



MNG LABORATORIES

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

REPEAT EXPANSION DISEASE  
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.

REPEAT EXPANSION DISEASE TESTING

- (MOL259) FRIEDREICH ATAXIA (FRDA): FXN REPEAT EXPANSION ANALYSIS
- (MOL299) MYOTONIC DYSTROPHY TYPE 1 (DM1): DMPK REPEAT EXPANSION ANALYSIS
- (MOL303) MYOTONIC DYSTROPHY TYPE 2 (DM2): ZNF9 REPEAT EXPANSION ANALYSIS

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			