

Submission Checklist

- Completed Test Request Form (TRF) with referring physician's signature

- Payment Items
 - Insurance cases – Clear copy of the front and back of the insurance card); clinic note
 - Institutional Billing cases – Complete billing address
 - Out-of-pocket payment cases– signed check with contact details of payee or credit card

- Clearly labeled specimen with patient's name or unique identifier such as a study ID (should match the name on the TRF)
Optional items (it is recommended that if possible these items are sent)
 1. Completed patient information form if available
 2. Pedigree and clinic notes

Thank You!