

For Office Use Only	Date	Account				Lab No									
	PMT	INV	CC	CSH	MO	CHQ	#	\$							
SHP	ON	CA	US	PU	NO	Other	SMPL	BL	SW	FC	CR	FT	TS	UR	Other

DNA TEST REQUISITION FORM

PHYSICIAN/PRACTITIONER:

Dr.: _____ Phone: _____
 Clinic: _____ Fax: _____
 Address: _____ E-mail: _____
 City: _____ Province/State: _____
 P.Code/ZIP: _____ Country: _____ Signature: _____

PATIENT:

Name / ID: _____ Sex: Male Female Date of Birth: ____ / ____ / ____ (mm/dd/yy)

DNA PROFILES:

- DP515 - Atherosclerosis DNA Profile:**
Chlamydia pneumoniae, Human Herpesvirus 6, *Helicobacter pylori*,
Mycoplasma spp. (M. pneumoniae, M. fermentans, M. hominis, M. penetrans),
Nanobacterium spp.
Samples: Whole blood (5ml) in lavender EDTA tube
- DP513 - Chronic Asthma DNA Profile:**
Aspergillus spp., *Chlamydia pneumoniae*, *Mycoplasma spp. (M. pneumoniae, M. fermentans, M. hominis, M. penetrans)*,
Staphylococcus aureus, *Legionella spp.*
Samples: Whole blood (5ml) in lavender EDTA tube
 Sputum specimen or throat swab in sterile container
 Bronchial washing or bronchoalveolar lavage in sterile container
- DP521 - Chronic Depression DNA Profile:**
 Borna Disease virus, *Chlamydia spp. (C.pneumoniae, C. psittaci)*, Human
 herpesvirus 6, *Mycoplasma spp. (M. pneumoniae, M. fermentans, M. hominis, M. penetrans)*
Samples: Whole blood (5ml) in lavender EDTA tube
- DP501 - Chronic Fatigue Syndrome DNA Profile:**
Aspergillus spp., *Chlamydia spp. (C.pneumoniae, C. psittaci)*, *Candida albicans*,
 Cytomegalovirus, Human herpesvirus 6, *Mycoplasma spp. (M. pneumoniae, M. fermentans, M. hominis, M. penetrans)*
Samples: Whole blood (5ml) in lavender EDTA tube
- DP523 - Chronic Prostatitis DNA Profile:**
Chlamydia spp. (C.pneumoniae, C. trachomatis), *Mycoplasma spp. (M. pneumoniae, M. genitalium)*,
Trichomonas vaginalis, *Ureaplasma urealyticum*
Samples: Urethral swab
 Urine sample (8ml) in sterile container
- GP533 - Crohn's Disease Predisposition DNA Profile:**
 R702W mutation, G908R mutation, M1007fs mutation
Samples: Whole blood (5ml) in lavender EDTA tube
- DP519 - Rheumatoid Arthritis DNA Profile:**
Chlamydia spp. (C. pneumoniae, C. trachomatis, C. psittaci), Cytomegalovirus,
 Human herpesvirus 6, *Mycoplasma spp. (M. pneumoniae, M. fermentans, M. hominis, M. penetrans)*
Samples: Whole blood (5ml) in lavender EDTA tube
 Synovial fluid in sterile container
- DP517 - Sexually Transmitted Diseases DNA Profile:**
Chlamydia trachomatis, *Haemophilus ducreyi*, *Mycoplasma spp. (M. pneumoniae, M. genitalium)*,
Neisseria gonorrhoeae, *Trichomonas vaginalis*
Samples: Male - Urethral swab and urine sample in sterile container
 Female - Endocervical swab and urine sample in sterile container
- DP531 - Tick-Borne Pathogens DNA Profile:**
Borrelia burgdorferi (Lyme Disease), *Babesia spp.*, *Ehrlichia spp.*, *Bartonella spp.*
Samples: Whole blood (5ml) in lavender EDTA tube
 Urine sample (8ml) in sterile container

INFECTIOUS DNA TESTS:

- D116 - *Aspergillus spp.*
- D118 - *Babesia spp.*
- D120 - *Bartonella spp.*
- D122 - *Blastomyces dermatitidis*
- D124 - Borna Disease virus
- D126 - *Borrelia burgdorferi* (Lyme Disease)
- D128 - *Candida albicans*
- D106 - *Chlamydia psittaci*
- D108 - *Chlamydia pneumoniae*
- D110 - *Chlamydia trachomatis*
- D130 - Cytomegalovirus
- D132 - Ehrlichia spp.
- D134 - Epstein-Barr virus
- D136 - *Haemophilus ducreyi*
- D138 - *Helicobacter pylori*
- D140 - *Histoplasma capsulatum*
- D142 - Human herpesvirus 6
- D144 - Human papillomavirus (HPV)
- D146 - Legionella spp.
- D148 - Leptospira spp.
- D150 - Methicillin-resistant *Staphylococcus spp. (MRS)*
- D152 - *Mycoplasma spp.*
- D160 - *Nanobacterium spp.*
- D154 - *Neisseria gonorrhoeae*
- D156 - *Staphylococcus aureus*
- D112 - *Toxoplasma gondii*
- D114 - *Trichomonas vaginalis*
- D158 - *Ureaplasma urealyticum*

PATIENT CONSENT AGREEMENT

I, the undersigned, wish to have DNA testing done, the purpose of which is to attempt to determine possible infectious pathogens. This testing is intended to be only used as a research to provide a physician with additional information about my medical conditions. The results will be reported to the physician and must be interpreted along with physical examination and/or diagnostic findings.

I agree to hold harmless, indemnify and defend Health Genetic Center, its agents, servants, officers, and employees, and persons drawing blood or taking tissue samples, of and from any and all claims arising out of any allegation concerning the testing. Health Genetic Center has not been advised of any use intended for the results, nor of any actions contemplated to be taken based on the results, nor of the identities of any person to whom I intend to distribute or publish the results.

I understand and agree to the practices, policies and fees set out by Health Genetic Center.

Full Legal Name (Please, print): _____ Signature: _____ Date: ____ / ____ / ____

NOTES/REQUESTS: