

## EXOME REQUISITION - Proband Contains Request and Preverification

Complete This Form ONLY If You Completed An Online Consent Form For Exome Testing  
Arrows "▶" Mandatory for Processing

Patient Information			
▶ DOB MM - DD - YEAR	▶ Last Name	▶ First Name	Middle Initial
▶ Gender <input type="checkbox"/> F <input type="checkbox"/> M	▶ Street Address, City, State, Zip		
▶ Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Specify: _____	▶ Home Phone <span style="margin-left: 100px;">Work/Cell</span>		
Specimen			
▶ Collection Date: _____		Specimen Type (See Requirements)	
Specimen ID: _____ MR#: _____		<input type="checkbox"/> Blood <input type="checkbox"/> DNA	
▶ Test Request	▶ Clinical Information Requirement** (Also Required for Preverification)		
<b>88003</b> <input type="checkbox"/> TRIO (* of 3 individuals) <b>88002</b> <input type="checkbox"/> DUO (* of 2 individuals) <b>88001</b> <input type="checkbox"/> SINGLETON (* of 1 individual) * Full Exome Sequencing	Because of the complex nature of exome sequencing, it is essential that Ambry is informed of the complete clinical picture. Providing more details regarding the phenotype can only improve the interpretation of results. The following items are required for processing: - Detailed patient clinical history (can be in the form of clinic notes) - A copy of the family history (pedigree) - Copies of previous test results		
Choosing the Most Appropriate Family Members for Diagnostic Exome Sequencing:			
Performing Clinical Diagnostic Exome sequencing for multiple members of families increases the likelihood of finding the underlying disease-causing mutation. For simplex cases this involves testing the affected patient along with two unaffected family members, ideally the parents. However, the most ideal testing scenario is to perform full exome sequencing of multiple affected individuals, when available. By testing family trios, we can generally find a more precise answer for your patient's phenotype within a shorter turn-around time. Other benefits include the application of co-segregation analysis to the majority of the variants identified and de novo mutation confirmation (when testing parents). <b>It is highly recommended that optimal sample submission scenarios and potential yields be discussed with our clinical diagnostic exome team for assistance in identifying optimal family members for submission.</b>		<b>Ambry Performs Free Family Studies for Diagnostic Exome Sequencing:</b> Ambry approaches exome sequencing analysis within the context of the whole family and encourages sending multiple family members. Free familial studies are performed when it is deemed necessary. Therefore, it is helpful to send samples from multiple 1st degree family members (affected and unaffected) and affected 2nd degree relatives. Clinicians may choose the individuals to undergo exome sequencing or may opt to have Ambry's clinical and bioinformatics teams evaluate the pedigree and assist in identifying the three family members that provide the most optimal yield. Co-segregation familial studies for certain candidate mutations may then be performed for the additional family members, if necessary, to help narrow down the list (at no additional charge).	
Billing Information - Mandatory For Processing			
AMBRY GENETICS provides a selection of convenient billing options. Please choose an option below and supply all requested information for your selection. Keep in mind that patient testing will be delayed until all of the billing requirements have been met. Choose an option below. A completed Advance Beneficiary Notice of coverage (ABN) is required for Medicare patients. Ambry will pre-verify patient insurance coverage and if estimated patient out-of-pocket costs exceed \$350, patient is notified. Include card copy (both sides)			
<input type="checkbox"/> Bill Facility	<input type="checkbox"/> same as ordering facility	<input type="checkbox"/> Bill Insurance	<input type="checkbox"/> Perform Preverification
Facility Name		** Clinical Information (as described above) Required for Preverification	
Address, City, State, Zip		ICD-9 Codes:	
Contact Person		Name of Insured	Relation to patient? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse
Contact Person Phone		Insurance Company Name and Address	
		Insurance Phone	Member ID #
		Authorization #	Group #
			Date
		<b>Patient Acknowledgement</b> I hereby authorize my insurance benefits to be paid directly to Ambry Genetics Corporation and authorize them to release medical information concerning my testing to my insurer. I hereby acknowledge I am financially responsible for any amounts not paid by insurer.	
		X <span style="float: right;">Date</span>	
Contact and Organization Information			
▶ Authorized Ordering Physician		NPI#	
▶ Ph	▶ FX		
▶ Ordering Clinician Email			
▶ Facility Name and Address			ID#
Additional Results Recipient			
Medical Professional Name:			
Facility Name and Address			<input type="checkbox"/> Same As Above
Ph		Fx	
▶ Form Completed by		▶ Phone	
By ordering testing, the medical professional or authorized person acknowledges the patient has been supplied information regarding genetic testing and the patient has given consent for genetic testing to be performed and that the signed consent form is on file. I confirm that this is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and that these results will be used in the medical management and treatment decisions for this patient.			
<b>Medical Professional Signature*</b> Mandatory for Medicare/Medicaid X _____ Date: _____ * MD/DO, Clinical Nurse Specialist, Nurse-Midwives, Nurse Practitioner, Physician Assistant			