Seattle Children's HOSPITAL • RESEARCH • FOUNDATION

Molecular Genetics Laboratory

4800 Sand Point Way NE OC.8.720
Seattle, WA 98105 (206) 987-2102
http://seattlechildrenslab.testcatalog.org

FAILURE TO COMPLETE MAY DELAY RESULTS

Patient's Last Name	First	Middle	**Birth date (required)**	Sex

Outside Patient Number	Outside Specimen Number	Send Report To: Dr Theodore Geisel

Ordering Provider: Dr Theodore Geisel	Address: 1 Solla Sollew Way, Whoville, ME 11011
Provider Phone Number: 1(234)567-8910 **DIAGNOSIS / ICD-9:** 727.2	Phone: Phone 1(234)567-8910/Fax 1(234)567-8911

IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY ON BACK

FAX ADDITIONAL RESULTS TO:
NAME (please print): _____
FAX #: _____

HEALTHCARE PROFESSIONAL TO CALL FOR INFO/ABNORMAL RESULTS:
NAME (please print): Linda Carter
PHONE #: 1(234)567-8910

SPECIMEN INFORMATION

Date collected: / /
Time collected: _____

Specimen Type:
- [X] EDTA
- [ ] ACD
- [ ] Cultured Skin Fibroblasts
- [ ] Cultured Amniocyte
- [ ] Cultured CVS
- [ ] Extracted DNA
- [ ] Banked DNA @ SCH, date:
- [X] Other: dried blood spot

PATIENT / FAMILY HISTORY

REASON FOR STUDY:
- [ ] Diagnostic
- [ ] Carrier Testing (affected family member)
- [ ] Carrier Testing (no family history)
- [ ] Prenatal testing (Consent form required) LMP: _____ EDC: _____

CLINICAL FINDINGS: _____

ETHNICITY (check all that apply):
- [ ] African American
- [ ] Ashkenazi Jewish
- [ ] Asian
- [ ] European Caucasian
- [ ] Hispanic
- [ ] Native Alaskan
- [ ] Native American Indian
- [ ] Pacific Islander
- [ ] Other: _____

HISTORY (or attach pedigree): Indicate results of previous genetics studies, dates and case numbers, and where the studies were performed.

KNOWN MUTATION ANALYSIS* (Mutation(s), proband name, and relation to proband must be provided): LIPA E8SJM-1G>A, reflex sequencing

DNA ANALYSIS

DIABETES:
- [ ] MODY Panel** (HNF1A, GCK, HNF4A)
- [ ] Neonatal Diabetes Panel** (KCNJ11, INS, ABCC8, GCK)
- [ ] **Individual** Diabetes Gene Sequencing (please indicate gene):
  - [ ] ABCC8 [ ] GCK [ ] HNF1A [ ] HNF4A [ ] INS [ ] KCNJ11
- [ ] **Known** Diabetes Mutation*

DNA BANK [ ] DNA Banking **ONLY** (Separate Consent Form Required)
FRAGX DNA [ ] Fragile X (A & E)
FRAGX DNA [ ] Fragile X A ONLY
FRAGX DNA [ ] Fragile X E ONLY
GALT DNA [ ] Galactosemia (8 mutations)
GALT DNA 1 [ ] Galactosemia, known mutation analysis*
GAUCHE DNA [ ] Gaucher Disease (11 mutations)
GAUCHSEQ [ ] Gaucher Disease Sequencing Analysis
GAUCHE KNWN [ ] Gaucher Disease, Known Mutation Analysis*

HEARING LOSS TESTING:
- [ ] Connexin 26/30 (GJB2/GJB6) DNA Analysis**
- [ ] Connexin 30 (GJB6) Sequencing
- [ ] Pendred (SLC26A4) Sequencing
- [ ] Known Mutation Analysis*

LCHAD SEQ [ ] LCHAD/TFP (HADHA) Sequencing Analysis
LCHAD SEQ [ ] LCHAD/TFP (HADHB) Sequencing Analysis
LCHAD SEQ [ ] LCHAD/TFP (HADHA + HADHB) Sequencing
- [ ] Simultaneous [ ] Sequential (please indicate order)

LCHAD KNWN [ ] LCHAD/TFP Known Mutation Analysis*
LIPA KNW [ ] Lysosomal Acid Lipase Sequencing (Wolman Disease/CESD)
LIPA SEQ [X] Lysosomal Acid Lipase Known Mutation Analysis* seq knwx
MCAD SEQ [ ] MCAD Sequencing Analysis
MCAD KNOWN [ ] MCAD, Known Mutation Analysis*

MATCONTAM [ ] Maternal Cell Contamination (Required for all prenatal samples)
MD DNA [ ] Duchenne/Becker Muscular Dystrophy***
POLG1 SEQ [ ] Polymerase Gamma 1 Sequencing Analysis
POLG1 KN [ ] Polymerase Gamma 1 Known Mutation Analysis*
POLG2 SEQ [ ] Polymerase Gamma 2 Sequencing Analysis
POLG2 KN [ ] Polymerase Gamma 2 Known Mutation Analysis*
POMPE SEQ [ ] Pompe Sequencing Analysis
POMPE KNWN [ ] Pompe Known Mutation Analysis*
PWS-AS [ ] Prader-Willi [ ] Angelman DNA Methylation study (check one or both)
AGXT SEQ [ ] Primary Hyperoxaluria Type 1 Sequencing Analysis
AGXT KNOWN [ ] Primary Hyperoxaluria Type 1, Known Mutation Analysis*
ALDH7A1 [ ] Pyridoxine-Dependent Seizures Sequencing Analysis
ALDH7A1 KN [ ] Pyridoxine-Dependent Seizures, Known Mutation Analysis*

RETT/ATYPICAL RETT SYNDROME TESTING:
- [ ] Rett Panel** (MECP2 Seq, MECP2 Del/Dup, CDKL5 Seq, FOXG1 Seq)
- [ ] MECP2 Panel** (MECP2 Sequencing with reflex to Deletion/Duplication)
- [ ] MECP2 Sequencing
- [ ] MECP2 Deletion/Duplication***
- [ ] CDKL5 Sequencing
- [ ] FOXG1 Sequencing
- [ ] Known Mutation Analysis*

SMA [ ] Spinal Muscular Atrophy (Diagnostic)
SMACARRIER [ ] Spinal Muscular Atrophy Carrier Testing***
TYR DNA [ ] Tyrosinemia type 1 (6 mutations)
VLCAD SEQ [ ] VLCAD DNA Sequencing Analysis
VLCAD KNWN [ ] VLCAD, Known Mutation Analysis*
ATP7B SEQ [ ] Wilson Disease Sequencing Analysis
ATP7B KNWN [ ] Wilson Disease, Known Mutation Analysis*

PEDIGREE DIAGRAM (Only one needed per family)

BILLING INFORMATION

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

☐ **Referring Institution (Preferred)** - Provide billing address or stamp institution's information.
(Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

Billing Address:	Billing Contact Name:
Billing Contact Phone/Fax:	Billing Contact Email:

☐ **Primary Insurance** (Attach copy of card.) ☐ **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		Employer
Primary Care Physician		Phone Number
Insurance Company/Medical Coverage		
Claims Address		Phone Number
Policy Number		Group Number
Subscriber	Sex	Subscriber's DOB

☐ **Secondary Insurance** (Attach copy of card.) ☐ **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Insurance Company/Medical Coverage		
Claims Address		Phone Number
Policy Number		Group Number
Subscriber	Sex	Subscriber's DOB

☐ **Self Pay**- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		
Name on Credit Card	Payment Amount	CVN
Card Number	Card Type	Expiration

Please visit our test catalog at http://seattlechildrenslab.testcatalog.org for testing information or call:

Lab Genetic Counselors (206) 987-5400 Lab Client Services (206) 987-2617 Molecular Genetics Lab (206) 987-3872

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Ship to: LABORATORY
4800 Sand Point Way NE, M/S: OC.8.720
SEATTLE, WA 98105