Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Molecular Genetics Laboratory

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

FAILURE TO COMPLETE MAY DELAY RESULTS

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

Outside Patient Number	Outside Specimen Number	Send Report To:

Ordering Provider	Address:

Provider Phone Number	**DIAGNOSIS / ICD CODE:**	Phone:	Fax:

IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY ON BACK

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

HEALTHCARE PROFESSIONAL TO CALL FOR INFO/ABNORMAL RESULTS:
NAME (please print): _____
PHONE #: _____

SPECIMEN INFORMATION

Date collected: / /
Time collected:

Specimen Type: ☐ EDTA ☐ Cultured Skin Fibroblasts ☐ Banked DNA @ SCH, date: _____
☐ ACD ☐ Extracted DNA ☐ Other: _____

Also acceptable for DNA banking
☐ Cultured Amniocytes
☐ Cultured CVS

PATIENT/FAMILY HISTORY REQUIRED FOR ALL INDIVIDUALS TESTED

REASON FOR STUDY: ☐ Diagnostic (affected) ☐ Diagnostic (not affected)
☐ Carrier Testing (affected family member) ☐ Carrier Testing (no family history)

CLINICAL FINDINGS, PREVIOUS RELEVANT GENETICS TEST RESULT(S), FAMILY HISTORY: _____

PATIENT PREGNANT? ☐ NO ☐ YES LMP: _____ EDC: _____

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

PEDIGREE DIAGRAM (ONLY ONE NEEDED PER FAMILY)

DNA ANALYSIS

DIABETES TESTING:
- ☐ MODY Sequencing Panel (13 genes)
- ☐ Neonatal Diabetes Panel (22 genes)
- ☐ Congenital Hyperinsulinism Panel (10 genes)
- **Individual** Diabetes Gene Sequencing (please indicate gene):
  - ☐ ABCC8 ☐ GCK ☐ HNF1A ☐ HNF4A ☐ INS ☐ KCNJ11

DNA BANK ☐ DNA Banking **ONLY** (Separate Consent Form Required)
FRAGX DNA ☐ Fragile X DNA Analysis (FMR1 only)
GALT DNA ☐ Galactosemia (GALT) Panel (8 mutations)
GAUCHE DNA ☐ Gaucher Disease (GBA) Panel (11 mutations)
GAUCHSEQ ☐ Gaucher Disease (GBA) Sequencing Analysis

HEARING LOSS TESTING:
- ☐ Connexin 26/30 (GJB2/GJB6) DNA Analysis**
- ☐ Connexin 30 (GJB6) Sequencing
- ☐ Pendred (SLC26A4) Sequencing

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

LIPA SEQ ☐ Lysosomal Acid Lipase (LIPA) Sequencing (Wolman Disease/CESD)
MCAD SEQ ☐ MCAD (ACADM) Sequencing Analysis
MD DNA ☐ Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication***
POLG1 SEQ ☐ Polymerase Gamma (POLG) Sequencing Analysis
POLG2 SEQ ☐ Polymerase Gamma 2 (POLG2) Sequencing Analysis
POMPE SEQ ☐ Pompe (GAA) Sequencing Analysis
PWS-AS ☐ Prader-Willi/Angelman DNA Methylation study (one or both)

AGXT SEQ ☐ Primary Hyperoxaluria Type 1 (AGXT) Sequencing Analysis
ALDH7A1 SEQ ☐ Pyridoxine-Dependent Seizures (ALDH7A1) Sequencing Analysis

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

SMA ☐ Spinal Muscular Atrophy (SMN1) (Diagnostic)
SMACARRIER ☐ Spinal Muscular Atrophy (SMN1) Carrier Testing***
TYR DNA ☐ Tyrosinemia type 1 (FAH) Panel (6 mutations)
VLCAD SEQ ☐ VLCAD (ACADVL) Sequencing Analysis
ATP7B SEQ ☐ Wilson Disease (ATP7B) Sequencing Analysis

☐ **KNOWN VARIANT ANALYSIS** (Information Below is Required for this Testing)
☐ 1 Variant ☐ 2 Variants ☐ 3 Variants

GENE: _____
VARIANT(S)/MUTATION(S): _____
NAME OF FAMILY MEMBER PREVIOUSLY TESTED AT SEATTLE CHILDREN'S LAB*: _____
RELATIONSHIP TO FAMILY MEMBER PREVIOUSLY TESTED: _____

*If relative was not tested at Seattle Children's Laboratory, please contact the Laboratory Genetic Counselors (206-987-5400) for approval of testing prior to submitting samples.

** Panel tests are performed sequentially in the order in which they are listed

*** DNA extracted at other laboratories is not acceptable for SMA Carrier, DMD & MECP2 del/dup testing

BILLING INFORMATION

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

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

BILL TO:

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

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

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

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

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

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

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

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

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

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

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