

Test Requisition – page 1 of 2

Patient Information			
First Name		Last Name	
Medical Record Number		Date of Birth (MM/DD/YYYY)	
Sex assigned at birth <input type="radio"/> Female <input type="radio"/> Male		Gender (optional)	
Sample Type <input type="radio"/> Blood <input type="radio"/> DNA <input type="radio"/> Buccal swab <input type="radio"/> Other _____		Collection date (MM/DD/YYYY)	
Ordering Physician (required)		Additional report recipient (genetic counselor, send-out lab)	
Name		Name	
Address		Address	
Phone	Fax	Phone	Fax
Email		Email:	
selection indicates your choice to send report via secure: <input type="radio"/> Fax <input type="radio"/> Email		selection indicates your choice to send report via secure: <input type="radio"/> Fax <input type="radio"/> Email	
Billing Information <input type="radio"/> Institutional Billing <input type="radio"/> Patient Billing			
Please note: We do not bill third party payers (insurance companies). The person or organization sending the sample is responsible for full payment of the invoice. Please include a name of the billing contact at your organization and an email to send the invoice. If patient is paying by credit card – a completed credit card form <u>must</u> be included (or faxed to the lab) before testing can begin.			
Organization		Email	
Attention to		Phone	Fax
Street		send invoice via secure <input type="radio"/> Email <input type="radio"/> standard mail	
City/State/Zip Code			
Clinical Information			
Brief description			
<input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic <input type="radio"/> Carrier testing <input type="radio"/> Variant Confirmation (documentation required)			
<input type="radio"/> Family history (if mutation is known, please specify here and attach report)			
Name and/or patient ID of family members previously tested in our lab			
Pedigree attached <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Adopted <input type="radio"/> Consanguinity <input type="radio"/> Yes <input type="radio"/> No			
For SMN sequencing: Number of copies of SMN1_____. Attach SMA deletion testing or copy number report (required).			

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<input type="checkbox"/> Acrodysostosis 1 – <i>PRKAR1A</i> seq.	<input type="checkbox"/> LIG4- Related Disorders - <i>LIG4</i> seq.
<input type="checkbox"/> Allan-Herndon-Dudley Syndrome (MCT8) <i>SLC16A2</i> seq.	
<input type="checkbox"/> APOL1 Genotyping - <i>APOL1</i> seq.	
Autosomal Dominant Leukodystrophy (ADLD) <input type="checkbox"/> <i>LMNB1</i> gene dup. <input type="checkbox"/> <i>LMNB1</i> upstream deletion	Megalencephalic Leukoencephalopathy w/ Subcortical Cysts <input type="checkbox"/> <i>MLC1</i> gene seq. <input type="checkbox"/> <i>HEPACAM</i> seq.
Autosomal Dominant Torsion Dystonia 4 (DYT4) <input type="checkbox"/> <i>TUBB4A</i> seq. <input type="checkbox"/> <i>DYT4</i> targeted mutation seq.	Meier- Gorlin Syndrome <input type="checkbox"/> <i>ORC1</i> seq <input type="checkbox"/> <i>ORC 6</i> seq. <input type="checkbox"/> <i>CDC6</i> seq <input type="checkbox"/> <i>ORC4</i> seq <input type="checkbox"/> <i>CDT1</i> seq
<input type="checkbox"/> Barth Syndrome - <i>TAZ</i> seq.	Microcephalic Osteodysplastic Primordial Dwarfism MOPD type I MOPD type II <input type="checkbox"/> <i>RNU4ATAC</i> seq. <input type="checkbox"/> <i>PCNT2</i> sequencing
Benign Hereditary Chorea/Brain-Lung-Thyroid/CAHTP <input type="checkbox"/> <i>NKX2.1/TTF1</i> seq. & del/dup	Noonan Syndrome & CFC Syndrome sequencing by tiered approach <input type="checkbox"/> Noonan <input type="checkbox"/> CFC <input type="checkbox"/> <i>PTPN11</i> seq. <input type="checkbox"/> <i>RAF1</i> seq. <input type="checkbox"/> <i>SOS1</i> seq. <input type="checkbox"/> <i>SHOC2</i> seq. <input type="checkbox"/> <i>KRAS</i> seq. <input type="checkbox"/> <i>BRAF</i> seq. <input type="checkbox"/> <i>MEK1(MAP2K1)</i> <i>MEK2(MAP2K2)</i> seq.
<input type="checkbox"/> Calcium Homeostasis Disorders - <i>CASR</i> seq.	
<input type="checkbox"/> Congenital Nongoitrous Hypothyroidism 2- <i>PAX8</i> seq.	
Costello Syndrome <input type="checkbox"/> <i>HRAS</i> exons 2 & 3 seq. <input type="checkbox"/> <i>HRAS</i> full gene seq.	<input type="checkbox"/> Pelizaeus-Merzbacher Disease- <i>PLP1</i> gene del/dup
<input type="checkbox"/> Deafness and Myopia Syndrome – <i>SLITRK6</i> seq.	<input type="checkbox"/> Pelizaeus-Merzbacher Disease & Spastic Paraplegia 2- <i>PLP1</i> seq.
<input type="checkbox"/> DFNB59 Nonsyndromic Deafness – <i>DFNB59</i> seq.	
<input type="checkbox"/> Duchenne muscular dystrophy – <i>DMD</i> gene deletions	
<input type="checkbox"/> X-linked Emery-Dreifuss Muscular Dystrophy- <i>EMD</i> seq.	<input type="checkbox"/> Pendred Syndrome - <i>SLC26A4</i> seq.
<input type="checkbox"/> Escobar/Multiple Pterygium Syndrome- <i>CHRNA3</i> seq.	
Familial Hypercholesterolemia (<i>LDLR</i>, <i>APOB</i>, <i>PCSK9</i>) <input type="checkbox"/> Tier I gene seq. w/ reflex <input type="checkbox"/> Tier II gene seq./ del/dup <input type="checkbox"/> Both tiers seq. simultaneously	Pol III- Related Leukodystrophies, <i>HLD7</i> and <i>HLD8</i> <input type="checkbox"/> <i>POLR3A</i> seq. <input type="checkbox"/> <i>POLR3B</i> seq.
<input type="checkbox"/> Familial Isolated Hypoparathyroidism - <i>GCM2</i> seq.	Renal hypouricemia Type 1 and Type 2 <input type="checkbox"/> Tier 1 <i>SLC22A12</i> seq. <input type="checkbox"/> Tier 2 <i>SLC2A9</i> seq. <input type="checkbox"/> Tier 3 <i>SLC2A9</i> del/dup
<input type="checkbox"/> Fatal Infantile Cardioencephalomyopathy- <i>SCO2</i> seq.	
Feingold Syndromes 1 & 2 analysis by tiered approach <input type="checkbox"/> <input type="checkbox"/> <i>MYCN</i> seq. and del/dup <input type="checkbox"/> <i>miR 17-92</i> del/dup analysis	Rett Syndrome <input type="checkbox"/> <i>MECP2</i> seq. <input type="checkbox"/> <i>MECP2</i> del/dup analysis
GJB2 and GJB6 Related Disorders <input type="checkbox"/> <i>GJB2</i> seq. <input type="checkbox"/> <i>GJB6</i> deletion & seq.	Sickle cell disease/ Sickle cell trait - <i>HBB</i> <input type="checkbox"/> Targeted sequencing <input type="checkbox"/> Carrier Variant Testing
Glycogen Storage Disease Type V <input type="checkbox"/> <i>PYGM</i> select exons seq. (exons 1 & 5 only) <input type="checkbox"/> Exons 1 & 5 with reflex to remaining exons	<input type="checkbox"/> Smith-McCort Dysplasia - <i>RAB33B</i> seq.
<input type="checkbox"/> Hypomyelinating Leukodystrophy 5- <i>FAM126A</i> seq.	Spinal Muscular Atrophy (SMA) <input type="checkbox"/> <i>SMN</i> gene del/dup <input type="checkbox"/> <i>SMN</i> gene deletion <u>only</u> <input type="checkbox"/> <i>SMN</i> gene seq.
Hypomyelinating Leukodystrophy 6 (HABC) <input type="checkbox"/> <i>TUBB4A</i> targeted mutation seq. <input type="checkbox"/> <i>TUBB4A</i> full gene seq. <input type="checkbox"/> <i>TUBB4A</i> seq. by tiered approach	<input type="checkbox"/> SMA w/ Respiratory Distress (SMARD) - <i>IGHMBP2</i> seq.
<input type="checkbox"/> Hypomyelinating Leukodystrophy 9- <i>RARS</i> seq.	<input type="checkbox"/> Spondyloocular Syndrome (SOS) - <i>XYLT2</i> sequencing
<input type="checkbox"/> Hypomyelinating Leukodystrophy 11 – <i>POLR1C</i> seq.	<input type="checkbox"/> TARP Syndrome- <i>RBM10</i> sequencing
Idiopathic Infantile Hypercalcemia <input type="checkbox"/> <i>CYP24A1</i> full gene seq. and copy number <input type="checkbox"/> <i>CYP24A1</i> Tier I seq. <input type="checkbox"/> <i>CYP24A1</i> Tier II seq.	<input type="checkbox"/> Timothy Syndrome- <i>CACNA1C</i> sequencing- exons 8 & 8a
Leukoencephalopathy w/ Brainstem & Spinal Cord Involvement <input type="checkbox"/> <i>DARS2</i> full gene seq. <input type="checkbox"/> <i>DARS2</i> Tier I seq. <input type="checkbox"/> <i>DARS2</i> tier 2: seq. remaining exons	TRPV4-Related Disorders <input type="checkbox"/> Full gene sequencing <input type="checkbox"/> Exons 5 & 6 sequencing only