

# GREENWOOD GENETIC CENTER

One Gregor Mendel Circle  
Greenwood, SC 29646  
Phone: (864) 388-1053  
Toll Free (800) 473-9411  
Fax: (864) 941-8133

## RNA Diagnostic Laboratory Test Requisition

Office Use Only:

Date Received: \_\_\_\_\_

Lab Number: \_\_\_\_\_

### Patient Information:

Last Name

First

M.I.

Date of Birth

Social Security #

Gender

Race

### Family Information:

Parent/Guardian

Relationship to Patient

Address

City

State

Zip Code

Country

### Referring Physician:

Name

Department

Institution

Address

City

State

Zip Code

Country

Phone

Fax

E-mail

Genetic Counselor

Phone

**We are unable to accept out-of-state Medicaid or Medicaid-related programs. Please ensure that the appropriate billing information is submitted in order to expedite processing.**

### Billing Options:

- Institutional Billing-Please include detailed information (Contact Person, Billing Address, Phone Number)
- Full Payment Submitted with Sample (US Dollars drawn on a US Bank)  
(Visa and Mastercard are accepted. Please include Account number, expiration date, and Cardholder's Name)
- 50% Payment Submitted with Sample, 50% Due at Test Completion

### Testing Requested:

- Aarskog Syndrome - FGD1 Gene (1)
- Creatine Transporter - SLC8A Gene (2)
- Coffin-Lowry Syndrome - RSK2 Gene (2)
- ATRX Syndrome - XNP Gene (2)
- ARX-related spectrum - ARX Gene (1)

Date Sample  
was Drawn: \_\_\_\_\_

(1) Requires EDTA tube

(2) Requires EDTA tube and Qiagen PAXGENE RNA collection tube

### Special Information:

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