

## **Pathology and Laboratory Medicine**

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## GERMLINE/ NON-CANCER HEREDITARY TESTING

855.916.4DNA (4362) PRECISION DIAGNOSTICS Ordering Physician Information Required Patient Information \_\_\_\_\_ Gender: M F Name: \_\_\_ Name: \_\_\_\_ MRN: \_\_\_\_\_\_ DOB: \_\_\_\_\_/ \_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_ ICD10 Code(s): \_\_\_ ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ those tests that are medically necessary for the diagnosis and treatment of the patient. Billing & Collection Information Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization. Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362) ■ Bill Client or Institution Client Name: \_\_\_\_ Client Code/Number: Bill Insurance Prior authorization or reference number: Patient Self-Pay Call for pricing and payment options Toll Free: 855.916.4362 Inpatient Patient status at time of collection: Outpatient Collection date: \_\_\_\_\_ Collection time: Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent for Genetic Testing form is available on our website. Required Information ☐ Yes ☐ No Is this treatable, preventable, or neither?  $\square$  Treatable  $\square$  Preventable  $\square$  Neither Will the results of the ordered test(s) affect treatment? ☐ Yes ☐ No Carrier Screen ☐ Diagnostic Type of Testing: Has there been any genetic counseling? Specimen Handling/Source Peripheral blood lavender (EDTA) top tube (minimum volume: 3 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week | Cause for Rejection: Frozen sample ☐ Extracted DNA: ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES Inherited Disease/ Disorder Testing Pharmacogenomics Apolipoprotein E (APOE) Genotyping (e2, e3, e4) (81401) ☐ Bile Acid Defects Gene Sequencing Panel - ABCD3, AKR1D1, AMACR, CYP7B1, HSD3B7 (81479) Intended Drug: \_\_\_\_ ☐ CADASIL Gene Sequencing - NOTCH3 (81406) ☐ Cystic Diseases of Liver/Kidney Gene Sequencing - ALG5, ALG8, ALG9, IFT140, LRP5, PKD1, PKD2, PKHD1, PGx-Cytochrome P450 2C19 (CYP2C19) (81225) PRKCSH, SEC63 (81406, 81408, 81407, 81479) ☐ PGx-Cytochrome P450 2C9 (CYP2C9) (81227) ☐ Cystic Fibrosis Screening (81220, reflex 81224 Poly T) ☐ PGx-Cytochrome P450 3A4 (CYP3A4) (81230)☐ Familial Amyloidosis (haTTR) Gene Sequencing - TTR (81404) ☐ PGx-Dihydropyrimidine ☐ Familial Mediterranean Fever Gene Sequencing - MEFV (81402) Dehydrogenase Genotyping (DPYD) (81232)☐ Fragile X Syndrome (81243), is there family history of Fragile X? ☐ Yes ☐ No  $\ \ \, \square \ \, \mathsf{PGx\text{-}UDP\text{-}Glucuronosyltransferase}$ ☐ Gilbert/Crigler-Najjar Syndrome Gene Sequencing - UGT1A1 (81404) 1A1 Genotyping (UGT1A1) (81350)☐ Hereditary Hemochromatosis (HFE) (81256) Jaundice Gene Sequencing Panel - ATP8B1, ABCB11, ABCB4, JAG1, TJP2 (81407, 81479) Liver Disease/Cholestasis Gene Sequencing Panel - ABCB11, ABCB4, ABCC2, ABCD3, ABCG5, ABCG8, AKR1D1, ALDOB, AMACR, ATP7B, ATP8B1, BAAT, CC2D2A, CFTR, CLDN1, CYP27A1, CYP7B1, DGUOK, DHCR7, EHHADH, EPHX1, FAH, GNAS, GPBAR1, HNF1A, HNF1B, HSD17B4, HSD3B7, INVS, JAG1, KMT2D, LIPA, MKS1, MPV17, MYO5B, NEUROG3, NOTCH2, NPC1, NPC2, NPHP1, NPHP3, NPHP4, NR1H4, PEX1, PEX10, PEX11B, PEX12, PEX13, PEX14, PEX16, PEX19, PEX2, PEX26, PEX3, PEX5, PEX6, PEX7, PKHD1, POLG, SCP2, SERPINA1, SLC10A1, SLC10A2, SLC25A13, SLC27A5, SLC01B3, SMPD1, TALD01, TJP2, TMEM216, TRMU, UGT1A1, VIPAS39, VPS33B (81443) ☐ Prolactinoma Gene Sequencing Panel - AIP, MEN1, CDKN1B (81405, 81479) ■ Short Stature Gene Sequencing - SHOX (81405) Thrombophilia Risk Panel (FVL+PT, DNA) (81241, 81240) **☐ Wilson Disease Gene Sequencing Panel** - ATP7B (81406) Other Molecular Testing Send Additional Reports To: Address:

Phone #: \_\_\_\_\_

\_\_\_ Fax #: