



MNG LABORATORIES

5424 Glenridge Drive NE
Atlanta, GA 30342 USA
toll-free: 844.TESTMNG
fax: 678.225.0212
mnglabs.com

**ENZYMOLGY
TEST REQUEST FORM**

No Sunday or Holiday Deliveries Accepted | CLIA License #11D0703390; State of Georgia License #060-381

VISIT WWW.MNGLABS.COM/SUPPORT TO SUBMIT QUESTIONS BY SECURE HIPAA-COMPLIANT EMAIL FOR RAPID RESPONSE TO QUESTIONS.
VISIT WWW.MNGLABS.COM/TESTS FOR DESCRIPTIONS OF EACH GENE AND EACH TEST, AS WELL MOLECULAR DIFFERENTIAL DIAGNOSIS SEARCH.
ORDER TEST KITS ONLINE AT WWW.MNGLABS.COM/KITS FOR SIMPLE SAMPLE PROCESSING, AND FREE INBOUND AND RETURN OVERNIGHT SHIPPING.

PATIENT NAME:	DOB:
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ENZYMOLGY TESTING

BLOOD

NEUROCHEMISTRY

(ENZ01) AROMATIC L-AMINO ACID DECARBOXYLASE (AADC) ENZYMOLOGY (PLASMA)

MITOCHONDRIAL

(ENZ06) THYMIDINE PHOSPHORYLASE ENZYMOLOGY (LEUKOCYTES)



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PATIENT AND SPECIMEN INFORMATION

PATIENT LAST NAME		PATIENT FIRST NAME	
PATIENT ID #		DATE OF BIRTH [MM/DD/YYYY]	
DIAGNOSIS/ICD-10		COLLECTION DATE [MM/DD/YYYY]	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPECIMEN TYPE	<input type="checkbox"/> WHOLE BLOOD <input type="checkbox"/> FIBROBLASTS <input type="checkbox"/> URINE <input type="checkbox"/> SKIN [FOR CULTURE] <input type="checkbox"/> PLASMA <input type="checkbox"/> CSF <input type="checkbox"/> BUCCAL SWAB <input type="checkbox"/> MUSCLE <input type="checkbox"/> DNA [DNA ISOLATION TISSUE]

REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN NAME		SIGNATURE	
FACILITY/ORGANIZATION		PHONE	
SELECT AND PROVIDE EMAIL OR FAX FOR REPORT DELIVERY	<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX	

BILLING INFORMATION

FACILITY RESPONSIBLE FOR PAYMENT		PHONE	
FACILITY CONTACT PERSON		EMAIL	
FACILITY BILLING ADDRESS 1		FAX	
FACILITY BILLING ADDRESS 2			
CITY, STATE, ZIP CODE			

RESULTS (SENT BY SECURE HIPAA-COMPLIANT EMAIL OR FAX)

	AUTHORIZED RESULTS RECIPIENT 1	AUTHORIZED RESULTS RECIPIENT 2
NAME		
FACILITY		
PHONE		
MARK BOX AND FILL IN INFORMATION FOR PREFERRED RESULTS TRANSMISSION METHOD		
FAX	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL	<input type="checkbox"/>	<input type="checkbox"/>

**CLINICAL INFORMATION: PLEASE INCLUDE/ ATTACH CLINICAL INFORMATION
CLINICAL INFORMATION FORM AVAILABLE AT MNGLABS.COM/FORMS**