



**METABOLICS AND MASS SPECTROMETRY**

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1. Fill out page 1 and 2 of the form.
2. Send the form to the laboratory by clicking the Email button.
3. Print the form by clicking the Print button and include the copy with the sample.

**METABOLICS AND MASS SPECTROMETRY REQUISITION**

Patient Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Date of Birth: \_\_\_\_\_

**OR PLACE PATIENT STICKER HERE**

Gender:  Male  Female  Other \_\_\_\_\_

**SAMPLE INFORMATION**

Date of Collection: \_\_\_\_\_

- Serum/Plasma       Whole Blood
- Urine       Bone Marrow
- Specify \_\_\_\_\_

Specimen Accession Number: \_\_\_\_\_

Hospital Medical Record Number: \_\_\_\_\_

**PHYSICIAN INFORMATION /REFERRING INSTITUTION**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Lab Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**INDICATION FOR STUDY**

Symptomatic       Asymtomatic

Summarize History:

Other Relevant Information: (NBS Results)

