

# Targeted Gene Panel Sequencing Order Sheet

Ordering Physician

Department / Institution

Contact Information

Patient Name

Date of Birth

Patient ID

Gender

Sample Type

Sample ID

Date Collected

Diagnosis

Requested Gene Panel

Additional Genes to Include

Clinical Indication / Reason for Testing

Family History

Requested Analyses

Turnaround Time Requested

Gene	Transcript / Reference	Reason / Notes

Additional Comments

Physician Signature

Date