

Affymetrix Accession ID

PATIENT DATA

Patient Name <i>(Only required for requestor information)</i>	
Unique Patient Identifier <i>(Required)</i>	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Samples Collection Date	
Sample Type <i>(Please refer to Directory of Services for specimen requirements)</i>	<input type="checkbox"/> EDTA Whole Blood <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Paxgene Tube <input type="checkbox"/> Other _____
*Ordering Physician	
Referral Laboratory	
Address	
City, State, Zip	
Telephone Number	

TEST REQUIRED

- AmpliChip CYP450 *(test number 000596)*
- Affymetrix U133 Gene Expression Assay *(test number 000597)*
- Affymetrix Chromosomal Copy Number Assay *(test number 000598)*
- Affymetrix 500K Genotyping Assay *(test number 000599)*
- Other

SHIPPING INSTRUCTIONS

Affymetrix Clinical Services Laboratory
910 Riverside Parkway, Suite 60
West Sacramento, CA 95605
916-376-1300ph

Ship on blue ice for EDTA samples. Include request form. Sample must be shipped within 1 week of collection. Ship according to DOT & IATA standards.

*** If a report is to be sent to Physician include address**

Physician Name	
Address	
City, State, Zip	
Telephone	
Fax	