

NEUROLOGY / INTELLECTUAL DISABILITY TEST REQUISITION

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 Work/Cell		

Specimen ► Collection Date: _____ Specimen ID: _____ MR#: _____ Specimen Type (See Requirements) <input type="checkbox"/> Blood <input type="checkbox"/> Blood Spot <input type="checkbox"/> DNA <input type="checkbox"/> Cultured Amniocytes <input type="checkbox"/> Cultured CVS <input type="checkbox"/> CVS Tissue <input type="checkbox"/> Other: _____	Previous Test History Previously Detected Mutations: _____ Testing Lab: _____ Patient previously tested at Ambry? <input type="checkbox"/> Yes <input type="checkbox"/> No Family previously tested at Ambry? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relation: _____ Name: _____ Relation: _____ Name: _____ Relation: _____ Name: _____ Relation: _____
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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.

Medical Professional Signature* Mandatory for Medicare/Medicaid
 X _____ Date: _____
 * MD/DO, Clinical Nurse Specialist, Nurse-Midwives, Nurse Practitioner, Physician Assistant

Does this patient give consent to the use of their sample for research?
 Yes No Consent is implied if a box is not marked

► Indication for Testing (please list clinical findings) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Carrier Screening <input type="checkbox"/> Research <input type="checkbox"/> Positive Newborn Screen <input type="checkbox"/> Family History <input type="checkbox"/> Other _____ ICD-9 Codes: _____	List Clinical Findings: _____ _____ _____	List Family History (or attach pedigree): _____ _____ _____
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Billing Information - Mandatory For Processing Preverification already performed, paperwork is on file, no need to fill out billing information again

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.

<input type="checkbox"/> Bill Facility <input type="checkbox"/> same as ordering facility	<input type="checkbox"/> Bill Insurance Include card copy (both sides)	<input type="checkbox"/> Pre-Payment
Facility Name	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. Ambry Genetics will no longer perform Preverification for tests priced under \$200.	Payment Type <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Address, City, State, Zip		Name of Insured Relation to patient? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse
Contact Person	Insurance Company Name and Address	Cardholder Name Amount \$
Contact Person Phone	Insurance Phone	Signature X
	Member ID #	Patient Acknowledgement 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.
	Group #	
	Authorization #	Date
		X Date

MARK A TEST ON SUBSEQUENT PAGES FOR PROCESSING

Thank You for Choosing Ambry Genetics


► Neurology / Intellectual Disability Test Directory Requisition Form

- This section (EDTA Tube)
- 8520 Angelman Syndrome (*SNRPN* methylation reflex to *UBE3A* gene sequence)
 - 2400 Angelman Syndrome (*UBE3A* gene sequence)
 - 2420 Angelman-like Syndrome (*SLC9A6* gene sequence)
 - 2440 Angelman/Prader-Willi Syndrome (*SNRPN* methylation)
 - 1226 Canavan (*ASPA* gene sequence and deletion/duplication) (concurrent)
 - 1220 Canavan (*ASPA* gene sequence reflex deletion/duplication)
 - 1370 Congenital Hyperinsulinism-Hyperammonemia (*GLUD1* gene sequence)
 - 1364 Congenital Hyperinsulinism (*KCNJ11* gene sequence)
 - 2380 CHARGE Syndrome (*CHD7* gene sequence)
 - 1820 Gaucher Disease (*GBA* gene sequence)
 - 1600 Glutaric Acidemia Type 1 (*GCDH* gene sequence)
 - 1880 Glycogen Storage Disease Type Ia (*G6PC* gene sequence)
 - 1900 Glycogen Storage Disease Type Ib (*SLC37A4* gene sequence)
 - 1940 Hunter Syndrome (*IDS* gene sequence)
 - 2160 Hurler Syndrome (*IDUA* gene sequence)
 - 1860 Niemann-Pick Disease Types A & B (*SMPD1* gene sequence)
 - 1760 Phenylketonuria - PKU (*PAH* gene sequence)
 - 1740 Pompe Disease (*GAA* gene sequence)
 - 2106 *PTEN* gene sequence and deletion/duplication
 - 2180 Smith-Lemli-Opitz Syndrome (*DHCR7* gene sequence)
 - 1240 Tay-Sachs (*HEXA* gene sequence)
 - 1560 Transthyretin Amyloidosis (*TTR* gene sequence)
 - 1840 Wilson Disease (*ATP7B* gene sequence)

CHROMOSOMAL MICROARRAY ANALYSIS (aCGH)

- 3002 Ambry CMA: 180K Oligo Array (1 EDTA + 1 Na Heparin)
Note: This CMA has increased coverage on X chromosome

CHROMOSOME STUDIES

- 3660 High Resolution Chromosome Analysis/Karyotype (Na Heparin)
- 3662 High Resolution Chromosome Analysis/Karyotype, Rule Out Mosaic (Na Heparin)
- 3664 Routine Chromosome Analysis/Karyotype (Na Heparin)
- 3666 Routine Chromosome Analysis/Karyotype, Rule Out Mosaic (Na Heparin)
- 3668 Solid Tissue Chromosome Analysis/Karyotype (fresh tissue in RPM)

NOONAN/LEOPARD SYNDROME - (EDTA Tube)

- 8402 Noonan Syndrome - *PTP11*, *SOS1*, *KRAS* gene sequence and *RAF1* partial (concurrent)
- 8400 Noonan Syndrome - Steps 1 and 2 (reflex to next step when negative)
- 2280 *PTPN11* gene sequence — Step 1
- 2300 *SOS1* gene sequence — Step 2
- 2320 *RAF1* gene sequence — Step 2
- 2340 *KRAS* gene sequence — Step 2
- 8460 LEOPARD Syndrome (*PTPN11* and partial *RAF1* gene sequence)

RETT SYNDROME - (EDTA Tube)

- 2028 Rett Syndrome - *CDKL5* and *MECP2* gene sequence with *MECP2* del/dup (concurrent)
- 8200 Rett Syndrome - Steps 1-3 (reflex to next step when negative)
- 2020 Step 1 *MECP2* gene sequence
- 2022 Step 2 *MECP2* deletion/duplication
- 2040 Step 3 *CDKL5* gene sequence
- 2026 *MECP2* gene sequence reflex deletion/duplication

Additional Clinical Information
XLMR (See Specimen Requirements)

- 8630 **XLMR Evaluation** Steps 1 and 2 (reflex to next step when negative)
Step 1 Ambry CMA: 180K Oligo Array (1 EDTA + 1 Na Heparin)
Note: This CMA has increased coverage on X chromosome
Step 2 XLMR Next Gen SuperPanel™ (sequencing panel for 81 genes) (1 EDTA)
 - 8628 **XLMR Comprehensive Evaluation** Steps 1-3 (reflex to next step when negative)
Step 1 Routine Chromosome Analysis/Karyotype and Fragile X DNA Analysis (1 EDTA + 1 Na Heparin)
Step 2 Ambry CMA: 180K Oligo Array (1 EDTA + 1 Na Heparin)
Note: This CMA has increased coverage on X chromosome
Step 3 XLMR Next Gen SuperPanel™ (sequencing panel for 81 genes) (1 EDTA)
 - 8626 XLMR Next Gen SuperPanel™ (1 EDTA)
 - 3664 Routine Chromosome Analysis/Karyotype (1 Na Heparin)
 - 4544 Fragile X DNA Analysis (1 EDTA)
 - 3020 FRAXE (*FMR2*) DNA Analysis (1 EDTA)
- To order any test in a different order, select that test above and write in the sequence order
Note: Multiple tests require multiple samples from each patient.
- | | |
|---|--|
| <input type="checkbox"/> 3180 <i>CASK</i> -Related XLMR | <input type="checkbox"/> 3500 <i>SYP</i> -Related XLMR |
| <input type="checkbox"/> 3140 <i>ARX</i> -Related XLMR | <input type="checkbox"/> 4400 <i>ATRX</i> -Related XLMR |
| <input type="checkbox"/> 3220 <i>CUL4B</i> -Related XLMR | <input type="checkbox"/> 4260 <i>SLC16A2</i> -Related XLMR |
| <input type="checkbox"/> 3380 <i>NLGN3</i> -Related XLMR | <input type="checkbox"/> 3440 <i>PQBP1</i> -Related XLMR |
| <input type="checkbox"/> 3400 <i>NLGN4</i> -Related XLMR | <input type="checkbox"/> 3540 <i>UPF3B</i> -Related XLMR |
| <input type="checkbox"/> 4780 <i>L1CAM</i> -Related XLMR | <input type="checkbox"/> 3600 <i>ZNF81</i> -Related XLMR |
| <input type="checkbox"/> 3640 <i>ZNF711</i> -Related XLMR | |

Additional Clinical Information

Required for complimentary family studies, if indicated

Please attach pedigree / clinical consultation notes, if available

Intellectual delay/mental retardation

 ID/MR mild moderate severe profound Overall IQ: _____

 Verbal Aptitude normal mild deficiency
 moderate deficiency non-verbal

 Autism no autistic behaviors
 autistic behaviors (describe): _____

 Dysmorphic features (describe): _____

 Congenital anomalies (describe): _____

 History of Seizures No Yes diagnosed epilepsy

Previous Studies

MRI/CT studies (findings): _____

Chromosome analysis: _____

Microarray analysis: _____

Other molecular studies: _____

Growth indices

Head circumference: _____ % Weight: _____ % Height: _____ %

SPECIFIC MUTATION / GENE ANALYSIS

- Gene Sequence Analysis (GSA)
- Single Site-Mutation Analysis (SMA)
- Single Site-Del/Dup Analysis

Gene Name: _____ Mutation(s): _____

Gene Name: _____ Mutation(s): _____

 Positive Control Not Available Positive Control Sent / To Be Sent

Reporting Options Report Amino Acid changing polymorphisms
 (silent polymorphisms available on request)