

MORL - Kidney Disease Complement Testing Requisition Form

REQUIRED INFORMATION FOR REFERRING LABORATORY USE ONLY:		FOR MORL USE ONLY:	
Requisition Date:	Completed by:	Accn#:	MORL Case #:
Blood Specimen Collection Date:			
Serum Specimen Collection Date:			
Plasma Specimen Collection Date:			
Part A) Patient Information (Required)			
Patient Name:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:			
City:	State:	Zip:	Country:
Phone: ()			
Medical Record Number:	Account/Accession Number:		
Part B) Reporting Information (Required)			
Referring Institution:			
Street:			
City:	State:	Zip:	Country:
Phone: ()	FAX: ()		
Referring Physician:	Referring Physician UPIN:		
Part C) Payment Information (Required) – Results will not be released until payment is received			
<input type="checkbox"/> Send bill to (Institutions only):			
Billing Institution:		Attn:	
Street:			
City:	State:	Zip:	Country:
Phone: ()	FAX: ()		
If you or your patient would like to pay by credit card please contact Amy Weaver at 319-335-6623			
Part D) Pertinent Clinical History and Findings (Required) – (Complete the appropriate information below and/or include an accompanying letter)			
* Diagnosis: <input type="checkbox"/> MPGNII/DDD/C3GN; <input type="checkbox"/> aHUS; <input type="checkbox"/> Other (complete):			
Complement:	C3 level and normal range:		
<i>If available</i>	C4 level and normal range:		
	C3d level and normal range:		
Blood Chemistries:	WBC:		
<i>If available</i>	Hg/Hct:		
	Platelet count:		
Renal biopsy: Yes; No (If yes, please attach report.)			
Other tests:			
Comments:			
Part E1) Panel Tests Requested – Do NOT freeze blood; serum & plasma samples MUST arrive frozen			
<input type="checkbox"/>	aHUS Gene Panel	This panel requires whole blood for the following tests: CFH, CFI, MCP, CFB, C3, THBD and MLPA	
<input type="checkbox"/>	Functional Panel	Panel requires frozen serum & plasma for the following tests: FH autoantibody, Hemolytic Assay, C3Nef & sMAC	
Part E2) A la carte Gene Tests Requested – Do NOT freeze blood			
<input type="checkbox"/>	CFH (Factor H)	<input type="checkbox"/>	MCP (CD46)
<input type="checkbox"/>	CFI (Factor I)	<input type="checkbox"/>	THBD (Thrombomodulin)
<input type="checkbox"/>	Familial Testing	Gene: _____	Mutation: _____
<input type="checkbox"/>		<input type="checkbox"/>	C3 (Complement Component 3)
<input type="checkbox"/>		<input type="checkbox"/>	MLPA (deletion of CFHR1-3)
<input type="checkbox"/>		<input type="checkbox"/>	CFHR5 (Complement Factor H Related 5)
Part E3) A la carte Functional Tests Requested – Serum & plasma samples MUST arrive frozen & labeled			
<input type="checkbox"/>	FH autoantibody (serum)	<input type="checkbox"/>	Hemolytic Assay (serum)
<input type="checkbox"/>		<input type="checkbox"/>	C3 Nephritic Factors (serum)
<input type="checkbox"/>		<input type="checkbox"/>	sMAC (Plasma)

*** Diagnosis is Required to Perform Testing**

Physician should complete parts A, D, and E and review top of page 2 with patient;
 Referring Lab should complete parts B and C.

Effective 1/10/2012

MORL - Kidney Disease Complement Testing Requisition Form

IMPORTANT INFORMATION FOR PHYSICIAN OR GENETIC COUNSELOR:

DNA tests may detect an abnormality. Detection methods are greater than 99% accurate. Many of these tests are relatively new. The analysis and interpretation represents our best knowledge and understanding of the genetics of these diseases.

There is a small possibility that a test may not work properly or an error may occur. You may be asked for an additional sample if it is felt that confirmatory testing is needed.

An error in diagnosis may occur if incorrect information is provided with the sample.

Kidney diseases are complex disorders and penetrance of a phenotype (the degree of kidney disease, for example) may be variable. Research to determine whether a genotype-phenotype correlation exists is ongoing.

Because of the complexity of DNA testing, results should be discussed with a genetic counselor or physician.

Note: Kidney diseases are very complex disorders. This complexity means that mutations in many different genes can lead to kidney disease. It is possible that no mutations will be detected in the mutation screens (the genes) you have requested.

If your patient is interested in joining research studies ongoing in the MORL laboratories to investigate other genetic causes of kidney disease please ask your patient to email Dr. Richard JH Smith (richard-smith@uiowa.edu), Carla Nishimura (carla-nishimura@uiowa.edu), or Amy Weaver (amy-weaver@uiowa.edu).

DISCLAIMER:

This request to order molecular diagnostic tests from the MORL certifies to the MORL that the ordering physician has obtained informed consent from the patient as required by applicable state or federal laws for each test ordered, that the ordering physician has authorization from the patient permitting the MORL to report results for each test ordered to the ordering physician, and that the ordering physician assumes responsibility for providing the patient with all associated guidance and counseling regarding the test results.

Information to Include:	Testing will not be performed unless ALL of the following information is provided.
Specimen information:	Patient identifiers (full name, date of birth, sex and medical record number) Patient address, necessary for receipt and/or reporting results Date of collection Sample type (serum and plasma specimens MUST be labeled) Ordering physician
Billing information:	We will <u>NOT</u> bill insurance, Medicare or patient directly. Institutional billing accepted. Visa and Master Card accepted. Personal checks <u>NOT</u> accepted. <i>Please include contact information including phone & fax number for billing questions.</i>
Reporting Information:	Because of confidentiality issues reports will only be released to the individual indicated on the page 1 of the testing requisition form.

Please refer to MORL web page for CPT codes and additional information on each test.

<http://www.healthcare.uiowa.edu/labs/morl/>

*** Diagnosis is Required to Perform Testing**

Physician should complete parts A, D, and E and review top of page 2 with patient;
Referring Lab should complete parts B and C.

Effective 1/10/2012

Molecular Otolaryngology & Renal Research Laboratories Sample Requirements

Please contact Amy Weaver at 319-335-6623 if you have any questions

- DNA Testing Sample requirement** Lavender (EDTA) top tubes (*for whole blood*)
- Minimum sample volume** 8-10 cc. whole blood is sufficient to run all tests requested
(We are not responsible for broken tubes.)
OR
10 µg DNA from whole blood (minimum concentration: 20 ng/µl)

Blood or DNA Shipping requirements:

- Overnight delivery, Room temperature (**DO NOT FREEZE**)
Delivery: Monday-Friday.
Samples may be refrigerated if delivery is delayed.

FH autoantibody, APFA, C3 Nephritic Factors & Hemolytic Assay Sample Requirements

Collecting Serum Samples:

1. Collect serum from at least 6 cc of whole blood drawn in a **red-top** Serum Vacutainer tube and allowed to clot at 37°C for 45 minutes (room temperature is OK if 37°C is not available). Serum separators with "clot activators" should **not** be used.
2. Clotted blood should be centrifuged at 37°C or at room temperature (1000 rpm for 10 minutes) and the cell-free serum removed to a clean Eppendorf tube (screw-top). Provide at least 2ml of serum. NOTE: It may be necessary to **centrifuge a second time** if cells are transferred with serum the first time.
3. Place tube immediately at -80°C. Please label the tube as serum and tape the label on the tube so it does not fall off due to the cold temperatures. Sample **MUST** remain frozen; if it arrives at room temperature a new sample **will be required**.

sMAC Sample requirement

Collecting Plasma Samples:

1. Plasma should be collected from at least 6cc of whole blood drawn in a **lavender-top (K3-EDTA)** tube, mixed well and centrifuged (1000 rpm for 10 minutes) at room temperature as soon as possible after collection.
2. Provide at least 2ml of plasma for testing and freeze plasma immediately to -80°C.
3. Once frozen, the plasma is stable if kept at -80°C. Please label the tube as plasma and tape the label on the tube so it does not fall off due to the cold temperatures. The sample **MUST** remain frozen; if it arrives at room temperature a new sample **will be required**.

Serum & Plasma Shipping requirements:

- Serum and plasma must be shipped with a minimum of 2 kg (or 5 lbs) of dry ice.
Cryovials should be put in zip lock bags and completely covered in dry ice to keep the sample frozen until it arrives in the lab.
Delivery: Monday-Friday.

If serum and plasma samples do not arrive in the laboratory labeled and frozen they will be rejected for testing.

Ship all samples to:
Attn: Dr. Richard Smith
Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa
5270 CBRB
Iowa City, IA, 52242
