



CT License CL-0644  
 RI License LCO-00591  
 CLIA ID # 07D1036625  
 NPI# 1336325497



Lifespan Laboratories  
 The Miriam Hospital  
 Rhode Island Hospital  
 Client Services:  
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**LABORATORY OF PERSONALIZED HEALTH**  
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## LIFESPAN LABORATORIES HILOmet PHYZIOTYPE™ SYSTEM REQUISITION

Patient name _____	Patient ID _____
Patient date of birth _____	Patient age _____

Patient gender

Male     Female

Patient ethnicity

Caucasian     Asian     African American     Hispanic

Name of Physician/Clinician requesting test(s) \_\_\_\_\_

E-mail and Address of Physician/Clinician requesting test(s): \_\_\_\_\_ @ \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 TEL  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 FAX

HILOmet PhyzioType™ System Check Box Below	
<input type="checkbox"/> HILOmet PhyzioType System (CYP2C9, CYP2C19 & CYP2D6)	LIFESPAN Test Code

Current Medication(s) \_\_\_\_\_

Intended Medication(s) \_\_\_\_\_

Diagnosis/Code \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions to Phlebotomist:** (1) Sample collection Date \_\_\_\_\_ Time \_\_\_\_\_ (2) Send 1 cc fresh whole blood collected in an EDTA vacutainer tube (3 cc size, purple top). The minimum sample volume required is 0.5 cc. *One tube is adequate regardless of number of tests.* (3) The tube should be labeled with patient's first and last name or unique identifier; patient's date of birth, or sex and age; date and time of collection. (4) The tube with blood should be enclosed in a sealed bag for biohazardous materials and sent in an appropriate container to the address above for same day delivery. Tubes held overnight should be kept at 4°C. (5) **Requisition form should accompany sample. July 2010**