MNG LABORATORIES
Neurogenetic Answers™

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Add-On Testing Requisition Form

We gladly accept deliveries Monday-Saturday, excluding holidays
CLIA License #11D0703390; CAP License #1441004; State of Georgia License #060-381

Add-On Testing (MNG Test Number & MNG Test Name Required)

TEST 1		TEST 3	
TEST 2		TEST 4	

Patient and Specimen Information

Patient Last Name	Patient First Name
Patient ID #	Date of Birth [MM/DD/YYYY]
Diagnosis/ICD-10	Collection Date [MM/DD/YYYY]

Gender ☐ Male ☐ Female

Specimen Type
☐ Whole Blood ☐ Buccal Swab ☐ CSF ☐ Urine ☐ Fibroblasts ☐ Skin [For Culture] ☐ Plasma ☐ Muscle ☐ DNA Tissue:_____

STAT Testing

☐ Yes ☐ No If yes, STAT form **MUST** be completed and included with Add-On form

Referring Physician Information

Referring Physician Name	Print	Signature
Referring Physician **NPI # [Required]** or international equivalent		
Facility / Organization		Phone
Select and Provide Email or Fax for Report Delivery	☐ Email	☐ Fax

[REQUIRED] Billing Information

Facility Responsible for Payment		Phone
Facility Contact Person		Fax
Facility Contact Person Email	Email	
Facility Billing Address		
City, State, Zip Code		

Results (sent by secure HIPAA-compliant email or fax)

Authorized Recipient Name	Authorized Recipient Name
Facility	Facility
Phone	Phone
☐ Fax ☐ Email	☐ Fax ☐ Email