

CGC Genetics CLIA#: 99D1066287

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

Client Test Requisition - January 2014

\* Indicates REQUIRED information

## Patient ID

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

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

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

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

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

### Pre-Payment

#### Payment Type\*

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Card Number\* \_\_\_\_\_

Exp Date\* mm / yy \_\_\_\_\_ Cardholder Name\* \_\_\_\_\_

CVC/CCV\* (3-4 digit code; back of the card) Amount\* \$ \_\_\_\_\_

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

#### Patient Acknowledgment

I hereby authorize the amount of the test to be paid directly to CGC Genetics, Inc. and authorize them to release medical information concerning my testing to my physician. I hereby acknowledge I am financially responsible for the entire amount(s) of the test(s).

SIGNATURE\* \_\_\_\_\_

## 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 \_\_\_\_\_

## Physician ID

### Physician/Laboratory Contact Information

Contact Name First \_\_\_\_\_ Last \_\_\_\_\_

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\* \_\_\_\_\_

For BAbs/Nabs Testing, please provide IF-B start date: mm / dd / yy \_\_\_\_\_

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

☐ Ama

☐ Abnormal Fetal Ultrasound. Specify: \_\_\_\_\_

☐ Increase Risk at Prenatal Screening. Specify: \_\_\_\_\_

☐ Family History of:

☐ Chromosomal Abnormality. Specify: \_\_\_\_\_

☐ Genetic Disease. Specify: \_\_\_\_\_

☐ Mental Retardation

☐ Other: \_\_\_\_\_

☐ Parent Carrier of Chromosomal Rearrangement. Specify: \_\_\_\_\_

☐ Recurrent Miscarriage

☐ Infertility

☐ Parental Analysis in the Context of Current PND. Specify: \_\_\_\_\_

☐ Development Delay

☐ Clinical Features of Chromosome Abnormality. Specify: \_\_\_\_\_

☐ Other: \_\_\_\_\_

#### 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\*

### Required Physician Information

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

Email \_\_\_\_\_

### Additional Authorized Report Recipient

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

UPIN# or CLIA# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

Email \_\_\_\_\_

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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/Gynecology

#### 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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