

MOLECULAR DIAGNOSTIC TESTING REQUISITION
PATIENT INFORMATION (COMPLETE ONE FORM FOR EACH PERSON TESTED)

Patient Last Name	Patient First Name	MI	Date of Birth (MM/DD/YY)
Address		Accession #	Hospital/ Medical Record #
City	State	Zip	Phone
			Biological Sex: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Unknown
Gender identity (if different from above):			

REPORTING RECIPIENTS

Ordering Physician	Institution Name
Email (Required for International Clients)	Phone
	Fax

ADDITIONAL RECIPIENTS

Name	Name
Email	Email
Fax	Fax

PAYMENT (FILL OUT ONE OF THE OPTIONS BELOW)

SELF PAYMENT

Bill Patient For Laboratory Testing

INSTITUTIONAL BILLING

Institution Name	Institution Code	Institution Contact Name	Institution Phone	Institution Contact Email
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INSURANCE

Do Not Perform Test Until Patient is Aware of Out-Of-Pocket Costs (excludes prenatal testing)

REQUIRED ITEMS 1. Copy of the Front/Back of Insurance Card(s)
2. ICD10 Diagnosis Code(s)

3. Name of Ordering Physician
4. Insured Signature of Authorization

Name of Insured	Insured Date of Birth (MM/DD/YY)	Address of Insured
Patient's Relationship to Insured	Phone of Insured	City
		State
		Zip
Primary Insurance Co. Name	Primary Insurance Co. Phone	Primary Member Policy #
		Primary Member Group #
Secondary Insurance Co. Name	Secondary Insurance Co. Phone	Secondary Member Policy #
		Secondary Member Group #

By signing below, I hereby authorize Baylor Genetics to provide my designated insurance carrier any information necessary, including test results, for processing my insurance claim. I also authorize benefits to be payable exclusively to Baylor Genetics. I understand that my insurance carrier may not approve or reimburse my medical genetic services in full or any portion thereof, due to a variety of reasons, including, but not limited to: the contract status of my insurance provider with Baylor Genetics, usual and customary rate limits, benefit exclusions, coverage limits, lack of authorization, or medical necessity. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates. I understand that I am responsible for any amounts not paid by my insurance carrier for reasons including, but not limited to, non-covered and non-authorized services. I understand that I am responsible for sending Baylor Genetics. any and all payments that I receive directly from my insurance company in payment for this test. Please note that Medicare does not cover routine screening tests.

Patient's Name	Patient's Signature	Date
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STATEMENT OF MEDICAL NECESSITY (REQUIRED)

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom, syndrome, or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the Ordering Physician is authorized by law to order the test(s) requested herein. I confirm that I have provided genetic testing information to the patient and they have consented to genetic testing.

Physician's Printed Name	Physician's Signature	Date
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MOLECULAR DIAGNOSTIC TESTING REQUISITION

Patient Last Name _____ Patient First Name _____ MI _____ Date of Birth (MM/DD/YY) _____ Biological Sex _____

ETHNICITY

- | | | |
|--|---|--|
| <input type="radio"/> African American | <input type="radio"/> Mennonite | <input type="radio"/> Southeast Asian (Vietnam, Cambodia, Thailand) |
| <input type="radio"/> Ashkenazi Jewish | <input type="radio"/> Middle Eastern (Saudi Arabia, Qatar, Iraq, Turkey) | <input type="radio"/> Southern European Caucasian (Spain, Italy, Greece) |
| <input type="radio"/> East Asian (China, Japan, Korea) | <input type="radio"/> Native American | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Finnish | <input type="radio"/> Northern European Caucasian (Scandinavian, UK, Germany) | |
| <input type="radio"/> French Canadian | <input type="radio"/> Pacific Islander (Philippines, Micronesia, Malaysia, Indonesia) | |
| <input type="radio"/> Hispanic American | <input type="radio"/> South Asian (India, Pakistan) | |

INDICATION FOR TESTING (REQUIRED)

-
- Symptomatic (Summarize below)
-
- Symptomatic with Positive Family History

-
- Asymptomatic
-
-
- Population Screening
-
-
- Positive Family History

Disease _____ Gene _____ Variant _____

ICD10 Diagnosis Code(s) _____

SAMPLE

 _____ / _____ / _____
 Date of Collection (MM/DD/YY)

SAMPLE TYPE

-
- Blood in EDTA-tube (purple-top)
-
-
- Cord Blood
-
-
- Saliva
-
-
- DNA (Specify) _____
-
-
- Other (Specify) _____

Note: Blood should not be sent from patients who have had a bone marrow transplant or recent blood transfusion

TESTING OPTIONS

-
- Targeted Sequencing for Known Familial Mutation
-
- (If selected, specify test code and gene below and complete section to the right)

Test Code _____ Gene _____

-
- Full Gene Sequencing

-
- Deletion/ Duplication Analysis

FOR TARGETED TESTING SELECTION ONLY

Proband Last Name _____ Proband First Name _____

_____ / _____ / _____

Date of Birth (MM/DD/YY) _____ Relationship of Proband to Patient _____

Proband testing location (Select one)

-
- Baylor Genetics _____
-
- Lab # _____ Family # _____

-
- Another laboratory
1. Attach a copy of the Proband test results
 2. A positive control sample of the Proband is requested. Please provide, if available.

MOLECULAR DIAGNOSTIC TESTS
MASSIVELY PARALLEL SEQUENCING (BCM-MitomeNGSSM) PANELS

TEST CODE	TEST NAME	SAMPLE TYPE *
<input type="checkbox"/> 20100	Albinism Panel (13 genes)	BE, DNA
<input type="checkbox"/> 20400	Bardet-Biedl Syndrome Panel (18 genes)	BE, DNA
<input type="checkbox"/> 2105	Cholestasis Panel (7 genes)	BE, DNA
<input type="checkbox"/> 2100	CoQ10 Panel (<i>PDSS1, PDSS2, COQ2, COQ9, and ADCK3</i>)	BE, DNA
<input type="checkbox"/> 2120	Cobalamin Metabolism Panel + Severe MTHFR Deficiency (20 genes)	BE, DNA
<input type="checkbox"/> 2625	COL1A1/2-Related Disorders (<i>COL1A1 & COL1A2</i>)	BE, DNA
<input type="checkbox"/> 5095	Congenital Disorders of Glycosylation Panel (36 genes)	BE, DNA

TEST CODE	TEST NAME	SAMPLE TYPE *
<input type="checkbox"/> 2095	Fatty Acid Oxidation Deficiency Panel (20 genes)	BE, DNA
<input type="checkbox"/> 2125	Glycogen Storage Disease (GSD) Comprehensive Panel (23 genes)	BE, DNA
<input type="checkbox"/> 2126	Glycogen Storage Disease (GSD) Muscle Panel (13 genes)	BE, DNA
<input type="checkbox"/> 2127	Glycogen Storage Disease (GSD) Liver Panel (13 genes)	BE, DNA
<input type="checkbox"/> 2200	High Bone Mass Panel (14 genes)	BE, DNA
<input type="checkbox"/> 21700	Hyperinsulinism Panel (8 genes)	BE, DNA
<input type="checkbox"/> 21000	Hypoglycemia Panel (85 genes)	BE, DNA

* Refer to Sample Specifications Table (page 11)

Panels continued on next page

MOLECULAR DIAGNOSTIC TESTING REQUISITION

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MASSIVELY PARALLEL SEQUENCING (BCM-MitomeNGSSM)

TEST CODE	TEST NAME	SAMPLE TYPE *
<input type="checkbox"/> 2090	Low Bone Mass Panel (23 genes)	BE, DNA
<input type="checkbox"/> 32870	Maple Syrup Urine Disease (MSUD) Panel (<i>BCKHDA, BCKHDB, DBT, and DBD</i>)	BE, DNA
<input type="checkbox"/> 21900	Maturity-Onset Diabetes of the Young (MODY) Panel (25 genes)	BE, DNA
<input type="checkbox"/> 2300	Myopathy/Rhabdomyolysis Panel (25 genes)	BE, DNA
<input type="checkbox"/> 20200	Nephronophthisis Panel (<i>NPHP1, INVS/NPHP2, NPHP3, and NPHP4</i>)	BE, DNA

TEST CODE	TEST NAME	SAMPLE TYPE *
<input type="checkbox"/> 21400	Noonan Spectrum Disorders Panel (12 genes)	BE, DNA
<input type="checkbox"/> 22100	Peroxisomal Disorders Panel (22 genes)	BE, DNA
<input type="checkbox"/> 5274	Proximal Urea Cycle Disorders (PUCD) Comprehensive (Seq. & Del/Dup) (<i>CPS1, NAGS, OTC</i>)	BE, DNA
<input type="checkbox"/> 2190	Retinitis Pigmentosa + RPGR orf15 by NGS (66 genes)	BE, DNA
<input type="checkbox"/> 2110	Urea Cycle Disorders (UCD) and Hyperammonemia by NGS (8 genes)	BE, DNA

SINGLE GENE ANALYSIS

If a test is not found on this form, please obtain the test code from our website (www.BMGL.com) and write in the below space(s).

Test Code _____ Gene _____ Test Code _____ Gene _____ Test Code _____ Gene _____

Test Name _____ Test Name _____ Test Name _____

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 5044	<i>HSD17B10</i> Comprehensive (Seq & Del/Dup Analysis)	2-Methyl-3-Hydroxybutyryl-CoA Dehydrogenase Deficiency	BE, DNA
<input type="checkbox"/> 5064	<i>HMGCL</i> Comprehensive (Seq & Del/Dup Analysis)	3-Hydroxy-3-Methylglutaryl CoA Lyase Deficiency	BE, DNA
<input type="checkbox"/> 29025	<i>HMGCS2</i> Sequence Analysis by NGS	3-Hydroxy-3-Methylglutaryl-CoA Synthase 2 Deficiency	BE, DNA
<input type="checkbox"/> 2874	<i>MCCC1</i> and <i>MCCC2</i> Comprehensive (Seq & Del/Dup Analysis)	3-Methylcrotonyl-CoA-Carboxylase Deficiency	BE, DNA
<input type="checkbox"/> 3639	<i>MCCC1</i> Comprehensive (Seq & Del/Dup Analysis)	3-Methylcrotonyl-CoA-Carboxylase Deficiency	BE, DNA
<input type="checkbox"/> 3644	<i>MCCC2</i> Comprehensive (Seq & Del/Dup Analysis)	3-Methylcrotonyl-CoA-Carboxylase Deficiency	BE, DNA
<input type="checkbox"/> 3914	<i>AUH</i> Comprehensive (Seq & Del/Dup Analysis)	3-Methylglutaconic Aciduria Type I	BE, DNA
<input type="checkbox"/> 6603	<i>ABCA4</i> Comprehensive (Seq & Del/Dup Analysis)	ABCA4-Related Disorders	BE, DNA
<input type="checkbox"/> 6000	Achondroplasia Mutation Panel (<i>FGFR3</i>)	Achondroplasia	BE, DNA
<input type="checkbox"/> 3284	<i>LPIN1</i> Comprehensive (Seq & Del/Dup Analysis)	Acute Recurrent Myoglobinuria (LPIN1-Related Disorders)	BE, DNA
<input type="checkbox"/> 2034	<i>ACADSB</i> Comprehensive (Seq & Del/Dup Analysis)	Acyl-CoA Dehydrogenase, Short/Branched Chain Deficiency	BE, DNA
<input type="checkbox"/> 2825	<i>APRT</i> Sequence Analysis	Adenine Phosphoribosyltransferase Deficiency	BE, DNA
<input type="checkbox"/> 5010	<i>ADA</i> Sequence Analysis	Adenosine Deaminase Deficiency	BE, DNA
<input type="checkbox"/> 3699	<i>ADSL</i> Comprehensive (Seq & Del/Dup Analysis)	Adenylosuccinase Deficiency	BE, DNA
<input type="checkbox"/> 5279	<i>ABCD1</i> Comprehensive (Seq & Del/Dup Analysis)	Adrenoleukodystrophy	BE, DNA
<input type="checkbox"/> 29480	<i>SLC12A6 (KCC3A)</i> Sequence Analysis by NGS	Agenesis of the Corpus Callosum with Peripheral Neuropathy	BE, DNA
<input type="checkbox"/> 3759	<i>JAG1</i> Comprehensive (Seq & Del/Dup Analysis)	Alagille Syndrome	BE, DNA
<input type="checkbox"/> 29390	<i>MAN2B1</i> Sequence Analysis by NGS	Alpha-Mannosidosis Types I and II	BE, DNA
<input type="checkbox"/> 2254	<i>ALPL</i> Comprehensive (Seq & Del/Dup Analysis)	ALPL-Related Disorders	BE, DNA
<input type="checkbox"/> 22115	<i>AMACR</i> Sequence Analysis by NGS	AMACR-Related Disorders	BE, DNA
<input type="checkbox"/> 6490	<i>AR</i> Sequence Analysis	Androgen Insensitivity Syndrome	BE, DNA
<input type="checkbox"/> 6006	Angelman Syndrome (<i>UBE3A</i>) Methylation Analysis	Angelman Syndrome	BE, DNA
<input type="checkbox"/> 3429	<i>ARG1</i> Comprehensive (Seq & Del/Dup Analysis)	Arginase Deficiency	BE, DNA
<input type="checkbox"/> 3459	<i>GATM</i> Comprehensive (Seq & Del/Dup Analysis)	Arginine: Glycine Amidinotransferase Deficiency	BE, DNA
<input type="checkbox"/> 6360	<i>ASL</i> Sequence Analysis	Argininosuccinate Lyase Deficiency	BE, DNA
<input type="checkbox"/> 20405	<i>ARL6</i> Sequence Analysis by NGS	ARL6-Related Disorders	BE, DNA

* Refer to Sample Specifications Table (page 11)

Test list continued on next page

MOLECULAR DIAGNOSTIC TESTING REQUISITION

_____/_____/_____
 Patient Last Name Patient First Name MI Date of Birth (MM/DD/YY) Biological Sex

SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 6742	ARX Comprehensive (Seq & Del/Dup Analysis)	ARX-Related Disorders	BE, DNA
<input type="checkbox"/> 2205	AGA Sequence Analysis	Aspartylglycosaminuria	BE, DNA
<input type="checkbox"/> 29530	TTPA Sequence Analysis by NGS	Ataxia with Isolated Vitamin E Deficiency	BE, DNA
<input type="checkbox"/> 29155	ATP6V0A2 Sequence Analysis by NGS	ATP6V0A2-Related Disorders	BE, DNA
<input type="checkbox"/> 6195	AIRE Sequence Analysis	Autoimmune Polyendocrinopathy 1	BE, DNA
<input type="checkbox"/> 3299	B4GALT7 Comprehensive (Seq & Del/Dup Analysis)	B4GALT7-Related Disorders	BE, DNA
<input type="checkbox"/> 3614	TAZ Comprehensive (Seq & Del/Dup Analysis)	Barth Syndrome (TAZ-Related Disorders)	BE, DNA
<input type="checkbox"/> 29445	PTS Sequence Analysis by NGS	BH4-Deficient Hyperphenylalaninemia A	BE, DNA
<input type="checkbox"/> 29110	AKR1D1 Sequence Analysis by NGS	Bile Acid Synthesis Defect, Congenital, 2	BE, DNA
<input type="checkbox"/> 3499	BTD Comprehensive (Seq & Del/Dup Analysis)	Biotinidase Deficiency	BE, DNA
<input type="checkbox"/> 6012	Ashkenazic Mutation Panel (BLM)	Bloom Syndrome	BE, DNA
<input type="checkbox"/> 2429	LEMD3 Comprehensive (Seq & Del/Dup Analysis)	Buschke-Ollendorff Syndrome	BE, DNA
<input type="checkbox"/> 2589	TGFB1 Comprehensive (Seq & Del/Dup Analysis)	Camurati-Engelmann Disease	BE, DNA
<input type="checkbox"/> 29285	ASPA Sequence Analysis by NGS	Canavan Disease	BE, DNA
<input type="checkbox"/> 3349	CPS1 Comprehensive (Seq & Del/Dup Analysis)	Carbamoyl Phosphate Synthetase I Deficiency	BE, DNA
<input type="checkbox"/> 6910	BRAF Sequence Analysis	Cardiofaciocutaneous Syndrome/ Costello Syndrome	BE, DNA
<input type="checkbox"/> 3439	SLC25A20 (CACT) Comprehensive (Seq & Del/Dup Analysis)	Carnitine Acylcarnitine Translocase Deficiency	BE, DNA
<input type="checkbox"/> 3364	SLC22A5 (OCTN2) Comprehensive (Seq & Del/Dup Analysis)	Carnitine Deficiency, Systemic	BE, DNA
<input type="checkbox"/> 3369	CPT1A Comprehensive (Seq & Del/Dup Analysis)	Carnitine Palmitoyltransferase IA Deficiency	BE, DNA
<input type="checkbox"/> 3374	CPT1B Comprehensive (Seq & Del/Dup Analysis)	Carnitine Palmitoyltransferase IB (CPT1B-Related Disorders)	BE, DNA
<input type="checkbox"/> 3164	CPT2 Comprehensive (Seq & Del/Dup Analysis)	Carnitine Palmitoyltransferase II Deficiency	BE, DNA
<input type="checkbox"/> 6125	RMRP Sequence Analysis	Cartilage Hair Hypoplasia (RMRP-Related Disorders)	BE, DNA
<input type="checkbox"/> 6733	CDKL5 Comprehensive (Seq & Del/Dup Analysis)	CDKL5-Related Disorders	BE, DNA
<input type="checkbox"/> 29330	CYP27A1 Sequence Analysis by NGS	Cerebrotendinous Xanthomatosis	BE, DNA
<input type="checkbox"/> 6376	CFTR Comprehensive Analysis (Seq, Del/Dup & 5T)	CFTR-Related Disorders (Cystic Fibrosis)	BE, DNA
<input type="checkbox"/> 6174	CHD7 Comprehensive (Seq & Del/Dup Analysis)	CHD7-Related Disorders (CHARGE Syndrome)	BE, DNA
<input type="checkbox"/> 6680	CHRNA7 Sequence Analysis	CHRNA7-Related Disorders	BE, DNA
<input type="checkbox"/> 3159	SLC25A13 (CTLN2) Comprehensive (Seq & Del/Dup Analysis)	Citrin Deficiency	BE, DNA
<input type="checkbox"/> 6180	ASS1 Sequence Analysis	Citrullinemia Type 1	BE, DNA
<input type="checkbox"/> 29315	CLN6 Sequence Analysis by NGS	CLN6-Related Disorders	BE, DNA
<input type="checkbox"/> 29320	CLN8 Sequence Analysis by NGS	CLN8-Related Disorders	BE, DNA
<input type="checkbox"/> 6150	RUNX2 Sequence Analysis	Cleidocranial Dysplasia	BE, DNA
<input type="checkbox"/> 3854	CABC1 (ADCK3) Comprehensive (Seq & Del/Dup Analysis)	Coenzyme Q10 Deficiency	BE, DNA
<input type="checkbox"/> 3419	COQ2 Comprehensive (Seq & Del/Dup Analysis)	Coenzyme Q10 Deficiency	BE, DNA
<input type="checkbox"/> 3414	PDSS2 Comprehensive (Seq & Del/Dup Analysis)	Coenzyme Q10 Deficiency	BE, DNA
<input type="checkbox"/> 2639	COL1A2 Comprehensive (Seq & Del/Dup Analysis)	COL1A2-Related Disorders	BE, DNA
<input type="checkbox"/> 7521	COL2A1 Comprehensive (Seq & Del/Dup Analysis)	COL2A1-Related Disorders	BE, DNA
<input type="checkbox"/> 6585	COL5A1 Sequence Analysis	COL5A1-Related Disorders	BE, DNA
<input type="checkbox"/> 6590	COL5A2 Sequence Analysis	COL5A2-Related Disorders	BE, DNA
<input type="checkbox"/> 29440	PROPT Sequence Analysis by NGS	Combined Pituitary Hormone Deficiency 2	BE, DNA
<input type="checkbox"/> 3180	SDHA Sequence Analysis	Complex II Deficiency	BE, DNA

* Refer to Sample Specifications Table (page 11)

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 3185	<i>SDHB</i> Sequence Analysis	Complex II Deficiency	BE, DNA
<input type="checkbox"/> 3190	<i>SDHC</i> Sequence Analysis	Complex II Deficiency	BE, DNA
<input type="checkbox"/> 3195	<i>SDHD</i> Sequence Analysis	Complex II Deficiency	BE, DNA
<input type="checkbox"/> 2069	<i>CYP17A1</i> Comprehensive (Seq & Del/Dup Analysis)	Congenital Adrenal Hyperplasia	BE, DNA
<input type="checkbox"/> 3259	<i>CDG1A (PMM2)</i> Comprehensive (Seq & Del/Dup Analysis)	Congenital Disorders of Glycosylation	BE, DNA
<input type="checkbox"/> 3454	<i>CDG1B (MPI)</i> Comprehensive (Seq & Del/Dup Analysis)	Congenital Disorders of Glycosylation	BE, DNA
<input type="checkbox"/> 5119	<i>CDG1M (DOLK)</i> Comprehensive (Seq & Del/Dup Analysis)	Congenital Disorders of Glycosylation	BE, DNA
<input type="checkbox"/> 29510	<i>TGM1</i> Sequence Analysis by NGS	Congenital Ichthyosis, Autosomal Recessive 1	BE, DNA
<input type="checkbox"/> 6805	Coronary Heart Disease Risk Factor (9p21 rs10757278)	Coronary Heart Disease (CHD)	BE, DNA
<input type="checkbox"/> 6545	<i>HRAS</i> Sequence Analysis	Costello Syndrome	BE, DNA
<input type="checkbox"/> 3150	<i>SLC6A8 (CT1)</i> Sequence Analysis	Creatine Transporter (CRTR) Deficiency-Related Disorders	BE, DNA
<input type="checkbox"/> 29325	<i>CTNS</i> Sequence Analysis by NGS	CTNS-Related Disorders	BE, DNA
<input type="checkbox"/> 6949	<i>RPS19</i> Comprehensive (Seq & Del/Dup Analysis)	Diamond Blackfan Anemia-RPS19 Related Disorders	BE, DNA
<input type="checkbox"/> 5310	<i>TBX1</i> Sequence Analysis	DiGeorge Syndrome	BE, DNA
<input type="checkbox"/> 3464	<i>DLA</i> Comprehensive (Seq & Del/Dup Analysis)	Dihydroliipoamide Dehydrogenase Deficiency	BE, DNA
<input type="checkbox"/> 29340	<i>DPYD</i> Sequence Analysis by NGS	DPYD-Related Disorders	BE, DNA
<input type="checkbox"/> 20145	<i>DMD</i> Comprehensive Sequence and CNV Analysis by NGS	DMD-Related Disorders	BE, DNA
<input type="checkbox"/> 6350	<i>DMD</i> Deletion/Duplication Analysis	DMD-Related Disorders	BE, DNA
<input type="checkbox"/> 2634	Spondylocheirodysplastic Form, <i>SLC39A13 (ZnT)</i> Comprehensive (Seq & Del/Dup Analysis)	Ehlers-Danlos Syndrome	BE, DNA
<input type="checkbox"/> 2754	<i>COL3A1</i> Comprehensive (Seq & Del/Dup Analysis)	Ehlers-Danlos Syndrome	BE, DNA
<input type="checkbox"/> 22120	<i>DNM1L</i> Sequence Analysis by NGS	Encephalopathy, lethal, due to defective mitochondrial peroxisomal fission	BE, DNA
<input type="checkbox"/> 6930	Type 4, <i>STXBP1</i> Sequence Analysis	Epileptic Encephalopathy, Early Infantile	BE, DNA
<input type="checkbox"/> 7110	Type 7, <i>KCNQ2</i> Sequence Analysis	Epileptic Encephalopathy, Early Infantile	BE, DNA
<input type="checkbox"/> 3749	<i>ETHE1</i> Comprehensive (Seq & Del/Dup Analysis)	Ethylmalonic Encephalopathy	BE, DNA
<input type="checkbox"/> 6011	<i>GLA</i> Comprehensive (Seq & Del/Dup Analysis)	Fabry Disease	BE, DNA
<input type="checkbox"/> 6028	Factor V Leiden (<i>F5</i>) Mutation Panel	Factor V Leiden	BE, DNA
<input type="checkbox"/> 2579	<i>FAM20C</i> Comprehensive (Seq & Del/Dup Analysis)	FAM20C-Related Disorders	BE, DNA
<input type="checkbox"/> 29370	<i>IKBKAP</i> Sequence Analysis by NGS	Familial Dysautonomia	BE, DNA
<input type="checkbox"/> 6740	<i>LDLR</i> Comprehensive (Seq & Del/Dup Analysis)	Familial Hypercholesterolemia	BE, DNA
<input type="checkbox"/> 6520	<i>RUNX1</i> Sequence Analysis	Familial Platelet Disorder w/ Associated Myeloid Malignancy	BE, DNA
<input type="checkbox"/> 29345	<i>FANCC</i> Sequence Analysis by NGS	Fanconi Anemia	BE, DNA
<input type="checkbox"/> 2339	<i>FBN1</i> Comprehensive (Seq & Del/Dup Analysis)	FBN1-Related Disorders	BE, DNA
<input type="checkbox"/> 6573	<i>FMR1</i> CGG Repeat Expansion	FMR1-Related Disorders (Fragile X Syndrome)	BE, DNA
<input type="checkbox"/> 6570	<i>FMR1</i> Sequence Analysis	FMR1-Related Disorders (Fragile X Syndrome)	BE, DNA
<input type="checkbox"/> 6345	<i>PORCN</i> Sequence Analysis	Focal Dermal Hypoplasia	BE, DNA
<input type="checkbox"/> 6690	<i>FOXF1</i> Sequence Analysis	FOXF1-Related Disorders	BE, DNA
<input type="checkbox"/> 6031	Friedreich Ataxia Repeat Expansion Analysis	Friedreich Ataxia Syndrome	BE, DNA
<input type="checkbox"/> 6365	<i>FXN</i> Sequence Analysis	Friedreich Ataxia Syndrome	BE, DNA
<input type="checkbox"/> 3939	<i>FBP1</i> Comprehensive (Seq & Del/Dup Analysis)	Fructose 1,6 Bisphosphatase Deficiency	BE, DNA
<input type="checkbox"/> 3740	<i>FH</i> Sequence Analysis	Fumarate Hydratase Deficiency (FH-Related Disorders)	BE, DNA

* Refer to Sample Specifications Table (page 11)

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 29355	G6PD Sequence Analysis by NGS	G6PD-Related Disorders	BE, DNA
<input type="checkbox"/> 3279	GALE Comprehensive (Seq & Del/Dup Analysis)	Galactosemia	BE, DNA
<input type="checkbox"/> 3249	GALT Comprehensive (Seq & Del/Dup Analysis)	Galactosemia	BE, DNA
<input type="checkbox"/> 3799	GALK1 Comprehensive (Seq & Del/Dup Analysis)	Galactokinase Deficiency	BE, DNA
<input type="checkbox"/> 6955	SLC2A1 (GLUT1) Sequence Analysis	Glucose Transporter Type 1 Deficiency Syndrome	BE, DNA
<input type="checkbox"/> 3689	Type 1, GCDH Comprehensive (Seq & Del/Dup Analysis)	Glutaric Acidemia	BE, DNA
<input type="checkbox"/> 2044	Type 3, C7orf10 Comprehensive (Seq & Del/Dup Analysis)	Glutaric Acidemia	BE, DNA
<input type="checkbox"/> 5034	AMT Comprehensive (Seq & Del/Dup Analysis)	Glycine Encephalopathy	BE, DNA
<input type="checkbox"/> 3534	Type 0 Liver Isoform, GYS2 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3839	Type 0 Muscle Isoform, GYST1 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3134	Type 1a (GSD1A), G6PC Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3834	Type 1 (b,c,d), SLC37A4 (GSD1B) Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3404	Type II, GAA Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3674	Type III, AGL Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3829	Type IV (GSDIV), GBE1 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3804	Type V (GSDV), PYGM Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3794	Type VI (GSDVI), PYGL Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3824	Type VII (GSDVII), PFKM Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3979	Type IX (GSDIX), PHKB Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3984	Type IX (GSDIX), PHKG2 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3989	Type IX (GSDIX), PHKA1 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3994	Type IX (GSDIX), PHKA2 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 3809	Type X (GSDX), PGAM2 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 2529	Type XIII (GSDXIII), ENO3 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 2524	Type XIV (GSDXIV), PGM1 Comprehensive (Seq & Del/Dup Analysis)	Glycogen Storage Disease	BE, DNA
<input type="checkbox"/> 5129	GNE Comprehensive (Seq & Del/Dup Analysis)	GNE-Related Disorders	BE, DNA
<input type="checkbox"/> 3149	GAMT Comprehensive (Seq & Del/Dup Analysis)	Guanidinoacetate Methyltransferase Deficiency	BE, DNA
<input type="checkbox"/> 6019	Connexin 26 - GJB2 Sequence Analysis	Hearing Loss	BE, DNA
<input type="checkbox"/> 6355	Connexin 30 - GJB6 (232kb and 309kb) Deletion/Duplication Analysis	Hearing Loss	BE, DNA
<input type="checkbox"/> 3030	Mitochondrial Nonsyndromic Hearing Loss and Deafness Mutation Panel (MT-RNR1, MT-TS1, MT-TS2, MTRNR1)	Hearing Loss	BE, DNA
<input type="checkbox"/> 6395	MYO7A Sequence Analysis	Hearing Loss	BE, DNA
<input type="checkbox"/> 6655	CDH23 Sequence Analysis	Hearing Loss	BE, DNA

* Refer to Sample Specifications Table (page 11)

Test list continued on next page

MOLECULAR DIAGNOSTIC TESTING REQUISITION

Patient Last Name _____ Patient First Name _____ MI _____ Date of Birth (MM/DD/YY) _____ Biological Sex _____

SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 6670	<i>POU3F4</i> Sequence Analysis	Hearing Loss	BE, DNA
<input type="checkbox"/> 3344	<i>TIMM8A</i> Comprehensive (Seq & Del/Dup Analysis)	Hearing Loss	BE, DNA
<input type="checkbox"/> 5405	Hemochromatosis Panel by Sanger Sequencing (<i>HAMP, HFE, HFE2, SLC40A1, TFR2</i>)	Hemochromatosis	BE, DNA
<input type="checkbox"/> 6035	<i>HFE</i> Mutation Panel	Hemochromatosis	BE, DNA
<input type="checkbox"/> 3129	<i>ALDOB</i> Comprehensive (Seq & Del/Dup Analysis)	Hereditary Fructose Intolerance	BE, DNA
<input type="checkbox"/> 3784	<i>ALDOB, FBP1, GYS2, & PC</i> Sequence Analysis	Hereditary Fructose Intolerance	BE, DNA
<input type="checkbox"/> 2145	<i>SEPT9</i> Targeted Mutation Analysis	Hereditary Neuralgic Amyotrophy (HNA)	BE, DNA
<input type="checkbox"/> 20110	<i>BLOC1S3</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20115	<i>DTNBPI</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20120	<i>HPS1</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20125	<i>HPS3</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20130	<i>HPS4</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20135	<i>HPS5</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 20140	<i>HPS6</i> Sequence Analysis by NGS	Hermansky-Pudlak Syndrome	BE, DNA
<input type="checkbox"/> 6925	<i>HEXA</i> Sequence Analysis	Hexosaminidase A Deficiency/ Tay-Sachs Disease	BE, DNA
<input type="checkbox"/> 5390	<i>HNRNPA1</i> Sequence Analysis	HNRNPA1-Related Disorders	BE, DNA
<input type="checkbox"/> 3544	<i>HLCS</i> Comprehensive (Seq & Del/Dup Analysis)	Holocarboxylase Synthetase Deficiency	BE, DNA
<input type="checkbox"/> 3974	<i>CBS</i> Comprehensive (Seq & Del/Dup Analysis)	Homocystinuria Caused by Cystathionine Beta-Synthase Deficiency	BE, DNA
<input type="checkbox"/> 20640	<i>MTHFR</i> Sequence Analysis by NGS	Homocystinuria Caused by MTHFR Deficiency	BE, DNA
<input type="checkbox"/> 2075	<i>HPD</i> Sequence Analysis	HPD-Related Disorders	BE, DNA
<input type="checkbox"/> 22130	<i>HSD17B4</i> Sequence Analysis by NGS	HSD17B4-Related Disorders	BE, DNA
<input type="checkbox"/> 6034	Huntington Disease Repeat Expansion Analysis	Huntington Disease (Disease Specific Consent Required)	BE, DNA
<input type="checkbox"/> 5285	<i>GLUD1</i> Sequence Analysis	Hyperinsulinism-Hyperammonemia Syndrome	BE, DNA
<input type="checkbox"/> 2070	<i>GNMT</i> Sequence Analysis	Hypermethioninemia	BE, DNA
<input type="checkbox"/> 2135	<i>AHCY</i> Sequence Analysis	Hypermethioninemia with S-Adenosylhomocysteine Hydrolase Deficiency	BE, DNA
<input type="checkbox"/> 3239	<i>SLC25A15 (HHH)</i> Comprehensive (Seq & Del/Dup Analysis)	Hyperornithinemia-Hyperammonemia-Homocitrullinuria (HHH) Syndrome	BE, DNA
<input type="checkbox"/> 5139	<i>ALDH4A1</i> Comprehensive (Seq & Del/Dup Analysis)	Hyperprolinemia Type II	BE, DNA
<input type="checkbox"/> 2654	<i>SLC34A1 (NPT2)</i> Comprehensive (Seq & Del/Dup Analysis)	Hypophosphatemic Nephrolithiasis/Osteoporosis, 1	BE, DNA
<input type="checkbox"/> 5045	<i>IYD</i> Sequence Analysis	Hypothyroidism, Congenital	BE, DNA
<input type="checkbox"/> 5395	<i>HNRNPA2B1</i> Sequence Analysis	Inclusion Body Myopathy with Early-Onset Paget Disease with or without Frontotemporal Dementia 2	BE, DNA
<input type="checkbox"/> 6036	Incontinentia Pigmenti Common Deletion Analysis	Incontinentia Pigmenti (IKBKG-Related Disorders)	BE, DNA
<input type="checkbox"/> 7100	<i>IKBKG</i> Sequence Analysis	Incontinentia Pigmenti (IKBKG-Related Disorders)	BE, DNA
<input type="checkbox"/> 21720	<i>INSR</i> Sequence Analysis by NGS	INSR-Related Disorders	BE, DNA
<input type="checkbox"/> 3314	<i>ABCB11</i> Comprehensive (Seq & Del/Dup Analysis)	Intrahepatic Cholestasis	BE, DNA
<input type="checkbox"/> 3319	<i>ABCB4</i> Comprehensive (Seq & Del/Dup Analysis)	Intrahepatic Cholestasis	BE, DNA
<input type="checkbox"/> 3309	<i>ATP8B1</i> Comprehensive (Seq & Del/Dup Analysis)	Intrahepatic Cholestasis	BE, DNA
<input type="checkbox"/> 29120	<i>GIF</i> Sequence Analysis by NGS	Intrinsic Factor Deficiency	BE, DNA
<input type="checkbox"/> 2029	<i>ACAD8</i> Comprehensive (Seq & Del/Dup Analysis)	Isobutyryl-CoA Dehydrogenase Deficiency	BE, DNA

* Refer to Sample Specifications Table (page 11)

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MOLECULAR DIAGNOSTIC TESTING REQUISITION

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 3684	IVD Comprehensive (Seq & Del/Dup Analysis)	Isovaleric Acidemia	BE, DNA
<input type="checkbox"/> 6037	Kennedy Disease Repeat Expansion Analysis	Kennedy Disease	BE, DNA
<input type="checkbox"/> 5370	KIF11 Sequence Analysis	KIF11-Related Disorders	BE, DNA
<input type="checkbox"/> 6415	GALC Sequence Analysis	Krabbe Disease	BE, DNA
<input type="checkbox"/> 29375	LAMA3 Sequence Analysis by NGS	LAMA3-Related Disorders	BE, DNA
<input type="checkbox"/> 29380	LAMB3 Sequence Analysis by NGS	LAMB3-Related Disorders	BE, DNA
<input type="checkbox"/> 29385	LAMC2 Sequence Analysis by NGS	LAMC2-Related Disorders	BE, DNA
<input type="checkbox"/> 3389	ACADL Comprehensive (Seq & Del/Dup Analysis)	LCAD Deficiency	BE, DNA
<input type="checkbox"/> 3124	HADHA Comprehensive (Seq & Del/Dup Analysis)	LCHAD Deficiency (HADHA-Related Disorders)	BE, DNA
<input type="checkbox"/> 6065	PTPN11 Sequence Analysis	LEOPARD Syndrome	BE, DNA
<input type="checkbox"/> 6475	RAF1 Sequence Analysis	LEOPARD Syndrome	BE, DNA
<input type="checkbox"/> 6240	HPRT Sequence Analysis	Lesch-Nyhan Syndrome	BE, DNA
<input type="checkbox"/> 3719	DARS2 Comprehensive (Seq & Del/Dup Analysis)	Leukoencephalopathy	BE, DNA
<input type="checkbox"/> 22220	SCP2 Sequence Analysis by NGS	Leukoencephalopathy with dystonia and motor neuropathy	BE, DNA
<input type="checkbox"/> 3819	TRMU Comprehensive (Seq & Del/Dup Analysis)	Liver Failure, Acute Infantile	BE, DNA
<input type="checkbox"/> 6039	OCRL Sequence Analysis	Lowe Syndrome	BE, DNA
<input type="checkbox"/> 29500	SLC7A7 (LAT1) Sequence Analysis by NGS	Lysinuric Protein Intolerance	BE, DNA
<input type="checkbox"/> 2039	ACSF3 Comprehensive (Seq & Del/Dup Analysis)	Malonic & Methylmalonic Aciduria, Combined	BE, DNA
<input type="checkbox"/> 2774	Type 1A, BCKDHA Comprehensive (Seq & Del/Dup Analysis)	Maple Syrup Urine Disease	BE, DNA
<input type="checkbox"/> 2884	Type 1B, BCKDHB Comprehensive (Seq & Del/Dup Analysis)	Maple Syrup Urine Disease	BE, DNA
<input type="checkbox"/> 3869	Type 2, DBT Comprehensive (Seq & Del/Dup Analysis)	Maple Syrup Urine Disease	BE, DNA
<input type="checkbox"/> 3119	ACADM Comprehensive (Seq & Del/Dup Analysis)	MCAD Deficiency	BE, DNA
<input type="checkbox"/> 29400	MEFV Sequence Analysis by NGS	MEFV-Related Disorders	BE, DNA
<input type="checkbox"/> 29405	MLC1 Sequence Analysis by NGS	Megalencephalic Leukoencephalopathy with Subcortical Cysts	BE, DNA
<input type="checkbox"/> 2549	ATP7A Comprehensive (Seq & Del/Dup Analysis)	Menkes Disease	BE, DNA
<input type="checkbox"/> 6380	ARSA Sequence Analysis	Metachromatic Leukodystrophy (Arylsulfatase A Deficiency)	BE, DNA
<input type="checkbox"/> 2569	cbIE Type, MTRR Comprehensive (Seq & Del/Dup Analysis)	Methylcobalamin Deficiency	BE, DNA
<input type="checkbox"/> 2054	cbIG Type, MTR Comprehensive (Seq & Del/Dup Analysis)	Methylcobalamin Deficiency	BE, DNA
<input type="checkbox"/> 3602	Methylmalonic Acidemia Comprehensive Panel (MUT, MMAA, MMAB)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3399	MCEE Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3579	MMAA Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3584	MMAB Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3444	MMACHC Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3889	MMADHC Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 3589	MUT Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Acidemia	BE, DNA
<input type="checkbox"/> 29115	HCFC1 Sequence Analysis by NGS	Methylmalonic Acidemia and Homocystinuria, cbIX Type	BE, DNA
<input type="checkbox"/> 2564	cbIF Type, LMBRD1 Comprehensive (Seq & Del/Dup Analysis)	Methylmalonic Aciduria and Homocystinuria	BE, DNA
<input type="checkbox"/> 29125	CD320 Sequence Analysis by NGS	Methylmalonic Aciduria due to Transcobalamin Receptor Defect	BE, DNA
<input type="checkbox"/> 20455	MKKS Sequence Analysis by NGS	MKKS-Related Disorders	BE, DNA
<input type="checkbox"/> 20460	MKS1 Sequence Analysis by NGS	MKS1-Related Disorders	BE, DNA

* Refer to Sample Specifications Table (page 11)

Test list continued on next page

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 3064	<i>TYMP</i> Comprehensive (Seq & Del/Dup Analysis)	MNGIE Syndrome	BE, DNA
<input type="checkbox"/> 3599	<i>MOC51</i> Comprehensive (Seq & Del/Dup Analysis)	Molybdenum Cofactor Deficiency	BE, DNA
<input type="checkbox"/> 3619	<i>MOC52</i> Comprehensive (Seq & Del/Dup Analysis)	Molybdenum Cofactor Deficiency	BE, DNA
<input type="checkbox"/> 29410	<i>MPL</i> Sequence Analysis by NGS	MPL-Related Disorders	BE, DNA
<input type="checkbox"/> 6045	MTHFR 677 C>T Variant Analysis	MTHFR Deficiency	BE, DNA
<input type="checkbox"/> 29395	<i>MCOLN1</i> Sequence Analysis by NGS	Mucopolipidosis IV	BE, DNA
<input type="checkbox"/> 6385	Type I (MPS I), <i>IDUA</i> Sequence Analysis	Mucopolysaccharidosis	BE
<input type="checkbox"/> 6814	Type II (MPS II), <i>IDS</i> Comprehensive (Seq & Del/Dup w/Inv Analysis)	Mucopolysaccharidosis	BE, DNA
<input type="checkbox"/> 3604	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD) Comprehensive Panel (Seq & Del/Dup Analysis) (<i>ETFA, ETFB, ETFDH</i>)	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)	BE, DNA
<input type="checkbox"/> 3859	<i>ETFA</i> Comprehensive (Seq & Del/Dup Analysis)	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)	BE, DNA
<input type="checkbox"/> 3864	<i>ETFB</i> Comprehensive (Seq & Del/Dup Analysis)	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)	BE, DNA
<input type="checkbox"/> 3844	<i>ETFDH</i> Comprehensive (Seq & Del/Dup Analysis)	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)	BE, DNA
<input type="checkbox"/> 6041	Myotonic Dystrophy Type 1 Repeat Expansion Analysis	Myotonic Dystrophy Type 1	BE, DNA
<input type="checkbox"/> 3354	<i>NAGS</i> Comprehensive (Seq & Del/Dup Analysis)	N-Acetylglutamate Synthase (NAGS) Deficiency	BE, DNA
<input type="checkbox"/> 7523	<i>LMX1B</i> Comprehensive (Seq & Del/Dup Analysis)	Nail-Patella Syndrome	BE, DNA
<input type="checkbox"/> 29415	Type 1, <i>NPHS1</i> Sequence Analysis by NGS	Nephrotic Syndrome	BE, DNA
<input type="checkbox"/> 29420	Type 2, <i>NPHS2</i> Sequence Analysis by NGS	Nephrotic Syndrome	BE, DNA
<input type="checkbox"/> 29435	Type 1, <i>PPT1</i> Sequence Analysis by NGS	Neuronal Ceroid Lipofuscinosis	BE, DNA
<input type="checkbox"/> 29305	Type 3, <i>CLN3</i> Sequence Analysis by NGS	Neuronal Ceroid Lipofuscinosis	BE, DNA
<input type="checkbox"/> 29310	Type 5, <i>CLN5</i> Sequence Analysis by NGS	Neuronal Ceroid Lipofuscinosis	BE, DNA
<input type="checkbox"/> 6555	<i>NPC1</i> Sequence Analysis	Niemann-Pick Disease Type C	BE, DNA
<input type="checkbox"/> 6560	<i>NPC2</i> Sequence Analysis	Niemann-Pick Disease Type C	BE, DNA
<input type="checkbox"/> 6900	<i>SHOC2</i> Sequence Analysis	Noonan-like Syndrome	BE, DNA
<input type="checkbox"/> 20205	<i>NPHP1</i> Sequence Analysis by NGS	NPHP1-Related Disorders	BE, DNA
<input type="checkbox"/> 20215	<i>NPHP3</i> Sequence Analysis by NGS	NPHP3-Related Disorders	BE, DNA
<input type="checkbox"/> 20220	<i>NPHP4</i> Sequence Analysis by NGS	NPHP4-Related Disorders	BE, DNA
<input type="checkbox"/> 6845	<i>LEP</i> Sequence Analysis	Obesity, Monogenic Nonsyndromic	BE, DNA
<input type="checkbox"/> 6850	<i>LEPR</i> Sequence Analysis	Obesity, Monogenic Nonsyndromic	BE, DNA
<input type="checkbox"/> 6855	<i>PCSK1</i> Sequence Analysis	Obesity, Monogenic Nonsyndromic	BE, DNA
<input type="checkbox"/> 6860	<i>POMC</i> Sequence Analysis	Obesity, Monogenic Nonsyndromic	BE, DNA
<input type="checkbox"/> 6083	X-Linked, <i>GPR143</i> Comprehensive (Seq & Del/Dup Analysis)	Oculocutaneous Albinism	BE, DNA
<input type="checkbox"/> 3469	Type 1, <i>OPA1</i> Comprehensive (Seq & Del/Dup Analysis)	Optic Atrophy Type 1	BE, DNA
<input type="checkbox"/> 3529	Type 3, <i>OPA3</i> Comprehensive (Seq & Del/Dup Analysis)	Optic Atrophy Type 3	BE, DNA
<input type="checkbox"/> 3144	<i>OTC</i> Comprehensive (Seq & Del/Dup Analysis)	Ornithine Transcarbamylase (OTC) Deficiency	BE, DNA
<input type="checkbox"/> 2574	<i>AMER1</i> Comprehensive (Seq & Del/Dup Analysis)	Osteopathia Striata with Cranial Sclerosis	BE, DNA
<input type="checkbox"/> 2614	<i>CLCN7</i> Comprehensive (Seq & Del/Dup Analysis)	Osteopetrosis	BE, DNA
<input type="checkbox"/> 2624	<i>TCIRG1</i> Comprehensive (Seq & Del/Dup Analysis)	Osteopetrosis	BE, DNA
<input type="checkbox"/> 2604	<i>CA2</i> Comprehensive (Seq & Del/Dup Analysis)	Osteopetrosis with Renal Tubular Acidosis	BE, DNA
<input type="checkbox"/> 6885	<i>PCDH19</i> Sequence Analysis	PCDH19-Related X Linked Female-Limited Epilepsy w/MR	BE, DNA
<input type="checkbox"/> 3169	<i>PDHA1</i> Comprehensive (Seq & Del/Dup Analysis)	PDH Complex Deficiency	BE, DNA

* Refer to Sample Specifications Table (page 11)

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 3899	<i>PDHB</i> Comprehensive (Seq & Del/Dup Analysis)	PDH Complex Deficiency	BE, DNA
<input type="checkbox"/> 3924	<i>PDHX</i> Comprehensive (Seq & Del/Dup Analysis)	PDH Complex Deficiency	BE, DNA
<input type="checkbox"/> 3894	<i>PDP1</i> Comprehensive (Seq & Del/Dup Analysis)	PDH Complex Deficiency	BE, DNA
<input type="checkbox"/> 6550	<i>GJC2</i> Sequence Analysis	Pelizaeus-Merzbacher-Like Disease	BE, DNA
<input type="checkbox"/> 22105	<i>ACOX1</i> Sequence Analysis by NGS	Peroxisomal Acyl-CoA Oxidase Deficiency	BE, DNA
<input type="checkbox"/> 5365	<i>PGM3</i> Sequence Analysis	PGM3-Related Disorders	BE, DNA
<input type="checkbox"/> 3139	<i>PAH</i> Comprehensive (Seq & Del/Dup Analysis)	Phenylalanine Hydroxylase Deficiency (PKU)	BE, DNA
<input type="checkbox"/> 29045	Cytostolic, <i>PCK1</i> Sequence Analysis by NGS	Phosphoenolpyruvate Carboxykinase Deficiency	BE, DNA
<input type="checkbox"/> 29050	Mitochondrial, <i>PCK2</i> Sequence Analysis by NGS	Phosphoenolpyruvate Carboxykinase Deficiency	BE, DNA
<input type="checkbox"/> 6149	<i>PLP1</i> Comprehensive (Seq & Del/Dup Analysis)	PLP1-Related Disorders	BE, DNA
<input type="checkbox"/> 29425	<i>PKHD1</i> Sequence Analysis by NGS	Polycystic Kidney and Hepatic Disease	BE, DNA
<input type="checkbox"/> 3729	<i>RARS2</i> Comprehensive (Seq & Del/Dup Analysis)	Pontocerebellar Hypoplasia Type 6	BE, DNA
<input type="checkbox"/> 6050	Prader-Willi Syndrome Methylation Analysis	Prader-Willi Syndrome	BE, DNA
<input type="checkbox"/> 7105	<i>MAGEL2</i> Sequence Analysis	Prader-Willi-like Syndrome; Intellectual Disability; Autism	BE, DNA
<input type="checkbox"/> 3622	Propionic Acidemia Comprehensive Panel (Seq & Del/Dup Analysis) (<i>PCCA</i> & <i>PCCB</i>)	Propionic Acidemia	BE, DNA
<input type="checkbox"/> 3769	<i>PCCA</i> Comprehensive (Seq & Del/Dup Analysis)	Propionic Acidemia	BE, DNA
<input type="checkbox"/> 3774	<i>PCCB</i> Comprehensive (Seq & Del/Dup Analysis)	Propionic Acidemia	BE, DNA
<input type="checkbox"/> 29545	Type 1, <i>AGXT</i> Sequence Analysis by NGS	Primary Hyperoxaluria	BE, DNA
<input type="checkbox"/> 29365	Type 2, <i>GRHPR</i> Sequence Analysis by NGS	Primary Hyperoxaluria	BE, DNA
<input type="checkbox"/> 6048	Prothrombin Mutation Panel (<i>F2</i>)	Prothrombin	BE, DNA
<input type="checkbox"/> 6790	<i>PTEN</i> Comprehensive (Seq & Del/Dup Analysis)	PTEN-Related Disorders	BE, DNA
<input type="checkbox"/> 5025	<i>PNP</i> Sequence Analysis	Purine Nucleoside Phosphorylase Deficiency	BE, DNA
<input type="checkbox"/> 2444	<i>CTSK</i> Comprehensive (Seq & Del/Dup Analysis)	Pycnodysostosis	BE, DNA
<input type="checkbox"/> 6950	<i>ALDH7A1</i> Sequence Analysis	Pyridoxine-Dependent Seizures	BE, DNA
<input type="checkbox"/> 3919	<i>DLAT</i> Comprehensive (Seq & Del/Dup Analysis)	Pyruvate Dehydrogenase E2 Deficiency	BE, DNA
<input type="checkbox"/> 3754	<i>PC</i> Comprehensive (Seq & Del/Dup Analysis)	Pyruvate Carboxylase Deficiency	BE, DNA
<input type="checkbox"/> 5300	<i>RAG2</i> Sequence Analysis	RAG2-Related Disorders	BE, DNA
<input type="checkbox"/> 22215	<i>PHYH</i> Sequence Analysis by NGS	Refsum Disease	BE, DNA
<input type="checkbox"/> 6736	<i>MECP2</i> Comprehensive (Seq & Del/Dup Analysis)	Rett Syndrome (MECP2-Related Disorders)	BE, DNA
<input type="checkbox"/> 6635	<i>FOXG1</i> Sequence Analysis	Rett Syndrome, Congenital Variant	BE, DNA
<input type="checkbox"/> 22125	Type 2, <i>GNPAT</i> Sequence Analysis by NGS	Rhizomelic Chondrodysplasia Punctata	BE, DNA
<input type="checkbox"/> 22110	Type 3, <i>AGPS</i> Sequence Analysis by NGS	Rhizomelic Chondrodysplasia Punctata	BE, DNA
<input type="checkbox"/> 6565	<i>VDR</i> Sequence Analysis	Rickets-Alopecia Syndrome	BE, DNA
<input type="checkbox"/> 6758	<i>CREBBP</i> Comprehensive (Seq & Del/Dup Analysis)	Rubinstein-Taybi Syndrome	BE, DNA
<input type="checkbox"/> 3929	<i>ACADS</i> Comprehensive (Seq & Del/Dup Analysis)	SCAD Deficiency	BE, DNA
<input type="checkbox"/> 6285	<i>COL10A1</i> Sequence Analysis	Schmid Metaphyseal Chondrodysplasia (SMCD)	BE, DNA
<input type="checkbox"/> 29515	<i>TH</i> Sequence Analysis by NGS	Segawa Syndrome Recessive	BE, DNA
<input type="checkbox"/> 29105	<i>SERPINA1</i> Sequence Analysis by NGS	SERPINA1-Related Disorders	BE, DNA
<input type="checkbox"/> 6053	Sickle Cell Disease Mutation Analysis	Sickle Cell Disease	BE, DNA
<input type="checkbox"/> 29550	<i>ALDH3A2</i> Sequence Analysis by NGS	Sjogren-Larsson Syndrome	BE, DNA

* Refer to Sample Specifications Table (page 11)

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SINGLE GENE ANALYSIS

TEST CODE	TEST NAME	DISORDER	SAMPLE TYPE *
<input type="checkbox"/> 21730	<i>SLC16A1 (HHF7)</i> Sequence Analysis by NGS	SLC16A1-Related Disorders	BE, DNA
<input type="checkbox"/> 29485	<i>SLC17A5 (NSD)</i> Sequence Analysis by NGS	SLC17A5-Related Disorders	BE, DNA
<input type="checkbox"/> 29490	<i>SLC26A2 (DTDST)</i> Sequence Analysis by NGS	SLC26A2-Related Disorders	BE, DNA
<input type="checkbox"/> 29495	<i>SLC26A4 (PENDRIN)</i> Sequence Analysis by NGS	SLC26A4-Related Disorders	BE, DNA
<input type="checkbox"/> 6745	<i>DHCR7</i> Sequence Analysis	Smith-Lemli-Opitz Syndrome	BE, DNA
<input type="checkbox"/> 6760	<i>RAI1</i> Sequence Analysis	Smith-Magenis Syndrome	BE, DNA
<input type="checkbox"/> 29505	<i>SMPD1</i> Sequence Analysis by NGS	SMPD1-Related Disorders	BE, DNA
<input type="checkbox"/> 29455	<i>SACS</i> Sequence Analysis by NGS	Spastic Ataxia Charlevoix-Saguenay Type	BE, DNA
<input type="checkbox"/> 6059	<i>SMN1</i> Deletion Analysis	Spinal Muscular Atrophy (SMA) Diagnostic Test	BE, DNA
<input type="checkbox"/> 2899	<i>PRKCG</i> Comprehensive (Seq & Del/Dup Analysis)	Spinocerebellar Ataxia 14 (SCA14)	BE, DNA
<input type="checkbox"/> 29210	<i>SRD5A3</i> Sequence Analysis by NGS	SRD5A3-Related Disorders	BE, DNA
<input type="checkbox"/> 6060	<i>SRY</i> Molecular Analysis	SRY-Related Phenotypes	BE, DNA
<input type="checkbox"/> 5024	<i>ALDH5A1</i> Comprehensive (Seq & Del/Dup Analysis)	Succinic Semialdehyde Dehydrogenase Deficiency	BE, DNA
<input type="checkbox"/> 6062	Thrombophilia Mutation Panel (<i>F5, MTHFR, F2</i>)	Thrombophilia	BE, DNA
<input type="checkbox"/> 20465	<i>TMEM67</i> Sequence Analysis by NGS	TMEM67-Related Disorders	BE, DNA
<input type="checkbox"/> 29520	<i>TMEM216</i> Sequence Analysis by NGS	TMEM216-Related Disorders	BE, DNA
<input type="checkbox"/> 2510	<i>TMLHE</i> Sequence Analysis	TMLHE Deficiency	BE, DNA
<input type="checkbox"/> 2513	<i>TMLHE</i> Exon 2 Deletion Analysis	TMLHE Deficiency	BE, DNA
<input type="checkbox"/> 29525	<i>TPP1</i> Sequence Analysis by NGS	TPP1-Related Disorders	BE, DNA
<input type="checkbox"/> 3969	<i>TCN2</i> Comprehensive (Seq & Del/Dup Analysis)	Transcobalamin II Deficiency	BE, DNA
<input type="checkbox"/> 3624	Trifunctional Protein Deficiency Comprehensive Panel (Seq & Del/Dup Analysis) (<i>HADHA</i> and <i>HADHB</i>)	Trifunctional Protein Deficiency	BE, DNA
<input type="checkbox"/> 3634	<i>HADHB</i> Comprehensive (Seq & Del/Dup Analysis) (<i>HADHB</i>)	Trifunctional Protein Deficiency	BE, DNA
<input type="checkbox"/> 5005	<i>TSHR</i> Sequence Analysis	TSHR-Related Disorders	BE, DNA
<input type="checkbox"/> 3449	Type I, <i>FAH</i> Comprehensive (Seq & Del/Dup Analysis)	Tyrosinemia	BE, DNA
<input type="checkbox"/> 2084	Type II, <i>TAT</i> Comprehensive (Seq & Del/Dup Analysis)	Tyrosinemia	BE, DNA
<input type="checkbox"/> 29535	<i>UGT1A1</i> Sequence Analysis by NGS	UGT1A1-Related Disorders	BE, DNA
<input type="checkbox"/> 6650	<i>USH2A</i> Sequence Analysis	Usher Syndrome 2A	BE, DNA
<input type="checkbox"/> 6660	<i>CLRN1</i> Sequence Analysis	Usher Syndrome 3A	BE, DNA
<input type="checkbox"/> 3359	<i>ACADVL</i> Comprehensive (Seq & Del/Dup Analysis)	VLCAD Deficiency	BE, DNA
<input type="checkbox"/> 2554	<i>ATP7B</i> Comprehensive (Seq & Del/Dup Analysis)	Wilson Disease	BE, DNA
<input type="checkbox"/> 6430	<i>LIPA</i> Sequence Analysis	Wolman Disease	BE, DNA

SAMPLE SPECIFICATIONS TABLE

ABBREVIATION	SAMPLE NAME	RECOMMENDED AMOUNT		SHIPPING INSTRUCTIONS	SPECIAL NOTES
		(2 yrs - Adult)	(Newborn - 2 yrs)		
BE	Blood in EDTA tube (purple-top)	3 - 5 cc	2 - 3 cc	Ship at room temperature in an insulated container by overnight courier. Do not heat or freeze.	
CB	Cord Blood	N/A	1 - 2 cc	Ship at room temperature in an insulated container by overnight courier. Do not heat or freeze.	Ensure properly labeled. Also send 3 cc of maternal blood in properly labeled EDTA tube for MCC studies at no charge as needed.
DNA	DNA, Extracted	10 -15 ug	10 -15 ug	Ship at room temperature in an insulated container by overnight courier. Do not heat or freeze.	Minimal concentration of 50ng/uL; A260/A280 of ~1.7
SA	Saliva	See Special Notes	See Special Notes	Ship at room temperature in an insulated container by overnight courier. Do not heat or freeze.	Collected with Oragene DNA Self-Collection Kit.