



# MITRIGENE

2245 South State Street  
Ann Arbor, MI 48104  
(734) 222-0013 (o)  
(734) 222-0068 (f)

## Patient/Volunteer Information

Name:		
Street Address:		
City:	State:	Zip Code:
Birth Date (mm/dd/yyyy):		Sex:
Patient Requisition Number:		
Ethnicity (check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		

## Requesting Physician/Pathologist/Researcher

Name:	Telephone:	Fax:	
Institution:			
E-mail:	Street Address:		
City:	State:	Zip Code:	Country:

## Medical Professional Authorization and Consent

I hereby authorize testing for this patient/individual. I have supplied information to the patient/individual regarding genetic testing and he/she has given consent for the genetic testing to be performed.

_____	_____	_____
Medical Practitioner Signature	Date	UPIN/NPI Number

## Material Sent\*

<input type="checkbox"/> Blood <input type="checkbox"/> Cells <input type="checkbox"/> Buffy Coat	Collection Date:	Collection Time: _____
<input type="checkbox"/> Tissue (fresh/frozen) <input type="checkbox"/> Tissue (formalin)	Collector's Initials:	Requested Date for Results:
<input type="checkbox"/> Marrow <input type="checkbox"/> Other _____		

## Patient History/Diagnosis/Family History (if relevant for testing)

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## Reporting Address

Name:	Telephone:	Fax:	
Institution:			
E-mail:	Street Address:		
City:	State:	Zip Code:	Country:

## Tests Requested

<input type="checkbox"/> <b>Angiotensinogen Panel</b> (174 and 235 variants) <input type="checkbox"/> <b>Calcium Sensing Receptor Panel</b> (IVS5-88, A986S, R990G, and Q1011E variants) <input type="checkbox"/> <b>Cytokine Panel-1</b> (IL-1 $\alpha$ , IL-1 $\beta$ , IL-1R, IL-1RA, IL-2, IL-4, IL-4R $\alpha$ , IL-6, IL-10, IL-12, $\gamma$ -IFN, TGF- $\beta$ , TNF- $\alpha$ ) <input type="checkbox"/> <b>Cytokine Panel-2</b> (IL-8, CCL-2, CXCL-1) <input type="checkbox"/> <b>Comprehensive Cytokine Panel</b> (IL-1 $\alpha$ , IL-1 $\beta$ , IL-1R, IL-1RA, IL-2, IL-4, IL-4R $\alpha$ , IL-6, IL-8, IL-10, IL-12, $\gamma$ -IFN, TGF- $\beta$ , TNF- $\alpha$ , CCL-2, CXCL-1) <input type="checkbox"/> <b>Matrix Metalloproteinase-1 Panel</b> (-934, -2288, 1831, 12471, +5387, and +7229 variants) <input type="checkbox"/> <b>Matrix Metalloproteinase-3 Panel</b> (-1171 and 1161 variants) <input type="checkbox"/> <b>Matrix Metalloproteinase-9</b> (-1562 variant) <input type="checkbox"/> <b>Tissue Inhibitor of Metalloproteinase-1 Panel</b> (372, 434, and 536 variants) <input type="checkbox"/> <b>Vascular Endothelial Growth Factor A Panel</b> (-460, -2548, 936, 1451, and 1612 variants)	<input type="checkbox"/> <b>Chemokine (C-X-C motif) Ligand-1</b> (-520 and 957 variants) <input type="checkbox"/> <b>Chemokine Ligand-2</b> (-2518 variant) <input type="checkbox"/> <b><math>\gamma</math>-Interferon</b> (+874 variant) <input type="checkbox"/> <b>Interleukin-1<math>\alpha</math></b> (-889 variant) <input type="checkbox"/> <b>Interleukin-1<math>\beta</math></b> (-511 and +3953 variants) <input type="checkbox"/> <b>Interleukin-1R</b> (pst1 1970 variant) <input type="checkbox"/> <b>Interleukin-1RA</b> (mspa1 11100 variant) <input type="checkbox"/> <b>Interleukin-2</b> (-330 and +166 variants) <input type="checkbox"/> <b>Interleukin-4</b> (-33, -590, and -1098 variants) <input type="checkbox"/> <b>Interleukin-4R<math>\alpha</math></b> (+1902 variant) <input type="checkbox"/> <b>Interleukin-6</b> (-174 and 565 variants) <input type="checkbox"/> <b>Interleukin-8</b> (-251, +396, and +781 variants) <input type="checkbox"/> <b>Interleukin-10</b> (-592, -819, and -1082 variants) <input type="checkbox"/> <b>Interleukin-12B</b> (-1188 variant) <input type="checkbox"/> <b>Transforming Growth Factor-<math>\beta</math></b> (codon 10 and codon 25 variants) <input type="checkbox"/> <b>Tumor Necrosis Factor-<math>\alpha</math></b> (-238 and -308 variants)
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\*Preferred Specimen Types: **Blood** – EDTA tube, room temperature; **Cells/Buffy Coat/Tissue** – frozen or refrigerated; **Fixed Tissue** – 5-10 formalin-fixed paraffin-embedded slices (5-10  $\mu$ m); **marrow** – EDTA tube, frozen, or refrigerated