

Facility Name: _____

Contact Person: _____

Facility Billing Address: _____

Last Name	First Name	Middle Initial	Date of Birth	Sex
Ordering Physician & Signature	Phone Number	After Hours Phone	Collection Date & Time	Specimen Source (Be Specific)

Laboratory Tests

Test Name	Order Mnemonic	Test Name	Order Mnemonic
Adenovirus Qualitative PCR	ADVP	KRAS Mutation Analysis	KRAS
ALK Translocation	ALKNGP	Lung Cancer Test (ALK, RET, ROS1 & MET 13 Exon Skipping)	LCAT
B Cell Clonality Gene Rearrangement, IgH and IgK Fragment Analysis	BCELL	MET Exon 14 Skipping	MET14P
t(9;22) BCR-ABL	BCRAB	M. Pneumonia Qualitative PCR	MPN
BK Virus Quantitative PCR	BKVP	MSI, Microsatellite Instability	MSI
BRAF Mutation Analysis	BRAF	Ophthalmology Pathogen Multiplex Test	OPMP
Chikungunya Virus by PCR	CHIKV	Prothrombin Mutation, Factor II	PTPCR
CMV Quantitative PCR	CMVPR	RET Translocation	RETP
Dengue Virus	DENV	ROS1 Translocation	ROSIP
EBV Quantitative PCR	EBVP	Thyroid Cancer Test (RET, NTRK1, NTRK3 & PPARG)	TCAT
EGFR Mutation Analysis	EGFMS	T Cell Receptor, TCR Beta and TCR Gamma	TCELL
ERBB2/HER2 Mutation Analysis	ERBB	Thyroid Carcinoma Mutation Analysis (BRAF, HRAS, KRAS & NRAS)	TCPMS
Enterovirus by PCR	EVPCR	Varicella Zoster by PCR	VZVP
Factor V Leiden Mutation	FAC5L	Whole Genome Sequencing of Microorganisms	WGSM
HBV DNA Quantitative PCR	HBVQP	West Nile Virus Qualitative PCR, CSF	WNILC
HCV RNA Qualitative PCR	HCVQL	West Nile Virus Qualitative PCR, Plasma	WNILP
HCV RNA Quantitative PCR	HCVQP	50 Gene Mutation Test	50GMT
HIV RNA Quantitative PCR	HIVQ	54 Gene Myeloid Mutation Test	54GMT
HPV, High Risk and 16/18 Genotyping	HPVG	76 Gene Mutation Test	76GMT
HSV Qualitative PCR, Type I and II	HSVP	79 Gene Neurologic Tumor Mutation	NEURO
IDH1 & IDH2 Gene Mutation	IDH	Meningitis and Encephalitis Assay	CMVPR, EVPCR, HSVP, & VZVP
JAK2 V617F Quantitative	JAK2		

OTHERS: Specify

Regular Business Hours (7:00 am to 5:30 pm)
Call Result to:
Fax Result to:
After Hours and Weekends/Holidays
Call Result to:
Fax Result to:

For ANY Order, Give Specimen Source / Date & Time of Collection

Please forward specimens and completed order form to:

Houston Methodist Diagnostic Laboratories
6565 Fannin Street, Dunn Tower
Second Floor, D2-109
Houston, TX 77030
(713) 441-4411