



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	

MNG Answers™ - Reflex to Whole Exome Sequencing

MNG Exome™ Proband Only MNG Exome™ Trio Previous Testing Performed:

WES Consent Form and Clinical Information MUST be submitted with any WES testing. For Trios, please include WES requisition for family member information. Testing will NOT begin until all samples are received.

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Type <input type="checkbox"/> Whole Blood <input type="checkbox"/> Buccal Swab	<input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Fibroblasts	<input type="checkbox"/> Skin [For Culture] <input type="checkbox"/> Plasma <input type="checkbox"/> Muscle <input type="checkbox"/> DNA Tissue: _____

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	<input type="checkbox"/> Email	<input type="checkbox"/> Fax

Billing Information (REQUIRED)

Self-Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, payer contact name & phone number:
Facility Responsible for Payment	Phone
Facility Contact Person	Email
Facility Billing Address 1	Fax
Facility Billing Address 2	
City, State, Zip Code	

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

Authorized Recipient Name	Authorized Recipient Name
Facility	Facility
Phone	Phone
<input type="checkbox"/> Fax <input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Email