

CGC Genetics CLIA#: 99D1066287

IGM-UMDNJ CLIA#: 31D1085261 - CAP#: 7215375

## Client Test Requisition – June 2011

\* Indicates REQUIRED information

Complete this requisition for direct billing to hospitals, laboratories or clinics. Direct billing is the most efficient way to order from CGC Genetics. This can simplify the ordering process and avoid delay. Please note: CGC Genetics must bill hospitals directly for all Medicare hospital inpatient and outpatient testing.

### Who should CGC Genetics contact with questions about this order?

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Tests ordered\*

Important: Write in the test code and the test name (see list on reverse)

Code \_\_\_\_\_ Name \_\_\_\_\_  
Code \_\_\_\_\_ Name \_\_\_\_\_

ICD-9 Code\*(Required) \_\_\_\_\_

### Hospital/Laboratory Billing Information

(Hospital Billing is required for all Medicare patients – both inpatients and outpatients)

CGC Genetics Account # (if assigned) \_\_\_\_\_

CLIA #\* \_\_\_\_\_

Purchase order # (if available) \_\_\_\_\_

Billing contact \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Hospital/Lab Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

### Specimen Type

NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, social security no., patient ID no. These same two forms of ID should also be indicated on the test requisition.

Blood (Heparin)  Buccal swab  Fetal blood  Amniotic Fluid

CVS  Tissue (specify): \_\_\_\_\_

Collection date: mm \_\_\_ / dd \_\_\_ / yy \_\_\_

GA on US: \_\_\_ weeks \_\_\_ days

LMP: \_\_\_ #Gestations: \_\_\_

PARA \_\_\_ SPAB \_\_\_ TOP \_\_\_

### Patient Identification

Patient Name\* First \_\_\_\_\_ Last \_\_\_\_\_

Patient ID # (if available) \_\_\_\_\_

S.S. # \_\_\_\_\_

Date of Birth\* mm \_\_\_ / dd \_\_\_ / yy \_\_\_

Sex\*  Male  Female  Unknown

Ethnicity\*  African American  Asian  Caucasian  Hispanic

Jewish  Specify \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip\* \_\_\_\_\_ Country\* \_\_\_\_\_

Phone #1\* \_\_\_\_\_  Day  Eve  Cell

Phone #2 \_\_\_\_\_  Day  Eve  Cell

### Authorized Result Report Recipients

#### Required Physician Information

NPI#\* \_\_\_\_\_ UPIN#\* \_\_\_\_\_

Name\* First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone #\* \_\_\_\_\_  Day  Eve  Cell Fax# \_\_\_\_\_

Email\* \_\_\_\_\_

### Indications for testing (Check one)\*

Diagnostic (symptomatic)  Predictive (asymptomatic)  Clinical Study

Carrier  Prenatal  Postnatal  Other Research

#### Testing Authorization

I warrant that this test was ordered and is either: 1) for the purpose of diagnosing or detecting an existing disease, illness, impairment, symptom or disorder, or 2) that if is not for such purpose, I have obtained the appropriate prior written consent. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person), and includes: a) a statement of the purpose and description of the test; b) a statement that prior to signing the consent form, the consenting person discussed with the medical practitioner ordering the test the reliability of positive or negative test results and the level of certainty that a positive test result for that disease or condition serves as a predictor of such disease; c) a statement that the consenting person was informed about the availability and importance of further testing, physician consultation and genetic counseling, and provided with written information identifying a genetic counselor or medical geneticist from whom the consenting person might obtain such counseling; d) a general description of each specific disease or condition testing for; and e) the person or persons to whom the test results may be disclosed as indicated above.

MEDICAL PRACTITIONER SIGNATURE\* \_\_\_\_\_

### Lab Information

Lab Name \_\_\_\_\_

CLIA# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone # \_\_\_\_\_  Day  Eve  Cell Fax# \_\_\_\_\_

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## TEST REQUEST\*

### CGC Mutation Panel® • PATENT PENDING •

- 0001 Bardet-Biedl Syndrome**  
130 mutations on genes: ARL6, BBS1, BBS2, BBS4, BBS5, BBS7, BBS9, BBS10, BBS12, MKKS, MKS1, TRIM32 and TTC8
- 0002 Congenital Deafness (Nonsyndromic)**  
136 mutations on genes: ACTG1, CDH23, COCH, CRYM, DNFA5, DIAPH1, GJA1, GJB2, GJB3, GJB6, KCNQ4, MYH14, MYO1A, MYO7A, OTOA, OTOF, POU3F4, SLC26A4, SLC26A5,TECTA, TMC1 and WFS1
- 0003 Congenital Deafness (Syndromic)**  
176 mutations on genes: CDH23, EYA1, GJB2, KCNE1, KCNQ1, MYO7A, PAX3, PCDH15, SIX1, SIX5, SLC26A4, USH1C, USH1G and WFS1
- 0004 Congenital Deafness (Syndromic and Nonsyndromic) Combined Panel**  
312 mutations
- 0005 Craniosynostosis**  
52 mutations on genes: FGFR1 (Pfeiffer), FGFR2 (Apert, Crouzon, Jackson-Weiss and Pfeiffer), FGFR3 (Muenke and Saethre-Chotzen) and RAB23 (Carpenter)
- 0006 Fraser Syndrome**  
15 mutations on genes: FREM2 and FRAS1
- 0007 Metabolic Disorders**  
93 mutations on genes: ACADM (MCAD), ARSA (Metachromatic leukodystrophy), ATP7B (Wilson disease), BTBD (Biotinidase deficiency), CLN2/TPP1 (Neuronal Ceroid Lipofuscinosis), CLN5 (Neuronal Ceroid Lipofuscinosis), CLN8 (Neuronal Ceroid Lipofuscinosis), CPT2 (CPT II deficiency), FAH (Tyrosinemia), G6PC (GSD I), GAA (Pompe disease or GSD II), GALC (Krabbe disease), GALT (Galactosemia), GBA (Gaucher disease), HADHA (LCHAD), HEXA (Tay-Sachs disease), HGD (Alkaptonuria), MAN2B1 (Alpha-mannosidosis deficiency), NPC1 (Niemann-Pick C disease), NPC2 (Niemann-Pick C disease), PEX1 (Zellweger disease), PEX26 (Zellweger disease), PPT1 (Neuronal Ceroid Lipofuscinosis), PYGM (McArdle or GSD V disease) and SLC37A4 (GSD I)
- 0008 Noonan Syndrome and Other Genetically Related Syndromes**  
(Noonan, Costello, LEPARD and Cardiofaciocutaneous) 80 mutations on genes: PTPN11, SOS1, RAF1, KRAS, MAP2K1, MAP2K, BRAF and HRAS
- 0009 Skeletal Dysplasia**  
50 mutations on genes: FGFR3 (Achondroplasia and Thanatophoric Dysplasia), COL2A1 (Achondrogenesis type II), SLC26A2 (Achondrogenesis type IB), CRTAP (Osteogenesis Imperfecta recessive type), LEPRE1 (Osteogenesis Imperfecta recessive type), and SOX9 (Campomelic Dysplasia)
- 0010 Thrombophilia and Warfarin Pharmacogenetics**  
15 mutations on genes: APOE Cys112Arg, APOE Arg158Cys, EPCR 4678G/C, Factor V Leiden Arg506Gln, Factor II G20210A, MTHFR C677T, MTHFR A1298C, PAI-1 4G/5G, PAI-1 -844 A>G, ACE Ins/Del, Beta-Fibrinogen -455G>A, Factor XIII Val34Leu, CYP2C9 and VKORC1]

### Cardiology

#### Molecular Cytogenetics

- 3251** DiGeorge Syndrome
- 3252** Williams Syndrome

### Endocrinology

#### Cytogenetics

- 3301** Chromosome analysis of stimulated cultures (peripheral blood)

#### Molecular Cytogenetics

- 3351** FISH analysis of sexual chromosomes (X/Y)

### Reproductive Medicine

#### Cytogenetics

- 3401** Chromosome analysis of stimulated cultures (peripheral blood)

### Obstetrics/Gyneconology

#### Cytogenetics

- 3451** Chromosome analysis of amniotic fluid
- 3452** Chromosome analysis of chorionic villi
- 3453** Chromosome analysis of stimulated cultures (peripheral blood)
- 3454** Chromosome analysis of stimulated cultures (fetal blood)
- 3455** Chromosome analysis of tissue fibroblasts
- 3456** Fibroblasts cell culture (amniotic fluid/chorionic villi)
- 3457** Fibroblasts cell culture (tissue)

### Molecular Cytogenetics

#### Detection by FISH

- 3501** Aneuploidies on uncultured amniotic fluid
- 3502** Centromeric probes
- 3503** Comparative Genomic Hybridization (CGH) deletion/duplication analysis of the genome
- 3504** DiGeorge Syndrome
- 3505** Miller-Dieker Syndrome
- 3506** Painting probes
- 3507** Phelan-McDermid Syndrome
- 3508** Prader-Willi/Angelman Syndrome
- 3509** Smith-Magenis Syndrome
- 3510** Subtelomeric probes
- 3511** Unique sequence probes
- 3512** Williams Syndrome
- 3513** Wolf-Hirschhorn Syndrome
- 3514** Y chromosome microdeletions

### Pediatrics/Clinical genetics

#### Cytogenetics

- 3551** Chromosome analysis of stimulated cultures (peripheral blood)
- 3552** Chromosome analysis of tissue fibroblasts
- 3553** Lymphocyte cell culture

#### Molecular Cytogenetics

- 3601** Comparative Genomic Hybridization (CGH) deletion/duplication analysis of the genome

#### Detection by FISH

- 3602** Centromeric probes
- 3603** DiGeorge Syndrome
- 3604** Miller-Dieker Syndrome
- 3605** Painting probes
- 3606** Phelan-McDermid Syndrome
- 3607** Prader-Willi/Angelman Syndrome sexual chromosomes (X/Y)
- 3608** Smith-Magenis Syndrome
- 3609** Subtelomeric probes subtelomeric rearrangements
- 3610** Unique sequence probes
- 3611** Williams Syndrome
- 3612** Wolf-Hirschhorn Syndrome

Type of Analysis	Type of Sample	Amount
CGC Mutation Panel	DNA	500 ng
	Peripheral Blood – L	3-5 mL
Molecular Diagnosis	DNA	500 ng
	Peripheral Blood – L	3-5 mL
Molecular Diagnosis (prenatal testing)	DNA from fetus + DNA from mother	500 ng
	RNA	1000 ng
Molecular Diagnosis (expression analysis)	Peripheral Blood (PAX gene tubes)	3 mL
	Non stained cytogenetics slides	3 slides per culture
Cytogenetics Analysis	Fixed cell suspension	1 tube per culture
	Peripheral Blood (green top tube with Sodium Heparin) (for conventional karyotyping and FISH)	3-5 mL

**Shipping:** Send specimen overnight at room temperature (must arrive less than 24 hrs after collection). Ship **Monday through Thursday** only.

**Tube Type:** L - Lavender top tube with EDTA

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