Hennepin Healthcare Laboratory Services

Molecular Diagnostics Test Requisition

Facility Name/Address	Patient Information
	Name:
	Date of Birth:
	Sex:
	Facility MRN:

Ordering Provider Information	
	NPI:

Collection Information	
Date of Collection:	Time of Collection:

Tests Requested: "X" all that apply	
	16s Sample Type (circle one): Biopsy Body Fluid Bone Tissue Other: _____ Source Location: _____
	28s Sample Type (circle one): Biopsy Body Fluid Bone Tissue Other: _____ Source Location: _____
	HIV 1 Genotype (plasma) Viral Load: _____
	HIV 1 Integrase Genotype (plasma) Viral Load: _____

Questions? Please contact Molecular Diagnostics Customer Service at (612) 873-3068 or mdxcustomerservice@hcmed.org.