

# UPMC Genome Center WGS Requisition- Tech Only Service

Patient Information		
Name	DOB/ Gender	
Street Address		
City	State	Zip

Payment Information		
<input type="checkbox"/> Institutional Bill <input type="checkbox"/> Insurance Bill <input type="checkbox"/> Credit Card		
Insurance Group		
Insured Party/ Relationship to Insured		
Credit Card		

Physician Information		
Name	NPI#	
Practice		
Street Address		
City	State	Zip
Authorization: by Signing Below, I Acknowledge Medical Necessity		

Specimen Information	
Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> DNA	
Specimen ID	Collection Date
Diagnosis ICD-10 Codes/ Phenotypes	

Data Return Information	
Primary Contact	
Email Address	
<input type="checkbox"/> FTP Transfer <input type="checkbox"/> Hard Drive	

Laboratory Use Only		
Received Date	Time	By
Specimen Condition		
<input type="checkbox"/> Acceptable <input type="checkbox"/> Damaged <input type="checkbox"/> Insufficient		
Notes:		
Specimen Barcodes:		