NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
CLINICAL LABORATORY EVALUATION PROGRAM
EMPIRE STATE PLAZA, PO BOX 509
ALBANY, NY 12201-0509

NEW YORK STATE NON-PERMITTED LABORATORY TEST REQUEST APPROVAL FORM

(Please type or print neatly.)

Today's Date: _____

Patient Name: _____

Patient Identifier/#: _____

Symptoms/Dx: _____

_____

Gene Name (if applicable): _____

_____

Test Requested: _____

_____

Specimen Type: _____

Justification for requesting use of a facility without a NYS Permit must be provided in the space below:

(Suggested below - please revise as appropriate):

ProMark is a unique test to Metamark Genetics that is not offered by another laboratory in New York State or any other state. ProMark test results provide additional information for physicians to make better informed treatment decisions for patient care.

INFORMATION FOR FACILITY MAKING REQUEST/SENDING SPECIMEN:

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person at Facility: _____

Phone Number: _____ Fax Number: _____

PFI#: ___ ___ ___ ___ **OR** CLIA#: _____ _____

Ordering Physician's Name: _____

Please ensure all information is provided as incomplete forms will not be processed and delay permission for referral.

INFORMATION FOR LABORATORY PERFORMING TESTING:

Name of Laboratory Director: Dwight Mirmow, MD

Name of Laboratory or Institution: Metamark Genetics, Inc.

Address: 245 First Street, Suite 150

_____

City: Cambridge State: MA Zip code: 02142

Phone Number: 617-583-1400 Fax Number: 617-494-0417

CLIA #: 22D2048749 NYS PFI#: 8 7 4 9 (If applicable)

Genetic Tests to:
Genetic Testing Quality Assurance Program
Wadsworth Center, NYSDOH
Ph: (518) 474-6271

Fax: (518) 486-2693

Cytogenetic Tests to:
Cytogenetics Quality Assurance Program
Wadsworth Center, NYSDOH
Ph: (518) 474-6796

Fax: (518) 486-4921

All others to:
Clinical Laboratory Evaluation Program
Wadsworth Center, NYSDOH
Ph: (518) 485-5378

Fax: (518) 449-6917

Revised 03/05/13