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CLIA# 33D0653419

TEST REQUISITION

Mount Sinai Genetic Testing Laboratory
Mount Sinai Medical Center

ACCESSION NO.

DATE / /

PATIENT INFORMATION

LAST NAME	FIRST NAME	
DATE OF BIRTH / /	SEX M ☐ F ☐	
PARTNER / SPOUSE LAST NAME	PARTNER / SPOUSE FIRST NAME	
TELEPHONE (HOME)	TELEPHONE (CELL)	TELEPHONE (WORK)
ADDRESS		
CITY / STATE / ZIP		

BILLING INFORMATION

POLICYHOLDER LAST NAME	POLICYHOLDER FIRST NAME	POLICYHOLDER DOB
INSURANCE CARRIER	INSURANCE ID	GROUP NO.
BILLING ADDRESS		
OTHER HEALTH COVERAGE (IDENTIFY)		

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the provider and I understand that I am financially responsible for uncovered services. I also authorize the release of any information required to process the claim. Billing Inquiries, Please Call 212-241-8717.

SIGNATURE DATE / /

REFERRING PHYSICIAN INFORMATION

NAME	CLINIC / INSTITUTION
TELEPHONE	GENETIC COUNSELOR
ADDRESS	FAX

PHYSICIAN SIGNATURE OF CONSENT REQUIRED BELOW: I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

SIGNATURE DATE (MM/DD/YY) / /

CLINICAL INDICATIONS

SPECIMEN TYPE
☐ AMNIOTIC FLUID ☐ BLOOD ☐ CVS
☐ DBS ☐ PLASMA ☐ URINE
☐ OTHER _____
☐ CULTURED CELLS TYPE _____

DATE / TIME SPECIMEN DRAWN AM PM / /

DATE SPECIMEN SENT / /

☐ LMP / / | GESTATIONAL AGE ON SONO

INDICATIONS FOR TEST _____
Is the patient pregnant? ☐ Yes ☐ No Currently taking birth control medication? ☐ Yes ☐ No
ICD9 Dx CODE(S) (Required)

Laboratory Test(s) Ordered

Cytogenetics and Cytogenomics

Chromosome Analysis

- ☐ Amniotic Fluid + AFP
- ☐ CVS
- ☐ Peripheral Blood
- ☐ Mosaicism Study
- ☐ High Resolution Blood
- ☐ Peripheral Blood STAT (newborn blood, includes Aneuploidy FISH)
- ☐ Fetal Blood (PUBS)
- ☐ Skin Biopsy
- ☐ Products of Conception (in case of growth failure, reflex to POC FISH panel is included)
- ☐ Other Tissue

Additional Cell Culture: ☐ Hold ☐ Grow _____

Molecular Cytogenetics

- ☐ Aneuploidy FISH (prenatal specimens)
- ☐ Microdeletion FISH Panel
  - ☐ Angelmann Syndrome (15q11.2)
  - ☐ Cri-du-chat Syndrome (5p15.2)
  - ☐ DiGeorge/Velo-Cardio-Facial Syndrome (22q11.2)
  - ☐ Miller-Dieker Syndrome (17p13.3)
  - ☐ Prader-Willi Syndrome (15q11.2)
  - ☐ Smith-Magenis Syndrome (17p11.2)
  - ☐ Williams Syndrome (7q11.23)
  - ☐ Wolf-Hirschhorn Syndrome (4p16.3)
  - ☐ 1p36 deletion syndrome (1p36.3)
- ☐ Subtelomere FISH – single probe only: _____
- ☐ 180K Array CGH + SNPs (pre-/postnatal)
- ☐ FISH for Kallman Syndrome
- ☐ FISH for STS Deficiency
- ☐ FISH for SRY deletion
- ☐ Other: _____

Pharmacogenetic Tests

- ☐ Tamoxifen Metabolites, Plasma
- ☐ CYP2D6 genotyping
- ☐ CYP2C19 genotyping
- ☐ CYP2C9 genotyping
  - ☐ Add VKORC1 genotyping (e.g. Warfarin dosing)
- ☐ SLCO1B1 genotyping (e.g. Statin)
- ☐ Mt Sinai PGx genotyping panel (includes testing for all genes listed above)

Molecular

For all carrier screening please use Prenatal Testing and Genetic Screening Requistion

Genotyping and Targeted Analysis

- ☐ Chitotriosidase
- ☐ Chronic Kidney Disease APOL 1 Genotyping (African American)
- ☐ FGFR3 Hotspot Panel
  - ☐ reflex to sequencing if negative
- ☐ Fragile X syndrome
- ☐ Maternal Cell Contamination Studies
- ☐ Spinal Muscular Atrophy
- ☐ Y Microdeletion

Sanger Sequencing

- ☐ Fabry Disease
- ☐ Gaucher Disease
- ☐ Lysosomal Acid Lipase (Wolman Disease/Cholesteryl Ester Storage Disease)
- ☐ Porphyria DNA Testing
  - ☐ Gene Sequencing
  - ☐ Known Mutation Analysis
    Please specify disease:
    - ☐ Acute Porphyria Panel (AIP, HCP & VP)
    - ☐ Acute Intermittent Porphyria (AIP)
    - ☐ Hereditary Coproporphyria (HCP)
    - ☐ Variegate Porphyria (VP)
    - ☐ Congenital Erythropoietic Porphyria (CEP)
    - ☐ Familial Porphyria Cutanea Tarda (PCT)
    - ☐ Erythropoietic Protoporphyria (EPP)
- ☐ Roberts Syndrome

Next Generation Sequencing

Ashkenazi Jewish Diseases (35 genes, includes genotyping)
- ☐ Cystic Fibrosis
- ☐ Tay-Sachs Disease
- ☐ Other: _____

- ☐ Autism Panel (30 genes)
- ☐ Limb Defects Panel (7 genes)
- ☐ Noonan Syndrome Panel (14 genes)
- ☐ Sandhoff Disease
- ☐ Whole Exome Sequencing (use test specific consent)

Craniosynostoses

- ☐ Antley-Bixler syndrome
- ☐ Apert syndrome
- ☐ Beare-Stevenson Syndrome
- ☐ Carpenter Syndrome
- ☐ Craniofrontonasal Syndrome (CFNS)
- ☐ Craniosynostosis, Boston Type (CRS2)
- ☐ Craniosynostosis with Radial Defects
- ☐ Crouzon Syndrome
- ☐ Crouzon and Acanthosis Syndrome (Crouzoodermoskeletal Syndrome)
- ☐ Jackson-Weiss Syndrome
- ☐ Non-Syndromic Coronal Syndrome
- ☐ Muenke Syndrome
- ☐ Pfeiffer Syndrome
- ☐ POR Deficiency
- ☐ Saethre-Chotzen Syndrome (SC2)

Biochemical - Analyte Tests

- ☐ Amino Acids Full Panel, Plasma/Urine/CSF
- ☐ Phenylalanine/Tyrosine, DBS
- ☐ Amino Acids Selective Panel (PKU/MSUD), Plasma
- ☐ Acylcarnitine Profile, Plasma/DBS
- ☐ Carnitine, Plasma/Urine
- ☐ Organic Acids Profile, Urine
- ☐ Orotic Acid, Urine
- ☐ Methylmalonic Acid, Plasma/Urine
- ☐ Succinylacetone, Urine
- ☐ Aminolevulinic Acid and Porphobilinogen, Urine/Plasma

Biochemical - Enzyme Tests

- ☐ Hexosaminidase A (Tay-Sachs Disease), WBC/Serum
- ☐ Hexosaminidase B (Sandhoff Disease), WBC/Serum
- ☐ Acid-β-Glucosidase (Gaucher Disease), WBC
- ☐ Chitotriosidase (Gaucher Biomarker), Plasma
- ☐ α-Galactosidase A (Fabry Disease), WBC/Plasma
- ☐ Lysosomal Acid Lipase, WBC (Wolman Disease/Cholesteryl Ester Storage Disease)
- ☐ α-L-Iduronidase (MPS-I), WBC
- ☐ α-Glucosidase (Pompe Disease), WBC
- ☐ Acid Sphingomyelinase (Niemann-Pick A/B), WBC
- ☐ β-Galactocerebrosidase (Krabbe Disease), WBC

Lab Use Only

DATE SPECIMEN RECEIVED		TEMP R C F	SPECIMEN	# OF TUBES	TEMP R C F	SPECIMEN	# OF TUBES
/ /	SPECIMEN RECEIVED BY _____						