORTING INFORMATION

PHYSICIAN/INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: (____) _____ FAX #: (____) _____

Additional Reports to:

1. NAME: _____ FAX #: (____) _____

2. NAME: _____ FAX #: (____) _____

!STOP IMPORTANT BILLING INFORMATION!
Indicate Institution Billing Code here: _____, **OR**
complete and fax billing information form (page 2 of requisition)
to 713-798-4187. **Samples received without the Institution
Code or Billing Form cannot be processed.**

OR

NAME: _____

DATE OF BIRTH (MM/DD/YY): ____/____/____

Please check one: MALE FEMALE UNKNOWN

HOSPITAL #: _____

ACCESSION #: _____

DATE SAMPLE OBTAINED (MM/DD/YY): ____/____/____

ANALYTE TEST REQUESTED

- 4100 Amino Acids Analysis - Plasma
- 4160 Amino Acids Analysis - CSF
- 4240 Amino Acids Analysis - Urine
- 4300 Acylcarnitine/Carnitine Combination - Plasma
- 4310 Carnitine, Free and Total - Plasma
- 4130 Creatine/Guanidinoacetate Analysis - Plasma
- 4260 Creatine/Guanidinoacetate Analysis - Urine
- 4627 Cystine, White Blood Cell - Heparinized Blood
- 4140 Homocysteine, Total Plasma

- 4150 Methylmalonic Acid - Plasma
- 4200 Organic Acid Screen - Urine
- 4210 Orotic/Orotidine Analysis - Urine
- 4110 Phenylalanine/Tyrosine - Plasma
- 4340 Polyols, Urinary
- 4220 Purine Panel - Urine
- 4250 Succinylacetone - Urine
- 4330 Thymidine - Plasma

FOR A COMPLETE LISTING OF ALL TESTS AVAILABLE AT THE MEDICAL GENETIC LABORATORIES AT BAYLOR COLLEGE OF MEDICINE, PLEASE REFER TO OUR WEB SITE: WWW.BCMGENETICLABS.ORG