GRIFOLS

Patient Molecular Testing Requisition

Grifols Laboratory Solutions Inc.
201 Carlson Circle
San Marcos, Texas 78666 USA
Tel: +1 (833) 504-1609
Fax: +1 (512) 749-1677
infolab@grifols.com

Required information highlighted in **RED**.

Provider/Client Information

Facility Name: | Account # (SAP):

Address: | Address #2/Facility Unit:

City: | State: | Zip:

Ordering Physician: | Email for Reports:

Phone: | Fax: | Email Report Copy to:

Patient/Sample Source Information

First Name: | **Last Name:** | **DOB (MM/DD/YYYY):**

MRN: | **Unique ID:** | **Collection Date (MM/DD/YYYY):** | **Gender:** ☐ Male ☐ Female ☐ Other

Sample Type: ☐ Buccal Swab ☐ Whole Blood ☐ DNA | Race: ☐ White ☐ Black ☐ Asian/Pacific ☐ Hispanic ☐ North American Native ☐ Other

Ordering Provider

This requisition constitutes an order for molecular testing from Grifols Laboratory Solutions Inc. I certify (a) the services are medically necessary and will assist me in treating my patient, (b) I maintain and will make available patient medical records documenting the foregoing, (c) I have supplied information to the patient regarding this testing and the patient has consented to genetic testing. Regarding patient consent, the ordering physician will be solely responsible for confirming that legally effective informed consent has been obtained from the patient or his/her authorized representative as required by applicable state law. By ordering a test from Grifols Laboratory Solutions Inc, the physician certifies that this consent is in place and that test results will be used and disclosed only in accordance with applicable law. I have signed statements on file from the patient and in accordance with your practice or institution permitting you and your contracted vendors to release data to other organizations to adjudicate claims.

First Name: | **Last Name:** | **Provider 10-Digit NPI #:**

Provider Signature: | **Date (MM/DD/YYYY):**

Clinical Profile

Pregnant: ☐ Yes ☐ No ☐ NA | # of Previous pregnancies: | Date of last RBC transfusion (MM/DD/YYYY): | # of RBC units:

ABO/Rh Blood Type: | Stem Cell Transplant? ☐ Yes ☐ No If Yes, Date (MM/DD/YYYY):

Additional Information: (Please include any relevant clinical information, medications, etc.)

ICD-10 Codes:
Please provide a complete list relevant to the patient's condition.

Billing/Insurance Information

☐ **Client/Institution Billing** ☐ Inpatient ☐ <14 Days after discharge | **PO#:**

☐ **Commercial Billing** ☐ Outpatient ☐ Non-Patient ☐ >14 Days after discharge

Attach copy of front & back of insurance card or face sheet ☐ Medicare/Advantage ☐ Private Insurance ☐ Medicaid

Insurance Co. Name: | Authorization #: | Policy #:

Relation: ☐ Self ☐ Spouse ☐ Dependent ☐ Other: | Insured DOB (MM/DD/YYYY):

Insured Party: First Name: | Last Name: | Social Security #:

Address: | City: | State: | Zip:

Test Orders:

☐ **BGG Navigator Panel**
Molecular Genotype (and predicted phenotype) for 37 RBC antigens
- Pre-treatment with mAB therapy (CD38/47)
- Prospective antigen matching for multiply transfused patients with hemoglobinopathies (e.g. Sickle Cell)
- Serologic testing complications due to recent transfusion or autoantibodies

Blood Group Gene Sequencing

☐ RhD variants including weak D types 1,2,3,4
- RhD discrepancies
- RhD status for RhIG eligibility
- RhD+ with anti-D

☐ RhD zygosity

☐ RhCE variants

ABO Gene Sequencing

☐ Resolve ABO blood grouping discrepancies

☐ Subgroup of A transplant eligibility

Human Platelet Antigen Genotyping

☐ HPA-1a/b
- FNAIT

☐ HPA-1, 2,3,4,5,6,9,15
- Alloimmune thrombocytopenia

☐ HPA Panel (1-11,15)
- Platelet refractoriness

Other Testing Services

☐ _____

CLIA License: #45D2099571 / **CAP Certificate:** #9406144 / **AABB Accreditation:** #1751090

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Ordering, Sample Handling, and Shipping Instructions

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infolab@grifols.com

1 Registration and Ordering Kits

If this is your first time sending us a sample, please contact us to register an account and to request a Sample Collection kit.

- To contact us: **email** infolab@grifols.com, **call** +1 (833) 504-1609, **or visit** diagnostic.grifols.com, click the link for "Testing Services" and follow the instructions.
- We will email you your credentials and log-in for our Path-tec portal: spectrapath.grifols.com.
- Expect your kit to arrive in one to five business days. Store kit at room temperature.

2 Sample Collection and Storage

Collect the patient sample and complete the requisition form from the kit. Keep a copy for your records. Be sure to follow collection instructions for each test, since kits and instructions vary.

- **MANDATORY:** Each specimen tube **MUST** be labeled with two unique patient identifiers.
- Please see sample-handling requirements, detailed below. If you plan to submit isolated nucleic acid/extracted DNA samples, we can only accept those prepared in a CLIA-certified laboratory or equivalent. Please provide the lab's CLIA number.
- If you are not using kits provided by Grifols Laboratory Solutions Inc., please download requisition forms at diagnostic.grifols.com; click on the link for "Testing Services," and follow the instructions. Keep a copy for your records.
- **For other sample types not listed below, or if you need help, please contact us at:** infolab@grifols.com, call: +1 (833) 504-1609

SPECIMEN	VOLUME/AMOUNT	CONTAINER	ADDITIONAL INFORMATION
Whole Blood	> 2mL	EDTA collection tube (lavender or pink top)	Samples can be stored refrigerated (2 to 8°C). **Do not freeze.** Samples must be received at GLS within 7 days after collection.
Genomic DNA	3 µg at ≥ 20 ng/µL A_{260}/A_{280}: 1.65-1.95, $A_{260}/A_{230} \geq 1.5$	1.5 mL micro-centrifuge tube, Eppendorf preferred	DNA must be dissolved in water or a low-salt buffer. Samples can be stored frozen, refrigerated (2 to 8°C), or at room temperature (15 to 24°C) for up to 7 days. Samples must be received at GLS within 14 days after collection.
Buccal Swab	DNA yield must be greater than or equal to 20 ng/µL. Samples with a DNA yield of less than 20 ng/µL or contaminated with food or other substances must be recollected.	oracollectDx® OCD-100	Follow instructions on the package label. Store at ambient room temperature (15 to 24°C). Samples must be received at GLS within 14 days after collection.

3 Sample Preparation for Shipping

Follow the sample preparation directions provided for shipping to Grifols Laboratory Solutions Inc.

- Insert the labeled tube(s) into the absorbent holder. Place up to five tubes into the biohazard bag and securely seal.
- Insert the Requisition Form(s) into the outside pouch of biohazard bag.
- Place the biohazard bag inside the insultote provided and then the insultote inside the box.
- Secure your box and place the box in the return envelope provided with your kit (clinical pack).
- Seal the envelope and schedule the recommended courier pick-up so the sample arrives at Grifols Laboratory Solutions Inc. on a business day.
- Contact us if special handling is needed.

SPECIMEN	CONDITIONS
Whole Blood	Samples should be shipped priority overnight; refrigerated (2 to 8°C) or at room temperature (15 to 24°C) .
Genomic DNA	Samples should be shipped priority overnight; frozen, refrigerated (2 to 8°C), or at room temperature (15 to 24°C).
Buccal Swab	Samples can be shipped at room temperature (15 to 24°C).

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