

**Please Submit this Requisition with
each Specimen**

Metabolic Disease Laboratory
Department of Genetics
720 20th Street South, KAUL Bldg., Room 648
Birmingham, AL 35233
Telephone: (205) 934-6370
Fax: (205) 975-2742

Patient and Specimen Information

Date Specimen Collected _____

Type Specimen _____

PLEASE COMPLETE ALL QUESTIONS FOR WHICH INFORMATION IS AVAILABLE. PLEASE CHECK WITH METABOLIC DISEASE LABORATORY BEFORE SUBMITTING ANY SAMPLES.

TO CONTACT THE LABORATORY, CALL (205) 934-6370.

DISEASE(S) QUESTIONED: _____

TESTS REQUESTED: _____

NAME OF PATIENT: _____ DOB: _____

REFERRING PHYSICIAN: _____ PHONE: _____

OFFICE ADDRESS OF PHYSICIAN: _____

CITY, STATE, ZIP: _____

INFORMATION ABOUT PATIENT:

ALL INFORMATION REGARDING YOUR PATIENT WILL BE KEPT STRICTLY CONFIDENTIAL.

FAMILY HISTORY OF GENETIC DISORDER (ATTACH PEDIGREE IF POSSIBLE)

BRIEF MEDICAL HISTORY (OR INCLUDE CLINICAL SUMMARY)

IS PATIENT TAKING MEDICATION?

CLINICAL INFORMATION:

HEAD CIRCUMFERENCE _____ HEIGHT _____

FACIAL FEATURES: DYSMORPHIC _____

OTHER _____

EYES: BLINDNESS _____ CORNEAL CLOUDING _____

OPTIC ATROPHY _____ CHERRY-RED MACULAE _____

SKIN: TEXTURE _____ RASH _____

VISCEROMEGALY: LIVER _____ SPLEEN _____

SKELETAL: HAS PATIENT HAD X-RAYS _____
X-RAYS: SKULL _____ VERTEBRAE _____

CAT SCAN/MRI _____

HERNIAS _____ GIBBUS _____

NEUROLOGICAL EXAMINATION:

DEVELOPMENT _____

RETARDED _____ BEHAVIOR DISORDER _____

WALKS _____ TALKS _____ TOILET TRAINED _____

MOTOR SYSTEMS:

STARTLES EASILY _____ TREMORS _____

SEIZURES _____

LABORATORY RESULTS:

URINE GLYCOSAMINOGLYCANS _____

AMINO ACIDS _____

ORGANIC ACIDS _____

METABOLIC SCREEN _____

Billing Information

The Metabolic Disease Laboratory **does not Bill the patient or the patient's Insurance Co.**

The Institution, Laboratory or Office submitting the specimen(s) is Billed.

OR

A check for total amount of service may be submitted with the specimen.

Referring Institution or Laboratory

Name _____

Address _____

City, State, Zip _____

Contact Phone _____

Fax Number _____

Services Available

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