

**PRENATAL COMPREHENSIVE REQUISITION**

**PATIENT INFORMATION (COMPLETE ONE FORM FOR EACH PERSON TESTED)**

Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY)

Address \_\_\_\_\_ Accession # \_\_\_\_\_ Hospital/ Medical Record # \_\_\_\_\_  
 Biological Sex:  M  F  Unknown

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Gender identity (if different from above): \_\_\_\_\_

**REPORTING RECIPIENTS**

Ordering Physician \_\_\_\_\_ Institution Name \_\_\_\_\_

Email (Required for International Clients) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**ADDITIONAL RECIPIENTS**

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ 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 \_\_\_\_\_

**INSURANCE**

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 \_\_\_\_\_

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

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal 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)                                   |  |

### SAMPLE

Date of Collection (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### SAMPLE TYPE

- Amniotic Fluid \_\_\_\_\_ cc  
 CVS \_\_\_\_\_ mg  TA  TC  
 Fetal Blood \_\_\_\_\_ cc  
 Cultured Amniocytes  
 Cultured CVS

Products of Conception (POC) and fetal tissue tests should be requested using the "Cytogenetics - Products of Conception Requisition", which can be found at BMGL.com.

#### GESTATIONAL INFORMATION \*

U/S Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gestational Age on U/S Date: \_\_\_\_\_ Weeks \_\_\_\_\_ Days

LMP Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* NOTE: U/S dating increases Amniotic Fluid Alpha Fetoprotein (AFAFP) and Acetylcholinesterase (AChE) performance.

#### PARENTAL BLOODS (REQUIRED FOR CHROMOSOMAL MICROARRAY ANALYSIS (CMA))

- Maternal Blood \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Collection (MM/DD/YY)  
 Paternal Blood \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Collection (MM/DD/YY)

NOTE: Parental bloods should be collected in an EDTA tube (5-7cc) and labeled with name and DOB.

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Paternal Last Name Paternal First Name Date of Birth (MM/DD/YY)

### INDICATION FOR TESTING (REQUIRED)

- Pregnancy at Risk for Specific Genetic Disorder (Complete Familial Mutation information to the right)  
 AMA  
 Abnormal Maternal Screen  
      NTD  TRI 21  TRI 18  Other: \_\_\_\_\_  
 Abnormal NIPT (attach report)  
      NTD  TRI 21  TRI 18  Other: \_\_\_\_\_  
 Abnormal U/S (Specify) \_\_\_\_\_  
 \_\_\_\_\_  
 Multiple Pregnancy Losses  
 Parental Concern  
 Other Indication (Attach Report and Specify)  
 \_\_\_\_\_

ICD-10 Diagnosis Code(s): \_\_\_\_\_

### KNOWN FAMILIAL MUTATION/DISORDER SPECIFIC PRENATAL TESTING

Note: Prior to ordering testing for any of the disorders listed, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor. Please call 713-798-6555.

Specimen Requirements/Order Discussed with: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Baylor Genetic Counselor \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

 Additional Cultures to be sent later:  YES  NO

Cultures will be sent from (Name of Laboratory): \_\_\_\_\_

Gene Name: \_\_\_\_\_ Baylor Genetics Family #: \_\_\_\_\_

Please mark corresponding gene related disorder on pages 4-13

 (REQUIRED) Attached Familial Mutation Report

NOTICE FOR PRENATAL BIOCHEMICAL AND DNA TESTS: Please be aware that our specimen requirements and quality control measures are compliant with the American College of Medical Genetics (ACMG) Standards and Guidelines for Clinical Genetics Laboratories. While these requirements are intended to provide the highest level of assurance that a single laboratory can offer, the ideal practice to assure the accuracy of prenatal diagnosis testing is through duplicate testing conducted by independent laboratories. We recommend that referring medical professionals make the necessary arrangements for these two independent analyses for their patients prior to performing the prenatal diagnostic procedure.

Physician/Counselor Acknowledgement: \_\_\_\_\_

### OTHER PRENATAL TESTING OPTIONS

IMPORTANT INSTRUCTIONS FOR CHROMOSOMAL MICROARRAY ANALYSIS (CMA): Parental Bloods (Draw 5-7cc in an EDTA tube) are required for CMA. Label with name, DOB, and complete Parental Bloods information above. \*Cultured Fetal Samples are not accepted for CMA + Limited Karyotype.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AF - AFP  | <input type="checkbox"/> COL1A1 & COL1A2-Related Disorders Panel (See pg 2)               | <input type="checkbox"/> Noonan Spectrum Disorders Panel (See pg 2)                      |
| <input type="checkbox"/> AChE  | <input type="checkbox"/> Expanded CMA   | <input type="checkbox"/> Targeted CMA  |
| <input type="checkbox"/> Aneuploidy FISH (24-48hrs for 13, 18, 21, X, Y) | <input type="checkbox"/> Expanded CMA + Limited Chromosome Karyotype (5 cell karyotype) * | <input type="checkbox"/> Targeted CMA + Limited Chromosome Analysis (5 cell karyotype) * |
| <input type="checkbox"/> Chromosome Analysis                             | * Cultured Fetal Samples are not accepted for CMA + Limited Karyotype.                    |  |

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### NOONAN SPECTRUM DISORDERS TESTING

This prenatal panel is intended for fetal samples with ultrasound findings suggestive of Noonan Spectrum Disorders. Please see the website for fetal specimen information.

 Specimen Requirements/Order Discussed with: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of Baylor Genetic Counselor Date (MM/DD/YY)

 Additional Cultures to be sent later:  YES  NO Cultures will be sent from (Name of Laboratory): \_\_\_\_\_

BIOLOGICAL PARENTS SAMPLES are required for fetal testing. Send 5-7 cc in EDTA. Be sure to label parental samples with full name and date of birth. If parental blood is also submitted for CMA, no additional blood is needed

 21401: **MOTHER (FULL NAME):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Maternal Last Name Maternal First Name MI Maternal Date of Birth (MM/DD/YY)

 Does this parent have features of Noonan Syndrome?  
 Asymptomatic  Symptomatic - Attach summary or findings or describe here: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Not Available  To Be Sent Later  
 Date of Collection (MM/DD/YY)

 21401: **FATHER (FULL NAME):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Paternal Last Name Paternal First Name MI Paternal Date of Birth (MM/DD/YY)

 Does this parent have features of Noonan Syndrome?  
 Asymptomatic  Symptomatic - Attach summary or findings or describe here: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Not Available  To Be Sent Later  
 Date of Collection (MM/DD/YY)

\* If parent samples are to be sent later, please include copy of this form with those samples.

### COL1A1 & COL1A2-RELATED DISORDERS TESTING

This prenatal panel is intended for fetal samples with ultrasound findings suggestive of COL1A1 &amp; COL1A2-Related Disorders. Please see the website for fetal specimen information.

 Specimen Requirements/Order Discussed with: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of Baylor Genetic Counselor Date (MM/DD/YY)

 Additional Cultures to be sent later:  YES  NO Cultures will be sent from (Name of Laboratory): \_\_\_\_\_

BIOLOGICAL PARENTS SAMPLES are required for fetal testing. Send 5-7 cc in EDTA. Be sure to label parental samples with full name and date of birth. If parental blood is also submitted for CMA, no additional blood is needed

 2626: **MOTHER (FULL NAME):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Maternal Last Name Maternal First Name MI Maternal Date of Birth (MM/DD/YY)

 Does this parent have features of COL1A1 & COL1A2-Related Disorders?  
 Asymptomatic  Symptomatic - Attach summary or findings or describe here: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Not Available  To Be Sent Later  
 Date of Collection (MM/DD/YY)

 2626: **FATHER (FULL NAME):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Paternal Last Name Paternal First Name MI Paternal Date of Birth (MM/DD/YY)

 Does this parent have features of COL1A1 & COL1A2-Related Disorders?  
 Asymptomatic  Symptomatic - Attach summary or findings or describe here: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Not Available  To Be Sent Later  
 Date of Collection (MM/DD/YY)

\* If parent samples are to be sent later, please include copy of this form with those samples.

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> 2-Methyl-3-Hydroxybutyryl-CoA Dehydrogenase Deficiency HSD17B10	<input type="checkbox"/> Autosomal Recessive Polycystic Kidney Disease PKHD1
<input type="checkbox"/> 3-Hydroxy-3-Methylglutaryl CoA lyase Deficiency HMGCL	<input type="checkbox"/> B4GALT7-Related Disorders
<input type="checkbox"/> 3-Hydroxy-3-Methylglutaryl-CoA Synthase 2 Deficiency HMGCS2	<input type="checkbox"/> BAG3-Related Disorders
<input type="checkbox"/> 3-Methylcrotonyl-CoA Carboxylase Deficiency, MCCC1-Related	<input type="checkbox"/> Bardet-Biedl Syndrome 1, BBS1
<input type="checkbox"/> 3-Methylcrotonyl-CoA Carboxylase Deficiency, MCCC2-Related	<input type="checkbox"/> Bardet-Biedl Syndrome 2, BBS2
<input type="checkbox"/> 3-Methylglutaconic Aciduria Type 1, AUH-Related	<input type="checkbox"/> Bardet-Biedl Syndrome 4, BBS4
<input type="checkbox"/> ABCA4-Related Disorders	<input type="checkbox"/> Bardet-Biedl Syndrome 5, BBS5
<input type="checkbox"/> ABCC8-Related Disorders (Diabetes Mellitus, Permanent Neonatal)	<input type="checkbox"/> Bardet-Biedl Syndrome 7, BBS7
<input type="checkbox"/> ACACA-Related Disorders	<input type="checkbox"/> Bardet-Biedl Syndrome 9, BBS9
<input type="checkbox"/> ACTA1-Related Disorders	<input type="checkbox"/> Bardet-Biedl Syndrome 10, BBS10
<input type="checkbox"/> Acute Myeloid Leukemia CEBPA	<input type="checkbox"/> Bardet-Biedl Syndrome 12, BBS12
<input type="checkbox"/> Acute Recurrent Myoglobinuria, LPIN1-Related	<input type="checkbox"/> Bardet-Biedl Syndrome 15, WDPCP
<input type="checkbox"/> Acyl-CoA Dehydrogenase, Short/Branched Chain Deficiency ACADSB	<input type="checkbox"/> Bardet-Biedl Syndrome, Modifier of, CCDC28B
<input type="checkbox"/> Adenine Phosphoribosyltransferase Deficiency APRT	<input type="checkbox"/> Bare Lymphocyte Syndrome Type I TAP1
<input type="checkbox"/> Adenosine Deaminase Deficiency	<input type="checkbox"/> Bare Lymphocyte Syndrome Type II RFX5
<input type="checkbox"/> Adenylosuccinase Deficiency ADSL	<input type="checkbox"/> Bare Lymphocyte Syndrome Type II, CGA, CIITA
<input type="checkbox"/> Adrenoleukodystrophy ABCD1	<input type="checkbox"/> Bare Lymphocyte Syndrome Type II, CGD, RFXAP
<input type="checkbox"/> AKT2-Related Disorders	<input type="checkbox"/> Barth Syndrome TAZ
<input type="checkbox"/> Alagille Syndrome JAG1	<input type="checkbox"/> Beta-Thalassaemia/Sickle Cell Anemia HBB
<input type="checkbox"/> Alpha-Mannosidosis MAN2B1	<input type="checkbox"/> BH4-Deficient Hyperphenylalaninemia A PTS
<input type="checkbox"/> ALPL-Related Disorders (Hypophosphatasia)	<input type="checkbox"/> Biotinidase Deficiency (BTD)
<input type="checkbox"/> AMACR-Related Disorders	<input type="checkbox"/> Bloom Syndrome BLM
<input type="checkbox"/> Androgen Insensitivity Syndrome AR	<input type="checkbox"/> BMPR1A-Related Disorders
<input type="checkbox"/> Angelman Syndrome UBE3A	<input type="checkbox"/> BRCA1-Related Disorders
<input type="checkbox"/> ANO5-Related Disorders	<input type="checkbox"/> BRCA2-Related Disorders
<input type="checkbox"/> APC-Associated Polyposis Conditions	<input type="checkbox"/> Breast Cancer BARD1
<input type="checkbox"/> Arginase Deficiency ARG1	<input type="checkbox"/> Breast-Ovarian Cancer RAD51D
<input type="checkbox"/> Argininosuccinate Lyase Deficiency (Argininosuccinic Aciduria) ASL	<input type="checkbox"/> BRIP1-Related Disorders
<input type="checkbox"/> ARL6-Related Disorders	<input type="checkbox"/> BCS1L-Related Disorders (Complex III Deficiency; GRACILE Syndrome)
<input type="checkbox"/> ARSACS SACS	<input type="checkbox"/> Buschke-Ollendorff Syndrome LEMD3
<input type="checkbox"/> Arylsulfatase A Deficiency (Metachromatic Leukodystrophy) ARSA	<input type="checkbox"/> C10orf2/TWINKLE-Related Disorders
<input type="checkbox"/> ARX-Related Disorders	<input type="checkbox"/> Camurati-Engelmann Disease TGFB1
<input type="checkbox"/> Aspartylglycosaminuria AGA	<input type="checkbox"/> Canavan Disease ASPA
<input type="checkbox"/> Ataxia, early-onset, with oculomotor apraxia and hypoalbuminemia APTX	<input type="checkbox"/> Carbamoyl Phosphate Synthetase I Deficiency CPS1
<input type="checkbox"/> Ataxia, Telangiectasia-like Disorder MRE11A	<input type="checkbox"/> Cardiofaciocutaneous Syndrome BRAF
<input type="checkbox"/> Ataxia with Vitamin E Deficiency TTPA	<input type="checkbox"/> Carnitine-Acylcarnitine Translocase Deficiency SLC25A20 (CACT)
<input type="checkbox"/> Atelosteogenesis Type 2 (SLC26A2-Related Disorders) SLC26A2 (DTDST)	<input type="checkbox"/> Carnitine Deficiency, Systemic SLC22A5 (OCTN2)
<input type="checkbox"/> ATM-Related Disorders (Ataxia-Telangiectasia)	<input type="checkbox"/> Carnitine Palmitoyltransferase IA Deficiency CPT1A
<input type="checkbox"/> ATP5A1-Related Disorders	<input type="checkbox"/> Carnitine Palmitoyltransferase II Deficiency CPT2
<input type="checkbox"/> ATP6V0A2-Related Disorders	<input type="checkbox"/> CASP8-Related Disorders
<input type="checkbox"/> Autoimmune Polyendocrinopathy 1 (APECED) AIRE	<input type="checkbox"/> CAV3-Related Disorders
<input type="checkbox"/> Autosomal Recessive Congenital Ichthyosis, TGM1-Related	<input type="checkbox"/> CD8 Deficiency, Familial CD8A

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> CDC73 -Related Disorders	<input type="checkbox"/> Complex I Deficiency, NDUFA11-Related
<input type="checkbox"/> CDH1-Related Disorders	<input type="checkbox"/> Complex I Deficiency, NDUFAF1-Related
<input type="checkbox"/> CDH23-Related Disorders (Usher Syndrome 1D)	<input type="checkbox"/> Complex I Deficiency, NDUFAF2-Related
<input type="checkbox"/> CDKL5-Related Disorders	<input type="checkbox"/> Complex I Deficiency, NDUFAF3-Related
<input type="checkbox"/> CDKN1C-Related Disorders	<input type="checkbox"/> Complex I Deficiency, NDUF8-Related
<input type="checkbox"/> CDKN2A-Related Disorders	<input type="checkbox"/> Complex I Deficiency, NDUF81-Related
<input type="checkbox"/> Centronuclear Myopathy MTMR14	<input type="checkbox"/> Complex I Deficiency, NDUF83-Related
<input type="checkbox"/> Centronuclear Myopathy 3 MYF6	<input type="checkbox"/> Complex I Deficiency, NDUF84-Related
<input type="checkbox"/> Centronuclear Myopathy 4 CCDC78	<input type="checkbox"/> Complex I Deficiency, NDUF86-Related
<input type="checkbox"/> Centronuclear Myopathy, Autosomal Recessive BIN1	<input type="checkbox"/> Complex I Deficiency, NDUF88-Related
<input type="checkbox"/> Cerebrotendinous Xanthomatosis CYP27A1	<input type="checkbox"/> Complex I Deficiency, NDUFV1-Related
<input type="checkbox"/> CFTR-Related Disorders (Cystic Fibrosis)	<input type="checkbox"/> Complex I Deficiency, NUBPL-Related
<input type="checkbox"/> CHD7-Related Disorders (CHARGE Syndrome)	<input type="checkbox"/> Complex II Deficiency, SDHA-Related
<input type="checkbox"/> Chediak-Higashi Syndrome LYST	<input type="checkbox"/> Complex II Deficiency, SDHAF1-Related
<input type="checkbox"/> CHEK2-Related Disorders	<input type="checkbox"/> Complex II Deficiency, SDHB-Related
<input type="checkbox"/> CHRNA1-Related Disorders	<input type="checkbox"/> Complex III Deficiency, TTC19-Related
<input type="checkbox"/> CHRNA7-Related Disorders	<input type="checkbox"/> Complex IV (COX) Deficiency, COX4I1-Related
<input type="checkbox"/> CHRN1-Related Disorders	<input type="checkbox"/> Complex IV (COX) Deficiency, COX10-Related
<input type="checkbox"/> CHRND-Related Disorders	<input type="checkbox"/> Complex IV (COX) Deficiency, SCO1-Related
<input type="checkbox"/> Citrin Deficiency SLC25A13 (CTLN2)	<input type="checkbox"/> Complex IV (COX) Deficiency, SCO2-Related
<input type="checkbox"/> Citrullinemia I ASS1	<input type="checkbox"/> Complex IV (COX) Deficiency, SURF1-Related
<input type="checkbox"/> Cleidocranial Dysplasia RUNX2	<input type="checkbox"/> Complex IV (COX) Deficiency, TACO1-Related
<input type="checkbox"/> CLRN1-Related Disorders (Usher Syndrome 3A; Retinitis Pigmentosa)	<input type="checkbox"/> Complex V Deficiency, ATP5E-Related
<input type="checkbox"/> Coenzyme Q10 Deficiency ADCK3(CABC1)	<input type="checkbox"/> Compton-North Congenital Myopathy CNTN1
<input type="checkbox"/> Coenzyme Q10 Deficiency COQ2	<input type="checkbox"/> Cone-rod Dystrophy 15 CDHR1
<input type="checkbox"/> Coenzyme Q10 Deficiency COQ6	<input type="checkbox"/> Congenital Adrenal Hyperplasia CYP11B1
<input type="checkbox"/> Coenzyme Q10 Deficiency PDSS2	<input type="checkbox"/> Congenital Adrenal Hyperplasia CYP17A1
<input type="checkbox"/> COG6-Related Disorders	<input type="checkbox"/> Congenital Amegakaryocytic Thrombocytopenia MPL
<input type="checkbox"/> COL1A1-Related Disorders	<input type="checkbox"/> Congenital Bile Acid Synthesis Defect 2 AKR1D1
<input type="checkbox"/> COL1A2-Related Disorders	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1A, PMM2-Related
<input type="checkbox"/> COL2A1-Related Disorders	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1B, MPI-Related
<input type="checkbox"/> COL6A1-Related Disorders	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1C, ALG6-Related
<input type="checkbox"/> COL6A2-Related Disorders	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1D, ALG3-Related
<input type="checkbox"/> COL6A3-Related Disorders	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1F, MPDU1-Related
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 1, GFM1-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1G, ALG12-Related
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 3, TSFM-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1H, ALG8-Related
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 5, MRPS22-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1K, ALG1-Related
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 7, C12orf65-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1L, ALG9-Related
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 8, AARS2-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1M, DOLK-Related
<input type="checkbox"/> Complex I Deficiency, ACAD9-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1P, ALG11-Related
<input type="checkbox"/> Complex I Deficiency, FOXRED1-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1R, DDOST-Related
<input type="checkbox"/> Complex I Deficiency, NDUFA1-Related	<input type="checkbox"/> Congenital Disorders of Glycosylation CDG1S, ALG13-Related

## PRENATAL COMPREHENSIVE REQUISITION

Fetus of:

 \_\_\_\_\_  
 Patient Last Name

 \_\_\_\_\_  
 Patient First Name

 \_\_\_\_\_  
 MI

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Maternal Date of Birth (MM/DD/YY)

 \_\_\_\_\_  
 Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG1U, DPM2-Related	<input type="checkbox"/>	Desmoplastic Medulloblastoma SUFU
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG1V, NGLY1-Related	<input type="checkbox"/>	DES-Related Disorders
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2B, MOGS-Related	<input type="checkbox"/>	DGUOK Sequence Analysis
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2C, SLC35C1 (FUCT1)-Related	<input type="checkbox"/>	Diamond-Blackfan Anemia RPS19
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2D, B4GALT1-Related	<input type="checkbox"/>	Digenic Fascioscapulothoracic Muscular Dystrophy 2 SMCHD1
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2E, COG7-Related	<input type="checkbox"/>	DiGeorge Syndrome TBX1
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2F, SLC35A1 (CST)-Related	<input type="checkbox"/>	Dihydroipoamide Dehydrogenase Deficiency DLD
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2G, COG1-Related	<input type="checkbox"/>	Dihydropyrimidine Dehydrogenase Deficiency DPYD
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2H, COG8-Related	<input type="checkbox"/>	DNM2-Related Disorders
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2I, COG5-Related	<input type="checkbox"/>	DOCK8-Related Disorders
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2J, COG4-Related	<input type="checkbox"/>	DPAGT1-Related Disorders
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2K, TMEM165-Related	<input type="checkbox"/>	DYSF-Related Disorders
<input type="checkbox"/>	Congenital Disorders of Glycosylation CDG2M, SLC35A2 (UGALT)-Related	<input type="checkbox"/>	Dystrophinopathies (Duchenne/Becker) DMD
<input type="checkbox"/>	Congenital Generalized Lipodystrophy Type 4 PTRF	<input type="checkbox"/>	Early-Onset Distal Myopathy KLHL9
<input type="checkbox"/>	Congenital Muscular Dystrophy due to ITGA7 Deficiency ITGA7	<input type="checkbox"/>	Early-Onset Myopathy, Areflexia, Respiratory Distress, and Dysphagia (EMARDD) MEGF10
<input type="checkbox"/>	Congenital Muscular Dystrophy, Megaconial Type CHKB	<input type="checkbox"/>	Ehlers-Danlos Syndrome, Classic Type COL5A1
<input type="checkbox"/>	Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 8 POMGNT2	<input type="checkbox"/>	Ehlers-Danlos Syndrome, Classic Type COL5A2
<input type="checkbox"/>	Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 10 TMEM5	<input type="checkbox"/>	Ehlers-Danlos Syndrome, Kyphoscoliotic form PLOD1
<input type="checkbox"/>	Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 11 B3GALNT2	<input type="checkbox"/>	Ehlers-Danlos Syndrome Type IV COL3A1
<input type="checkbox"/>	Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 12 POMK	<input type="checkbox"/>	Ehlers-Danlos Syndrome, Spondylocheiro Dysplastic Form SLC39A13 (ZnT)
<input type="checkbox"/>	Congenital Myasthenia with Tubular Aggregates 1 GFPT1	<input type="checkbox"/>	Emery-Dreifuss Muscular Dystrophy 1, X-Linked EMD
<input type="checkbox"/>	Congenital Myasthenic Syndrome, AGRN-Related	<input type="checkbox"/>	Emery-Dreifuss Muscular Dystrophy 5, Autosomal Dominant SYNE2
<input type="checkbox"/>	Congenital Myasthenic Syndrome, ALG14-Related	<input type="checkbox"/>	Endplate Acetylcholinesterase Deficiency COLQ
<input type="checkbox"/>	Congenital Myasthenic Syndrome, CHAT-Related	<input type="checkbox"/>	Epileptic Encephalopathy, Early Infantile, Type 4 STXBP1
<input type="checkbox"/>	Congenital Myasthenic Syndrome, CHRNE-Related	<input type="checkbox"/>	Epileptic Encephalopathy, Early Infantile, Type 7 KCNQ2
<input type="checkbox"/>	Congenital Myasthenic Syndrome, DOK7-Related	<input type="checkbox"/>	Erythrocytic AMP Deaminase Deficiency AMPD3
<input type="checkbox"/>	Congenital Myasthenic Syndrome, RAPSN-Related	<input type="checkbox"/>	Ethylmalonic Encephalopathy ETHE1
<input type="checkbox"/>	Congenital Myopathy PTPLA	<input type="checkbox"/>	Exudative Vitreoretinopathy 5 TSPAN12
<input type="checkbox"/>	Costello Syndrome HRAS	<input type="checkbox"/>	Fabry Disease GLA
<input type="checkbox"/>	COX15-Related Disorders	<input type="checkbox"/>	FAM20C-Related Disorders
<input type="checkbox"/>	CP-Related Disorders	<input type="checkbox"/>	Familial Dysautonomia IKBKAP
<input type="checkbox"/>	CPT1B-Related Disorders	<input type="checkbox"/>	Fanconi Anaemia FANCC
<input type="checkbox"/>	Creatine Transporter (CRTR) Deficiency SLC6A8 (CT1)	<input type="checkbox"/>	Fanconi Anemia, CGN, PALB2
<input type="checkbox"/>	Crigler-Najjar Syndrome UGT1A1	<input type="checkbox"/>	Fanconi Anemia, CGO, RAD51C
<input type="checkbox"/>	CRYAB-Related Disorders	<input type="checkbox"/>	Fanconi-Bickel Syndrome SLC2A2 (GLUT2)
<input type="checkbox"/>	Cutaneous Malignant Melanoma 3 CDK4	<input type="checkbox"/>	FARS2-Related Disorders
<input type="checkbox"/>	CYP1B1-Related Disorders (Primary Congenital Glaucoma)	<input type="checkbox"/>	FASTKD2-Related Disorders
<input type="checkbox"/>	Cystinosis CTNS	<input type="checkbox"/>	FBN1-Related Disorders
<input type="checkbox"/>	Danon Disease LAMP2	<input type="checkbox"/>	FH-Related Disorders
<input type="checkbox"/>	Deafness-Dystonia-Optic Neuropathy TIMM8A	<input type="checkbox"/>	FHL1-Related Disorders
		<input type="checkbox"/>	Fibrodysplasia Ossificans Progressiva ACVR1

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> FLNC-Related Disorders	<input type="checkbox"/> Glycogen Storage Disease Type XV GYG1
<input type="checkbox"/> FKRP-Related Disorders	<input type="checkbox"/> GMPPB-Related Disorders
<input type="checkbox"/> FLCN -Related Disorders	<input type="checkbox"/> GNE-Related Disorders (Inclusion Body Myopathy Type 2)
<input type="checkbox"/> FMR1-Related Disorders (Fragile X)	<input type="checkbox"/> GPC3-Related Disorders
<input type="checkbox"/> Focal Dermal Hypoplasia PORCN	<input type="checkbox"/> Gyrate Atrophy of Choroid and Retina OAT
<input type="checkbox"/> FOXF1-Related Disorders	<input type="checkbox"/> HADH-Related Disorders
<input type="checkbox"/> Fructose 1,6 Bisphosphatase Deficiency FBP1	<input type="checkbox"/> HADHA-Related Disorders (LCHAD Deficiency)
<input type="checkbox"/> Fukuyama Congenital Muscular Dystrophy FKTN	<input type="checkbox"/> HADHB-Related Disorders
<input type="checkbox"/> FZD4-Related Disorders	<input type="checkbox"/> HARS2-Related Disorders
<input type="checkbox"/> Galactosemia GALE	<input type="checkbox"/> Hearing Loss and Deafness, Nonsyndromic, GJB2-Related
<input type="checkbox"/> Galactosemia GALT	<input type="checkbox"/> Hearing Loss, X-Linked Nonsyndromic, POU3F4
<input type="checkbox"/> Galactokinase Deficiency GALK1	<input type="checkbox"/> Hemochromatosis Type 1 HFE
<input type="checkbox"/> GAMT Deficiency GAMT	<input type="checkbox"/> Hemochromatosis Type 2A HFE2
<input type="checkbox"/> GATA2-Related Disorders	<input type="checkbox"/> Hemochromatosis Type 2B HAMP
<input type="checkbox"/> GATA6-Related Disorders	<input type="checkbox"/> Hemochromatosis Type 3 TFR2
<input type="checkbox"/> GATM Deficiency (Arginine:Glycine Amidinotransferase Deficiency) GATM	<input type="checkbox"/> Hemochromatosis Type 4 SLC40A1 (HFE4)
<input type="checkbox"/> Gaucher Disease GBA	<input type="checkbox"/> Hemophagocytic Lymphohistiocytosis 3, Familial, UNC13D
<input type="checkbox"/> GBE1-Related Disorders	<input type="checkbox"/> Hemophagocytic Lymphohistiocytosis 4, Familial, STX11
<input type="checkbox"/> GCK -Related Disorders	<input type="checkbox"/> Hemophagocytic Lymphohistiocytosis 5, Familial, STXBP2
<input type="checkbox"/> GJB2-Related Hearing Loss and Deafness	<input type="checkbox"/> Hereditary Fructose Intolerance ALDOB
<input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase Deficiency G6PD	<input type="checkbox"/> Hereditary Hemorrhagic Telangiectasia Type 1 ENG
<input type="checkbox"/> Glucose Transporter Type 1 Deficiency Syndrome SLC2A1 (GLUT1)	<input type="checkbox"/> Hereditary Motor and Sensory Neuropathy with Agenesis of the Corpus Callosum SLC12A6 (KCC3A)
<input type="checkbox"/> Glutaric Acidemia Type 1 GCDH	<input type="checkbox"/> Herlitz Junctional Epidermolysis Bullosa, LAMA3-Related
<input type="checkbox"/> Glutaric Acidemia Type 3 C7orf10	<input type="checkbox"/> Herlitz Junctional Epidermolysis Bullosa, LAMB3-Related
<input type="checkbox"/> Glycine Encephalopathy AMT	<input type="checkbox"/> Herlitz Junctional Epidermolysis Bullosa, LAMC2-Related
<input type="checkbox"/> Glycogen Storage Disease Type 0, Liver Isoform GYS2	<input type="checkbox"/> Hermansky-Pudlak Syndrome 1 HPS1
<input type="checkbox"/> Glycogen Storage Disease Type 0, Muscle Isoform GYS1	<input type="checkbox"/> Hermansky-Pudlak Syndrome 2 AP3B1
<input type="checkbox"/> Glycogen Storage Disease Type 1a G6PC	<input type="checkbox"/> Hermansky-Pudlak Syndrome 3 HPS3
<input type="checkbox"/> Glycogen Storage Disease Type 1 (b, c, d) SLC37A4 (GSD1B)	<input type="checkbox"/> Hermansky-Pudlak Syndrome 4 HPS4
<input type="checkbox"/> Glycogen Storage Disease Type II (Pompe Disease) GAA	<input type="checkbox"/> Hermansky-Pudlak Syndrome 5 HPS5
<input type="checkbox"/> Glycogen Storage Disease Type III AGL	<input type="checkbox"/> Hermansky-Pudlak Syndrome 6 HPS6
<input type="checkbox"/> Glycogen Storage Disease Type V PYGM	<input type="checkbox"/> Hermansky-Pudlak Syndrome 7 DTNBP1
<input type="checkbox"/> Glycogen Storage Disease Type VI PYGL	<input type="checkbox"/> Hermansky-Pudlak Syndrome 8 BLOC1S3
<input type="checkbox"/> Glycogen Storage Disease Type VII PFKM	<input type="checkbox"/> HNF1A-Related Disorders
<input type="checkbox"/> Glycogen Storage Disease Type IX PHKA1	<input type="checkbox"/> HNF1B-Related Disorders
<input type="checkbox"/> Glycogen Storage Disease Type IX PHKA2	<input type="checkbox"/> HNRNPA1-Related Disorders
<input type="checkbox"/> Glycogen Storage Disease Type IX PHKB	<input type="checkbox"/> Holocarboxylase Synthetase Deficiency HLCS
<input type="checkbox"/> Glycogen Storage Disease Type IX PHKG2	<input type="checkbox"/> Homocystinuria Caused by Cystathionine Beta-Synthase Deficiency CBS
<input type="checkbox"/> Glycogen Storage Disease Type X PGAM2	<input type="checkbox"/> HPD Related Disorders HPD
<input type="checkbox"/> Glycogen Storage Disease Type XI LDHA	<input type="checkbox"/> HSD17B4-Related Disorders (D-Bifunctional Protein Deficiency)
<input type="checkbox"/> Glycogen Storage Disease Type XIII ENO3	<input type="checkbox"/> Huntington Disease
<input type="checkbox"/> Glycogen Storage Disease Type XIV PGM1	

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> Hyperinsulinism-Hyperammonemia Syndrome GLUD1	<input type="checkbox"/> LDB3-Related Disorders
<input type="checkbox"/> Hypermethioninemia GNMT	<input type="checkbox"/> Leber Congenital Amaurosis, AIPL1-Related
<input type="checkbox"/> Hypermethioninemia with S-Adenosylhomocysteine Hydrolase Deficiency AHCY	<input type="checkbox"/> Leber Congenital Amaurosis, CABP4-Related
<input type="checkbox"/> Hyperornithinemia-Hyperammonemia-Homocitrullinuria (HHH) Syndrome SLC25A15 (HHH)	<input type="checkbox"/> Leber Congenital Amaurosis, CEP290-Related
<input type="checkbox"/> Hyperprolinemia Type II ALDH4A1	<input type="checkbox"/> Leber Congenital Amaurosis, CRB1-Related
<input type="checkbox"/> Hypophosphatemic Nephrolithiasis/Osteoporosis, 1 SLC34A1 (NPT2)	<input type="checkbox"/> Leber Congenital Amaurosis, CRX-Related
<input type="checkbox"/> Hypothyroidism, Congenital, IYD	<input type="checkbox"/> Leber Congenital Amaurosis, GUCY2D-Related
<input type="checkbox"/> Ichthyosis, X-Linked (STS Deficiency) FISH	<input type="checkbox"/> Leber Congenital Amaurosis, IMPDH1-Related
<input type="checkbox"/> Ichthyosis, X-Linked BIOCHEMICAL	<input type="checkbox"/> Leber Congenital Amaurosis, IQCB1-Related
<input type="checkbox"/> IKBKG-Related Disorders	<input type="checkbox"/> Leber Congenital Amaurosis, LCA5-Related
<input type="checkbox"/> IKZF1-Related Disorders	<input type="checkbox"/> Leber Congenital Amaurosis, LRAT-Related
<input type="checkbox"/> Immunodeficiency Type 8 CORO1A	<input type="checkbox"/> Leber Congenital Amaurosis, RDH12-Related
<input type="checkbox"/> Immunodeficiency Type 9 ORAI1	<input type="checkbox"/> Leber Congenital Amaurosis, RPE65-Related
<input type="checkbox"/> Immunodeficiency Type 17 CD3G	<input type="checkbox"/> Leber Congenital Amaurosis, RPGRIP1-Related
<input type="checkbox"/> Immunodeficiency Type 18 CD3E	<input type="checkbox"/> Leber Congenital Amaurosis, SPATA7-Related
<input type="checkbox"/> Immunodeficiency Type 19 CD3D	<input type="checkbox"/> Leber Congenital Amaurosis, TULP1-Related
<input type="checkbox"/> Immunodeficiency Type 22 LCK	<input type="checkbox"/> Leigh Syndrome, French-Canadian Type LRPPRC
<input type="checkbox"/> Immunodysregulation, Polyendocrinopathy, and Enteropathy, X-linked FOXP3	<input type="checkbox"/> Lesch-Nyhan Disease HPRT
<input type="checkbox"/> Inclusion Body Myopathy 3 MYH2	<input type="checkbox"/> Lethal Encephalopathy -Due to defective mitochondrial peroxisomal fission DNM1L
<input type="checkbox"/> Inclusion Body Myopathy with Early-Onset Paget Disease with or without Frontotemporal Dementia 2 HNRNPA2B1	<input type="checkbox"/> Leukemia, Acute Lymphoblastic PAX5
<input type="checkbox"/> INS-Related Disorders	<input type="checkbox"/> Leukoencephalopathy (LBSL), DARS2-Related
<input type="checkbox"/> INSR-Related Disorders	<input type="checkbox"/> Leukoencephalopathy (VWM), EIF2B5-Related
<input type="checkbox"/> Intermediate Charcot-Marie-Tooth Neuropathy, KARS-Related	<input type="checkbox"/> Leukoencephalopathy with Dystonia and Motor Neuropathy SCP2
<input type="checkbox"/> Intrahepatic Cholestasis 1, Progressive Familial (PFIC1) ATP8B1	<input type="checkbox"/> LIG4-Related Disorders
<input type="checkbox"/> Intrahepatic Cholestasis 2, Progressive Familial (PFIC2) ABCB11	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 1E DNAJB6
<input type="checkbox"/> Intrahepatic Cholestasis 3, Progressive Familial (PFIC3) ABCB4	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 1F TNPO3
<input type="checkbox"/> Intrinsic Factor Deficiency GIF	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 2A CAPN3
<input type="checkbox"/> Isobutyryl-CoA Dehydrogenase Deficiency ACAD8	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 2C SGCG
<input type="checkbox"/> Isovaleric Acidemia IVD	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 2D SGCA
<input type="checkbox"/> ISPD-Related Disorders	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 2E SGCB
<input type="checkbox"/> Joubert Syndrome TMEM216	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy Type 2S TRAPP11
<input type="checkbox"/> KCNJ11-Related Disorders	<input type="checkbox"/> Liver Failure, Acute Infantile TRMU
<input type="checkbox"/> Ketothiolase Deficiency ACAT1	<input type="checkbox"/> LMNA-Related Disorders
<input type="checkbox"/> KIF11-Related Disorders	<input type="checkbox"/> Lowe Syndrome OCRL1
<input type="checkbox"/> Krabbe Disease GALC	<input type="checkbox"/> LRP5-Related Disorders
<input type="checkbox"/> LAMA2-Related Disorders	<input type="checkbox"/> Lymphoproliferative Syndrome 1 ITK
<input type="checkbox"/> LAMB2-Related Disorders	<input type="checkbox"/> Lymphoproliferative Syndrome 1, X-linked, SH2D1A
<input type="checkbox"/> LARGE-Related Disorders	<input type="checkbox"/> Lymphoproliferative Syndrome 2, X-linked, XIAP
<input type="checkbox"/> LARS2-Related Disorders	<input type="checkbox"/> Lysinuric Protein Intolerance SLC7A7 (LAT1)
<input type="checkbox"/> LCAD Deficiency ACADL	<input type="checkbox"/> Malabsorptive Congenital Diarrhea 4 NEUROG3
	<input type="checkbox"/> Malonic & Methylmalonic Aciduria, Combined ACSF3



## PRENATAL COMPREHENSIVE REQUISITION

Fetus of:

 \_\_\_\_\_  
 Patient Last Name

 \_\_\_\_\_  
 Patient First Name

 \_\_\_\_\_  
 MI

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Maternal Date of Birth (MM/DD/YY)

 \_\_\_\_\_  
 Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> Maple Syrup Urine Disease Type 1A BCKDHA	<input type="checkbox"/> mtDNA Depletion Syndrome, Myopathic RRM2B
<input type="checkbox"/> Maple Syrup Urine Disease Type 1B BCKDHB	<input type="checkbox"/> mtDNA Depletion Syndrome, Myopathic SUCLA2
<input type="checkbox"/> Maple Syrup Urine Disease Type 2 DBT	<input type="checkbox"/> mtDNA Depletion Syndrome, Myopathic TK2
<input type="checkbox"/> MARS2-Related Disorders	<input type="checkbox"/> Mucopolipidosis IV MCOLN1
<input type="checkbox"/> Maturity-Onset Diabetes of the Young (MODY) Type I HNF4A	<input type="checkbox"/> Mucopolysaccharidosis Type I IDUA
<input type="checkbox"/> Maturity-Onset Diabetes of the Young (MODY) Type II BLK	<input type="checkbox"/> Mucopolysaccharidosis Type II IDS
<input type="checkbox"/> Maturity-Onset Diabetes of the Young (MODY) Type VI NEUROD1	<input type="checkbox"/> Mucopolysaccharidosis Type IIIA (Sanfilippo Syndrome A) SGSH
<input type="checkbox"/> Maturity-Onset Diabetes of the Young (MODY) Type VII KLF11	<input type="checkbox"/> Mucopolysaccharidosis Type IVA GALNS
<input type="checkbox"/> MCAD Deficiency ACADM	<input type="checkbox"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFA
<input type="checkbox"/> MECP2-Related Disorders (Rett)	<input type="checkbox"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFB
<input type="checkbox"/> Megalencephalic Leukoencephalopathy with Subcortical Cysts, MLC1-Related	<input type="checkbox"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFDH
<input type="checkbox"/> Menkes Disease ATP7A	<input type="checkbox"/> Multiple Intestinal Atresia TTC7A
<input type="checkbox"/> MET-Related Disorders	<input type="checkbox"/> Muscle-Eye-Brain Disease POMGNT1
<input type="checkbox"/> Methylcobalamin Deficiency, cblE Type MTRR	<input type="checkbox"/> Muscular Dystrophy-Dystroglycanopathy 9 (Limb-Girdle) Type C DAG1
<input type="checkbox"/> Methylcobalamin Deficiency, cblG Type MTR	<input type="checkbox"/> MYBPC3 -Related Disorders
<input type="checkbox"/> Methylmalonic Acidemia, MCEE-Related	<input type="checkbox"/> MYH7 -Related Disorders
<input type="checkbox"/> Methylmalonic Acidemia, MMAA-Related	<input type="checkbox"/> MYO7A-Related Disorders (Usher Syndrome 1B)
<input type="checkbox"/> Methylmalonic Acidemia, MMAB-Related	<input type="checkbox"/> Myoclonic Dystonia-11 SGCE
<input type="checkbox"/> Methylmalonic Acidemia, MMADHC-Related	<input type="checkbox"/> Myopathy due to Myoadenylate Deaminase Deficiency AMPD1
<input type="checkbox"/> Methylmalonic Acidemia, MUT-Related	<input type="checkbox"/> Myopathy with Deficiency of ISCU
<input type="checkbox"/> Methylmalonic Acidemia and Homocysteinemia, cblX Type HCFC1	<input type="checkbox"/> MYOT Related Disorders MYOT
<input type="checkbox"/> Methylmalonic Aciduria and Homocystinuria, cblF Type LMBRD1	<input type="checkbox"/> Myotonic Dystrophy Type 1
<input type="checkbox"/> Methylmalonic Aciduria due to Transcobalamin Receptor Defect CD320	<input type="checkbox"/> Myotubular Myopathy, X-linked MTM1
<input type="checkbox"/> MHC Class II Deficiency, CGB, RFXANK	<input type="checkbox"/> N-Acetylglutamate Synthase Deficiency NAGS
<input type="checkbox"/> Microcephaly, Epilepsy, and Diabetes Syndrome IER3IP1	<input type="checkbox"/> Nail-Patella Syndrome LMX1B
<input type="checkbox"/> Microphthalmia, Isolated 5, Disorder MFRP	<input type="checkbox"/> NARS2-Related Disorders
<input type="checkbox"/> Mitchell-Riley Syndrome RFX6	<input type="checkbox"/> Native American Myopathy STAC3
<input type="checkbox"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 1 PUS1	<input type="checkbox"/> NBN-Related Disorders (Nijmegen Breakage Syndrome)
<input type="checkbox"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 2 YARS2	<input type="checkbox"/> NDP-Related Disorders
<input type="checkbox"/> Mitochondrial Progressive Myopathy with Congenital Cataract, Hearing Loss, and Developmental Delay GFER	<input type="checkbox"/> Nemaline Myopathy Amish Type 5 TNNT1
<input type="checkbox"/> MKKS-Related Disorders	<input type="checkbox"/> Nemaline Myopathy, Autosomal Dominant 6 KBTBD13
<input type="checkbox"/> MKS1-Related Disorders	<input type="checkbox"/> Nemaline Myopathy, Autosomal Recessive 2 NEB
<input type="checkbox"/> MMACHC (cblC) -Related Disorders (Methylmalonic Aciduria and Homocystinuria, cblC Type)	<input type="checkbox"/> Nemaline Myopathy, Autosomal Recessive 7 CFL2
<input type="checkbox"/> MNGIE Syndrome TYMP	<input type="checkbox"/> Nemaline Myopathy, Autosomal Recessive 8 KLHL40
<input type="checkbox"/> Molybdenum Cofactor Deficiency MOCS1	<input type="checkbox"/> Neonatal Diabetes Mellitus with Congenital Hypothyroidism GLIS3
<input type="checkbox"/> Molybdenum Cofactor Deficiency MOCS2	<input type="checkbox"/> Nephronophthisis 2, Infantile INVS
<input type="checkbox"/> MPV17-Related Disorders	<input type="checkbox"/> Nephrotic Syndrome Type 1 NPHS1
<input type="checkbox"/> MRPL44-Related Disorders	<input type="checkbox"/> Nephrotic Syndrome Type 2 NPHS2
<input type="checkbox"/> MTFMT-Related Disorders	<input type="checkbox"/> Neuroblastoma ALK
<input type="checkbox"/> mtDNA Depletion Syndrome 13, Encephalomyopathic Type FBXL4	<input type="checkbox"/> Neuronal Ceroid Lipofuscinosis, CLN3-Related
<input type="checkbox"/> mtDNA Depletion Syndrome, Encephalomyopathic Form SUCLG2	<input type="checkbox"/> Neuronal Ceroid Lipofuscinosis, CLN5-Related
	<input type="checkbox"/> NF2-Related Disorders

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> Niemann-Pick Disease Type A SMPD1	<input type="checkbox"/> PCDH19-Related X-Linked Female-Limited Epilepsy w/MR
<input type="checkbox"/> Niemann-Pick Disease Type C NPC1	<input type="checkbox"/> PDH Complex Deficiency DLAT
<input type="checkbox"/> Niemann-Pick Disease Type C NPC2	<input type="checkbox"/> PDH Complex Deficiency PDHA1
<input type="checkbox"/> Nijmegen Breakage Syndrome-like Disorder RAD50	<input type="checkbox"/> PDH Complex Deficiency PDHB
<input type="checkbox"/> Non-Polyposis Colorectal Cancer PMS1	<input type="checkbox"/> PDH Complex Deficiency PDHX
<input type="checkbox"/> Noonan Syndrome CBL	<input type="checkbox"/> PDH Complex Deficiency PDP1
<input type="checkbox"/> Noonan Syndrome KRAS	<input type="checkbox"/> PDX1-Related Disorders PDX1
<input type="checkbox"/> Noonan Syndrome NRAS	<input type="checkbox"/> Pelizaeus-Merzbacher-Like Disease GJC2
<input type="checkbox"/> Noonan Syndrome PTPN11	<input type="checkbox"/> Pendred Syndrome SLC26A4 (PENDRIN)
<input type="checkbox"/> Noonan Syndrome RAF1	<input type="checkbox"/> Permanent Neonatal Diabetes Mellitus with Cerebellar Agenesis PTF1A
<input type="checkbox"/> Noonan Syndrome RIT1	<input type="checkbox"/> Peroxisomal Acyl-CoA Oxidase Deficiency ACOX1
<input type="checkbox"/> Noonan Syndrome SOS1	<input type="checkbox"/> Peroxisome Biogenesis Disorder 1 PEX1 (Zellweger Spectrum Disorders)
<input type="checkbox"/> Noonan-like Syndrome SHOC2	<input type="checkbox"/> Peroxisome Biogenesis Disorder 2 PEX5
<input type="checkbox"/> NPHP1-Related Disorders	<input type="checkbox"/> Peroxisome Biogenesis Disorder 3 PEX12
<input type="checkbox"/> NPHP3-Related Disorders	<input type="checkbox"/> Peroxisome Biogenesis Disorder 4 PEX6
<input type="checkbox"/> NPHP4-Related Disorders	<input type="checkbox"/> Peroxisome Biogenesis Disorder 5 PEX2
<input type="checkbox"/> Nuclear Encoded ATPase Deficiency TMEM70	<input type="checkbox"/> Peroxisome Biogenesis Disorder 6 PEX10
<input type="checkbox"/> Oculocutaneous Albinism Type 1 TYR	<input type="checkbox"/> Peroxisome Biogenesis Disorder 7 PEX26
<input type="checkbox"/> Oculocutaneous Albinism Type 2 OCA2	<input type="checkbox"/> Peroxisome Biogenesis Disorder 8 PEX16
<input type="checkbox"/> Oculocutaneous Albinism Type 3 TYRP1	<input type="checkbox"/> Peroxisome Biogenesis Disorder 10A (Zellweger) PEX3
<input type="checkbox"/> Oculocutaneous Albinism Type 4 SLC45A2 (OCA4)	<input type="checkbox"/> Peroxisome Biogenesis Disorder 11 PEX13
<input type="checkbox"/> Oculocutaneous Albinism, X-Linked GPR143	<input type="checkbox"/> Peroxisome Biogenesis Disorder 12A (Zellweger) PEX19
<input type="checkbox"/> Oculopharyngeal Muscular Dystrophy PABPN1	<input type="checkbox"/> Peroxisome Biogenesis Disorder 13A (Zellweger) PEX14
<input type="checkbox"/> OPA3-Related Disorders	<input type="checkbox"/> Peroxisome Biogenesis Disorder 14B PEX11B
<input type="checkbox"/> Optic Atrophy Type 1 OPA1	<input type="checkbox"/> PEX7-Related Disorders (Rhizomelic Chondrodysplasia Punctata Type I)
<input type="checkbox"/> OPTN-Related Disorders	<input type="checkbox"/> PGM3-Related Disorders
<input type="checkbox"/> Osteogenesis Imperfecta CRTAP	<input type="checkbox"/> Phenylalanine Hydroxylase Deficiency (Phenylketonuria) PAH
<input type="checkbox"/> Osteogenesis Imperfecta LEPRE1	<input type="checkbox"/> Pheochromocytoma MAX
<input type="checkbox"/> Osteogenesis Imperfecta Type V IFITM5	<input type="checkbox"/> Phosphoenolpyruvate Carboxykinase Deficiency, Cytosolic, PCK1
<input type="checkbox"/> Osteogenesis Imperfecta Type VI SERPINF1	<input type="checkbox"/> Phosphoenolpyruvate Carboxykinase Deficiency, Mitochondrial, PCK2
<input type="checkbox"/> Osteopathia Striata with Cranial Sclerosis FAM123B	<input type="checkbox"/> PHOX2B-Related Disorders
<input type="checkbox"/> Osteopetrosis with Renal Tubular Acidosis CA2	<input type="checkbox"/> PITX2-Related Disorders
<input type="checkbox"/> Osteogenesis Imperfecta Type VI SERPINF1	<input type="checkbox"/> PITX3-Related Disorders
<input type="checkbox"/> Osteogenesis Imperfecta, Type XV WNT1	<input type="checkbox"/> PLEC-Related Disorders
<input type="checkbox"/> Osteopathia Striata with Cranial Sclerosis FAM123B	<input type="checkbox"/> PLP1-Related Disorders
<input type="checkbox"/> Osteopetrosis with Renal Tubular Acidosis CA2	<input type="checkbox"/> POLG-Related Disorders
<input type="checkbox"/> Osteopetrosis, CLCN7-Related	<input type="checkbox"/> POLG2-Related Disorders
<input type="checkbox"/> Osteopetrosis, TCIRG1-Related	<input type="checkbox"/> POMT1-Related Disorders
<input type="checkbox"/> OTC Deficiency OTC	<input type="checkbox"/> POMT2-Related Disorders
<input type="checkbox"/> Paraganglioma/Pheochromocytoma TMEM127	<input type="checkbox"/> Polyneuropathy, Hearing Loss, Ataxia, Retinitis Pigmentosa, and Cataract Disorder ABHD12
<input type="checkbox"/> PAX4 -Related Disorders	<input type="checkbox"/> Prader-Willi-like Syndrome; Intellectual Disability; Autism MAGEL
<input type="checkbox"/> PAX6-Related Disorders	

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/>	PRF1-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, PDE6B-Related
<input type="checkbox"/>	Primary Hyperoxaluria Type 1 AGXT	<input type="checkbox"/>	Retinitis Pigmentosa, PRKCG-Related
<input type="checkbox"/>	Primary Hyperoxaluria Type 2 GRHPR	<input type="checkbox"/>	Retinitis Pigmentosa, PROM1-Related
<input type="checkbox"/>	Primary Open Angle Glaucoma 1A MYOC	<input type="checkbox"/>	Retinitis Pigmentosa, PRPF3-Related
<input type="checkbox"/>	PRKAR1A-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, PRPH2-Related
<input type="checkbox"/>	PRKDC-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, RD3-Related
<input type="checkbox"/>	PROP1-Related Combined Pituitary Hormone Deficiency	<input type="checkbox"/>	Retinitis Pigmentosa, RDH12-Related
<input type="checkbox"/>	Propionic Acidemia, PCCA-Related	<input type="checkbox"/>	Retinitis Pigmentosa, RGR-Related
<input type="checkbox"/>	Propionic Acidemia, PCCB-Related	<input type="checkbox"/>	Retinitis Pigmentosa, Autosomal Recessive, Bothnia Type RLBP1
<input type="checkbox"/>	PTCH1-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, ROM1-Related
<input type="checkbox"/>	PTEN-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, RP2-Related
<input type="checkbox"/>	Purine Nucleoside Phosphorylase Deficiency	<input type="checkbox"/>	Retinitis Pigmentosa, RPE65-Related
<input type="checkbox"/>	Pycnodysostosis CTSK	<input type="checkbox"/>	Retinitis Pigmentosa, RPGR-Related
<input type="checkbox"/>	Pyridoxine-Dependent Seizures ALDH7A1	<input type="checkbox"/>	Retinitis Pigmentosa, RPGRI1-Related
<input type="checkbox"/>	Pyruvate Carboxylase Deficiency PC	<input type="checkbox"/>	Retinitis Pigmentosa, SAG-Related
<input type="checkbox"/>	RAG2-Related Disorders	<input type="checkbox"/>	Retinitis Pigmentosa, TOPORS-Related
<input type="checkbox"/>	RECQL4 -Related Disorders (Rothmund-Thomson Syndrome)	<input type="checkbox"/>	Retinoschisis RS1
<input type="checkbox"/>	Refsum Disease PHYH	<input type="checkbox"/>	Rett Syndrome, Congenital Variant FOXP1
<input type="checkbox"/>	Reticular Dysgenesis AK2	<input type="checkbox"/>	Rhizomelic Chondrodysplasia Punctata Type 2 GNPAT
<input type="checkbox"/>	Retinitis Pigmentosa, ABCA4-Related	<input type="checkbox"/>	Rhizomelic Chondrodysplasia Punctata Type 3 AGPS
<input type="checkbox"/>	Retinitis Pigmentosa, ABHD12-Related	<input type="checkbox"/>	RMRP-Related Disorders (Cartilage Hair Hypoplasia)
<input type="checkbox"/>	Retinitis Pigmentosa, BEST1-Related	<input type="checkbox"/>	RYR1-Related Disorders
<input type="checkbox"/>	Retinitis Pigmentosa, C2orf71-Related	<input type="checkbox"/>	RYR2-Related Disorders
<input type="checkbox"/>	Retinitis Pigmentosa, CA4-Related	<input type="checkbox"/>	Rubinstein-Taybi Syndrome CREBBP
<input type="checkbox"/>	Retinitis Pigmentosa, CDHR1-Related	<input type="checkbox"/>	Salla Disease SLC17A5 (NSD)
<input type="checkbox"/>	Retinitis Pigmentosa, CEP290-Related	<input type="checkbox"/>	Sandhoff Disease HEXB
<input type="checkbox"/>	Retinitis Pigmentosa, CNGB1-Related	<input type="checkbox"/>	SCAD Deficiency ACADS
<input type="checkbox"/>	Retinitis Pigmentosa, CRB1-Related	<input type="checkbox"/>	Schmid Metaphyseal Chondrodysplasia (SMCD) COL10A1
<input type="checkbox"/>	Retinitis Pigmentosa, CRX-Related	<input type="checkbox"/>	SCN4A-Related Disorders
<input type="checkbox"/>	Retinitis Pigmentosa, DHDDS-Related	<input type="checkbox"/>	Selective T-cell Defect ZAP70
<input type="checkbox"/>	Retinitis Pigmentosa, EYS-Related	<input type="checkbox"/>	SEPN1-Related Disorders
<input type="checkbox"/>	Retinitis Pigmentosa, FAM161A-Related	<input type="checkbox"/>	SERPINA1-Related Disorders SERPINA1
<input type="checkbox"/>	Retinitis Pigmentosa, FLVCR1-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency, Athabascan type DCLRE1C
<input type="checkbox"/>	Retinitis Pigmentosa, FSCN2-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency, X-Linked IL2RG
<input type="checkbox"/>	Retinitis Pigmentosa, GUCY2D-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency JAK3
<input type="checkbox"/>	Retinitis Pigmentosa, IMPDH1-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency NHEJ1
<input type="checkbox"/>	Retinitis Pigmentosa, IMPG2-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency PTPRC
<input type="checkbox"/>	Retinitis Pigmentosa, LCA5-Related	<input type="checkbox"/>	Severe Combined Immunodeficiency RAG1
<input type="checkbox"/>	Retinitis Pigmentosa, LRAT-Related	<input type="checkbox"/>	SGCD-Related Disorders
<input type="checkbox"/>	Retinitis Pigmentosa, MERTK-Related	<input type="checkbox"/>	Shwachman-Bodian-Diamond Syndrome SBDS
<input type="checkbox"/>	Retinitis Pigmentosa, MFRP-Related	<input type="checkbox"/>	Sjogren-Larsson Syndrome ALDH3A2
<input type="checkbox"/>	Retinitis Pigmentosa, NR2E3-Related	<input type="checkbox"/>	SLC16A1 (HHF7)-Related Disorders

## PRENATAL COMPREHENSIVE REQUISITION

 Fetus of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Patient Last Name Patient First Name MI Maternal Date of Birth (MM/DD/YY) Biological Sex

### DISORDER SPECIFIC TESTS

NOTE: Prior to ordering any of the disorders listed below, you must call the lab and discuss the clinical history and sample requirements with a genetic counselor.

<input type="checkbox"/> SLC25A4/ANT1-Related Disorders	<input type="checkbox"/> Transcobalamin II Deficiency TCN2
<input type="checkbox"/> SMAD4 -Related Disorders	<input type="checkbox"/> TRIM32-Related Disorders
<input type="checkbox"/> Smith-Lemli-Opitz Syndrome DHCR7	<input type="checkbox"/> TSHR-Related Disorders TSHR
<input type="checkbox"/> Smith-Magenis Syndrome RAI1	<input type="checkbox"/> TUSC3-Related Disorders
<input type="checkbox"/> Spastic Paraplegia 7, Autosomal Recessive SPG7	<input type="checkbox"/> Tyrosine Hydroxylase Deficiency TH
<input type="checkbox"/> Spinocerebellar Ataxia 1 SCA1	<input type="checkbox"/> Tyrosinemia Type I FAH
<input type="checkbox"/> Spinocerebellar Ataxia 10 SCA10	<input type="checkbox"/> Tyrosinemia Type II TAT
<input type="checkbox"/> Spinocerebellar Ataxia 14 PRKCG	<input type="checkbox"/> Usher Syndrome 1C USH1C
<input type="checkbox"/> SRD5A3-Related Disorders	<input type="checkbox"/> Usher Syndrome 1F PCDH15
<input type="checkbox"/> STAT5B-Related Disorders	<input type="checkbox"/> USH2A-Related Disorders (Usher Syndrome 2A; Retinitis Pigmentosa)
<input type="checkbox"/> STIM1-Related Disorders	<input type="checkbox"/> Usher Syndrome 2C GPR98
<input type="checkbox"/> STK11-Related Disorders	<input type="checkbox"/> Usher Syndrome 2D DFNB31
<input type="checkbox"/> Succinic Semialdehyde Dehydrogenase Deficiency ALDH5A1	<input type="checkbox"/> VCP-Related Disorders
<input type="checkbox"/> SUCLG1-Related Disorders	<input type="checkbox"/> VLCAD Deficiency ACADVL
<input type="checkbox"/> SYNE1-Related Disorders	<input type="checkbox"/> Von Hippel-Lindau Syndrome VHL
<input type="checkbox"/> Tay-Sachs Disease (Hexosaminidase A Deficiency) HEXA	<input type="checkbox"/> VSX1-Related Disorders
<input type="checkbox"/> TCAP-Related Disorders	<input type="checkbox"/> Welander Distal Myopathy TIA1
<input type="checkbox"/> T-cell Immunodeficiency, Congenital Alopecia, and Nail Dystrophy FOXP1	<input type="checkbox"/> WFS1-Related Disorders
<input type="checkbox"/> TMEM43-Related Disorders	<input type="checkbox"/> Wolfram Syndrome 2 CISD2
<input type="checkbox"/> TMEM67-Related Disorders	<input type="checkbox"/> Wolman Disease LIPA
<input type="checkbox"/> TMLHE Deficiency	<input type="checkbox"/> Wilson Disease ATP7B
<input type="checkbox"/> TPM2-Related Disorders	<input type="checkbox"/> WT1-Related Disorders
<input type="checkbox"/> TPM3-Related Disorders	
<input type="checkbox"/> TTN-Related Disorders	