



Gliolab Test Requisition Guide

Please use this guide to help you complete the required fields on the Gliolab Test Requisition Form.

Complete each section of the Test Requisition form as detailed below.

1

Patient Information

Patient First Name, Last Name: Enter patient's first name (no nicknames) and full legal last name (including any hyphenations).

2

Ordering Physician Information

Provide the ordering physician's name, NPI, practice/institution, full address, email, and phone. Include the pathology lab's name and email if specimens are coming from a different facility.

3

Billing Information

Please select one of four options (Medicare - Part B, Insurance/Medicare Advantage, Self-Pay/Uninsured, Hospital/Institution). Please provide this information accurately to prevent any delay in testing and receiving results.

4

Patient History

Select the patient's ICD-10 diagnosis code (or enter it if not listed), along with the original diagnosis date and surgery date where known.

5

Test Selection

Check the box for the test being ordered: Whole Genome DNA Methylation Profiling.

6

Specimen Information

Indicate the specimen type, container type, FFPE block number, slide/scroll ID, collection date, and tumor percentage (must be >60%). CLIA lab number and DNA concentration are required only for extracted DNA.

Gliolab
GLIOLAB, A KETTER FOUNDATION

Test Requisition Form
701 W Main St, Suite 201 Durham, NC 27701
CLIA ID #: 340294441 | NPI #: 143793804

Form Instructions

Patient Instructions:

- Bring form to your physician and have him or her complete the form and email to genomictesting@gliolab.org.
- For any questions, please contact us (email: support@gliolab.org or phone: 919-209-9486).

Physician Instructions:

- Fill in all relevant information below, and upload completed form to LabLink. All fields marked with an asterisk(*) are required.
- If submitting this form via email, please send to: genomictesting@gliolab.org.
- For any questions, please contact us (email: support@gliolab.org or phone: 919-209-9486).

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Certificate of Authorization, Medical Necessity, and Informed Consent

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Shipping Instructions

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Submission Checklist

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Certificate of Authorization, Medical Necessity, and Informed Consent

The ordering physician certifies medical necessity and patient consent by entering their printed name and date.

8

Shipping Instructions

Follow the listed specimen, packaging, and handling requirements, and ship overnight at room temperature to the address provided.

9

Submission Checklist

Confirm all required materials are included: prepared specimens and the relevant pathology report(s).

Additional Detailed Information (Cont. from page 1)

1

Patient Information

Enter the patient's full legal name in Last, First, MI order — use the legal first name and the full legal last name (including any hyphenations). Provide the date of birth in YYYY-MM-DD format and select the patient's sex from the dropdown. If available, include the Medical Record Number to aid record matching. Complete the full mailing address: Street Address, City, State, Postal Code, and Country. Every field except MRN and Country is required.

3

Billing Information

Select one of three billing options from the dropdown: Self-Pay, Insurance, or Institution. If billing to insurance, complete the Primary Insurance Plan Name, Policy #, and Group # (if applicable), along with the Primary Policy Holder name and the policy holder's DOB in YYYY-MM-DD format. Please provide this information accurately and completely to prevent any delay in testing and receiving results, as incomplete billing details are a common cause of held orders.

4

Patient History

Select the patient's diagnosis from the ICD-10 Code dropdown; if the applicable code is not listed, enter it manually in the field. Where known, provide the Original Diagnosis Date and the Surgery Date, both in YYYY-MM-DD format. The ICD-10 code is required to establish medical necessity; the two dates are optional but recommended, as they give the lab clinical context for interpreting molecular results.

5

Test Selection

Check the box to order the available test: Whole Genome DNA Methylation Profiling. This assay generates a genome-wide DNA methylation profile used to classify and subtype central nervous system tumors. At least one test must be selected for the requisition to be processed.

Questions?

We would be happy to help you!

Please send an email to support@gliolab.org for assistance in completing the Test Requisition Form.