

COMPLETE ENTIRE FORM TO AVOID DELAYS

Genesis Laboratories, Inc | 5750 Division Street, Suite 104, Riverside, CA 92506 USA | CLIA# 05D0856729

PATIENT INFORMATION						
Last Name		First Name		Middle Initial	DOB (MM/DD/YY)	Date of Death (if applicable)
Street Address			City		State	Zip
Preferred Contact Phone Number		Biological Gender: <input type="checkbox"/> F <input type="checkbox"/> M Gender Identity (if different from marked): _____		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____		
SPECIMEN TRANSPORT <input type="checkbox"/> Room Temperature						
Collection Date (MM/DD/YY): _____			Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Number of Specimens Submitted: _____	
Specimen Details: Tissue Type (e.g. skin): _____ Site (e.g. left arm): _____ Sample Type (e.g. punch biopsy): _____						
Testing laboratory handling instructions: Sample will be cultured at Genesis Laboratories; 2 (two) T-25 flasks will be sent to Ambry Genetics for testing. Sample will not be frozen for long-term storage.						
Prenatal Specimen Details: Sample Type: <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Direct Chorionic Villi <input type="checkbox"/> Fetal Tissue Sample Amount: _____ Gestational Age at Collection: _____						
Diagnosis / Clinical Information:			Comments and Special Instructions:			
ORDERING PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL Facility Type: <input type="checkbox"/> Physician/Physician Group <input type="checkbox"/> Referral Lab						
Name (Last, First, Degree)		Facility Name			NPI#	
Street Address		City			State	Zip
Phone		Fax			E-mail	
Signature Required for Processing Medical Professional Signature: _____					Date: _____	
<p>Order Code: 7030 - Tissue Culture (Genesis Laboratories)</p> <p><input type="checkbox"/> Grow and Send</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>INSTRUCTIONS FOR SUBMITTING SAMPLE TO GENESIS LABORATORIES:</p> <p>KIT REQUEST</p> <p>1. 7-10 days prior to patient's procedure, please fax completed form to Genesis Laboratories at (951) 781-9924 or call Genesis Laboratories at (951) 781-9923.</p> <p>2. Upon receipt of the completed form, Genesis Laboratories will ship a Tissue Culture Transport/Shipment Kit to the requested address, which should arrive within 3-5 business days.</p> <p><i>Please contact Genesis Laboratories at the above number for urgent kit requests</i></p> <p>PREPARING SAMPLE</p> <p>Upon receiving the kit, place tube with media in the refrigerator until ready for use.</p> <p>Specimen preparation: DO NOT FREEZE. Do not place in formalin. Transport a 4mm sample (e.g. skin punch biopsy) in the sterile, screw-top blue cap tube filled with tissue-transport medium.</p> <p>Storage/transport temperature: room temperature.</p> <p>Stability: 48 hrs ambient/refrigerated. Ship sample immediately upon collection. If specimen is ambient for more than 48 hours, specimen may be compromised. The laboratory will make every attempt to culture the specimen.</p> <p>SHIPPING</p> <p>1. Include completed Genesis and Ambry Genetics Test Requisition forms with the Tissue Culture Transport/Shipment Kit and provide FedEx tracking number below.</p> <p>FedEx tracking number: _____</p> <p>2. Fax (949-900-5501) or email (CulturedSamples@ambrygen.com) completed Ambry and Genesis Test Requisition Forms to Ambry Genetics</p> <p>3. Ship sample to Genesis Laboratories at 5750 Division Street, Suite 104, Riverside, CA 92506</p> <p><i>Please note that fibroblast cultures typically take 2-3 weeks to complete. For questions, please contact Genesis Laboratories at (951) 781-9923.</i></p>						