UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, Iowa 52242
Toll Free: 866-844-2522
Local: 319-384-7212
Client Services Fax: 319-384-7213
Billing Fax: 319-356-0729

UIDL
UI Diagnostic Laboratories

MOLECULAR GENETICS
GENERAL CONSULT REQUISITION

FOR UIDL USE ONLY: MRN# PATH#
FOR CLIENT USE ONLY: Requisition Date Completed by:

PART A – PATIENT INFORMATION – *Required*			**PART B – PROVIDER INFORMATION – *Required***		
Patient Last Name:			Referring Institution:		
Patient First Name:			Street:		
Street:			City:	St:	Zip:
City:	St:	Zip:	Phone:	Fax:	
Phone:	Fax:		Referring Physician:		
Date of Birth:	Gender: ☐ M ☐ F		Referring Physician Phone:		

PART C - SPECIMEN INFORMATION (Complete the appropriate information below or include in an accompanying letter.)

Date Collected: **Time Collected:** **Specimen:** ☐ **EDTA Whole Blood** ☐ **DNA** ☐ **Other:**

Required ICD-10 codes: 1._____ 2. _____ 3. _____ 4. _____ 5. _____

PERTINENT CLINICAL HISTORY AND FINDINGS (please attach pedigree if available):

SELECT TEST: Refer to the **UIDL TEST DIRECTORY** for specimen requirements and CPT Codes at https://www.healthcare.uiowa.edu/path_handbook/rindex.html

☐ Coagulation Factor 2 [LAB9068]
☐ Dystroglycanopathy Mutation Profile with Interpretation [LAB8801]
☐ Factor 5 Leiden Mutation & Factor 2 20210G>A Variant with Interpretation [LAB346] (**Requires** ABN)
☐ FMR1 Gene Analysis Characterization of Alleles with Interpretation [LAB2460]
☐ HFE Hemochromatosis Gene Analysis Common Variants with Interpretation [LAB2466]
☐ Leiden Variant Factor 5 [LAB9067]
☐ MTHFR Mutation Analysis with Interpretation [LAB8464]

This request to order molecular diagnostic tests from University of Iowa Diagnostic Laboratories (UIDL) certifies to UIDL that the ordering physician has obtained informed consent from the patient as required by applicable state or federal laws for each test ordered and that the ordering physician has authorization from the patient permitting UIDL to report results for each test ordered to the ordering physician.

Genetic Counseling and Information: By requesting testing, the ordering physician assumes responsibility for providing the patient with all associated guidance and counseling regarding test results.

PART D – BILLING – REQUIRED **NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa**

On date of collection, was patient: **Admission Date:**_____ **Discharge Date:** _____

☐ **Inpatient**
☐ **Outpatient**
☐ **Non-Hospital Patient - Facility name where specimen collected:** _____

☐ **No Valid Insurance- Self Pay Iowa Resident**
☐ **No Valid Insurance- Self Pay NON Iowa Resident**: Prepayment required before test order can be accepted. Call 866-844-2522 to arrange payment.

☐ **Bill Client**
Email Recipient for Invoicing _____
Name:_____ **Phone:** _____

☐ **Bill Insurance** **PRE-AUTHORIZATION #:**_____ Required for all out of state cases.
See website for a comprehensive guide to UIDL Billing - https://uidl.medicine.uiowa.edu/billing

Primary Insurance Coverage Information			**Secondary Insurance Coverage Information**		
Insured by:			Insured by:		
Claims Address:			Claims Address:		
City:	St:	Zip:	City:	St:	Zip:
Policy/ID #:	Group #:		Policy/ID #:	Group #:	
Name of Subscriber:		DOB:	Name of Subscriber:		DOB:
Relationship to Patient:			Relationship to Patient:		

Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test.

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens. 4/28/2025