

CARDIOVASCULAR DISEASES TESTING REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

PATIENT INFORMATION

Patient Name: _____, _____, _____
Last First MI

Address: _____

Home Phone: _____

MR# _____ Date of Birth ____/____/____

Gender: Male Female

ETHNIC/RACIAL BACKGROUND (Choose All)

- European American (White) African-American (Black)
 Native American or Alaskan Asian-American
 Pacific Islander Ashkenazi Jewish ancestry
 Latino-Hispanic _____
 (specify country/region of origin)
 Other _____
 (specify country/region of origin)

BILLING INFORMATION (Choose ONE method of payment)

REFERRING INSTITUTION

Institution: _____

Address: _____

City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: _____

Fax: _____

Email: _____

COMMERCIAL INSURANCE*

Insurance can only be billed if requested at the time of service.

Policy Holder Name: _____

Gender: _____ Date of Birth ____/____/____

Authorization Number: _____

Insurance ID Number: _____

Insurance Name: _____

Insurance Address: _____

City/State/Zip: _____

Insurance Phone Number: _____

* PLEASE NOTE:

- We will not bill Medicaid, Medicaid HMO, or Medicare except for the following: CCHMC Patients, CCHMC Providers, or Designated Regional Counties.
- If you have questions, please call 1-866-450-4198 for complete details.

SAMPLE/SPECIMEN INFORMATION

Has patient received a bone marrow transplant? Yes No

Note: For post-transplant patients, we accept pre-transplant samples or post-transplant skin fibroblasts **ONLY** (blood, saliva, and cytobrushes are not accepted).
Culturing of skin fibroblasts is done at an additional charge.

SPECIMEN TYPE:** Amniotic fluid Blood Cord blood DNA CVS

Saliva Tissue (specify): _____

Specimen Date: ____/____/____ Time: _____

Specimen Amount: _____

Each test requires 3 mL of whole blood in EDTA tube. Please call before sending alternate tissue samples, and for free cytobrush or saliva collection kits.

DRAWN BY: _____

*Phlebotomist must initial tube of specimen to confirm sample identity

****If prenatal, maternal blood is required for maternal cell contamination.**

Maternal Blood Collection Date: ____/____/____ Time: _____

REFERRING PHYSICIAN

Physician Name (print): _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Genetic Counselor/Lab Contact Name: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

____ Date: ____/____/____

Referring Physician Signature (REQUIRED)

Patient signed completed ABN

Medical Necessity Regulations: At the government's request, the Laboratory of Genetics and Genomics would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid programs, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient, and (4) not for screening purposes.

INDICATIONS/DIAGNOSIS/ICD-10 CODE

Reason for Testing:

- Suspected diagnosis: _____
- Carrier (Heterozygote) testing
- Presymptomatic diagnosis of at-risk sibling
- Family history of disease: _____

PEDIGREE OR FAMILY HISTORY

Parental Consanguinity Y N

CLINICAL FEATURES (CHECK ALL THAT APPLY)

Please attach detailed medical records, clinical summary, pictures and family history. Clinical history is crucial for accurate interpretation of results.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Absent sinoatrial node <input type="checkbox"/> Aortic arch abnormality <input type="checkbox"/> Aortic coarctation <input type="checkbox"/> Aortic dilation <input type="checkbox"/> Aortic dissection <input type="checkbox"/> Aortic stenosis <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Arterial aneurysm or tortuosity <input type="checkbox"/> Asymmetric septal hypertrophy <input type="checkbox"/> Atrial arrhythmias <input type="checkbox"/> Atrial enlargement <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Atrial isomerism <input type="checkbox"/> Atrial septal defect (ASD) <input type="checkbox"/> AV block <input type="checkbox"/> AV canal <input type="checkbox"/> Bicuspid aortic valve <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT) <input type="checkbox"/> Concentric hypertrophy <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Dextrocardia <input type="checkbox"/> Dextro-transposition of the great arteries (d-TGA) <input type="checkbox"/> Dilated cardiomyopathy (DCM) <input type="checkbox"/> Double outlet right ventricle (DORV) <input type="checkbox"/> Fatty infiltration of the myocardium <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) <input type="checkbox"/> Inferior vena cava (IVC) abnormality <input type="checkbox"/> Left ventricular non-compaction cardiomyopathy (LVNC) | <ul style="list-style-type: none"> <input type="checkbox"/> Levocardia <input type="checkbox"/> Levo-transposition of the great arteries (l-TGA) <input type="checkbox"/> Mesocardia <input type="checkbox"/> Mitral annulus calcification (age <40) <input type="checkbox"/> Mitral stenosis <input type="checkbox"/> Mitral valve prolapse <input type="checkbox"/> Prolonged QT interval: _____msec <input type="checkbox"/> Partial anomalous pulmonary venous return (PAPVR) <input type="checkbox"/> Patent ductus arteriosus <input type="checkbox"/> Pulmonary artery dilation <input type="checkbox"/> Pulmonary hypertension <input type="checkbox"/> Pulmonary stenosis (PS) <input type="checkbox"/> Pulmonic atresia <input type="checkbox"/> Reduced ejection fraction/endocardial shortening fraction <input type="checkbox"/> Restrictive Cardiomyopathy (RCM) <input type="checkbox"/> Right ventricular dilation <input type="checkbox"/> Short QT interval <input type="checkbox"/> Single ventricle <input type="checkbox"/> Situs anomalies <input type="checkbox"/> Subpulmonic stenosis <input type="checkbox"/> Superior vena cava (SVC) abnormality <input type="checkbox"/> Tetralogy of Fallot <input type="checkbox"/> Total anomalous pulmonary venous return (TAPVR) <input type="checkbox"/> Ventricular arrhythmias <input type="checkbox"/> Ventricular dysfunction <input type="checkbox"/> Ventricular enlargement/dilation <input type="checkbox"/> Ventricular septal defect (VSD) <input type="checkbox"/> Other(s): _____ |
|--|---|

TEST(S) REQUESTED

Arrhythmia Panels

Comprehensive Arrhythmia Panel (81 genes)

(ABCC9, ACTN2, AKAP9, ANK2, ANKRD1, BAG3, CACNA1C, CACNA2D1, CACNB2, CALM1, CALM2, CALM3, CASQ2, CAV3, CDH2, CPT1A, CTNNA3, DES, DSC2, DSG2, DSP, EMD, FLNC, GATA4, GATA5, GATA6, GJA5, GNB5, GPD1L, GYG1, HCN4, JUP, KCNA5, KCND3, KCNE1, KCNE1L, KCNE2, KCNE3, KCNH2, KCNJ2, KCNJ5, KCNJ8, KCNK3, KCNQ1, KCNQ3, LDB3, LMNA, MYH6, MYH7, MYL4, NKX2-5, NOS1AP, NPPA, NUP155, PDLIM3, PKP2, PLN, PPA2, PRKAG2, RANGRF, RBM20, RYR2, SCN10A, SCN1B, SCN2B, SCN3B, SCN4B, SCN5A, SLC25A20, SLMAP, SNTA1, TBX5, TECRL, TGFB3, TMEM43, TNNI3, TNNI3K, TNNT2, TRDN, TRPM4, TTN)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Atrial Fibrillation (A Fib) Panel (28 genes)

(ABCC9, CACNB2, GATA4, GATA6, GJA5, HCN4, KCNA5, KCND3, KCNE1, KCNE1L, KCNE2, KCNH2, KCNJ2, KCNJ5, KCNJ8, KCNQ1, LDB3, LMNA, NPPA, NUP155, RYR2, SCN10A, SCN1B, SCN2B, SCN3B, SCN4B, SCN5A, TBX5)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Atrioventricular Block (AV Block) Panel (7 genes)

(DES, EMD, LMNA, NKX2-5, SCN1B, SCN5A, TRPM4)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Brugada Syndrome Panel (21 genes)

(ABCC9, CACNA1C, CACNA2D1, CACNB2, CAV3, GPD1L, HCN4, KCND3, KCNE1L, KCNE3, KCNH2, KCNJ8, PKP2, RANGRF, SCN10A, SCN1B, SCN2B, SCN3B, SCN5A, SLMAP, TRPM4)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel (11 genes)

(ANK2, CALM1, CALM2, CALM3, CASQ2, KCNJ2, KCNQ1, RYR2, SCN5A, TECRL, TRDN)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Long QT Syndrome Panel (19 genes)

(AKAP9, ANK2, CACNA1C, CALM1, CALM2, CALM3, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNJ5, KCNQ1, NOS1AP, SCN4B, SCN5A, SNTA1, TECRL, TRDN)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Short QT Syndrome Panel (6 genes)

(CACNA1C, CACNA2D1, CACNB2, KCNH2, KCNJ2, KCNQ1)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Connective Tissue Disorders Panels

Thoracic Aortic Aneurysm Panel (49 genes)

(ABL1, ACTA2, ADAMTS10, ADAMTS2, ADAMTSL4, ALDH18A1, BGN, CBS, CHST14, COL1A1, COL1A2, COL2A1, COL3A1, COL5A1, COL5A2, EFEMP2, ELN, FBLN5, FBN1, FBN2, FKBP14, FLNA, FOXE3, GATA5, LOX, LTBP3, MAT2A, MED12, MFAP5, MYH11, MYLK, NOTCH1, PLOD1, PRKG1, SKI, SLC2A10, SLC39A13, SMAD2, SMAD3, SMAD4, SMAD6, TAB2, TGFB2, TGFB3, TGFB1, TGFB2, TGFB3, TNXB, ZNF469)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Marfan Syndrome and MFS Related Disorders Panel (3 genes)

(FBN1, TGFB1, TGFB2)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Cardiomyopathy Panels

Comprehensive Cardiomyopathy Panel (135 genes)

(AARS2, ABCC9, ACAD9, ACADVL, ACTA1, ACTC1, ACTN2, AGK, AGL, ALMS1, ALPK3, ANKRD1, BAG3, BRAF, CACNA1C, CALR3, CASQ2, CAV3, CAVIN4, CBL, CDH2, CHRM2, COX15, CPT2, CRYAB, CSRP3, CTNNA3, DES, DMD, DOLK, DSC2, DSG2, DSP, DTNA, ELAC2, EMD, EPG5, EYA4, FBXO32, FHL1, FHL2, FKRP, FKTN, FLNC, FXN, GAA, GATA4, GATA6, GATAD1, GBE1, GLA, GLB1, HAND1, HCN4, HRAS, ILK, JPH2, JUP, KRAS, LAMA4, LAMP2, LDB3, LMNA, LRRC10, LZTR1, MAP2K1, MAP2K2, MIB1, MTO1, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYL4, MYLK2, MYO6, MYOM1, MYO22, MYPN, NDUFAF2, NEBL, NEXN, NF1, NKX2-5, NPPA, NRAS, PCCA, PCCB, PDLIM3, PKP2, PLEKHM2, PLN, PPP1CB, PRDM16, PRKAG2, PSEN1, PSEN2, PTPN11, RAF1, RBM20, RIT1, RMND1, RYR2, SCN5A, SCO2, SDHA, SGCD, SHOC2, SLC22A5, SLC25A4, SOS1, SOS2, SPEG, SPRED1, SURF1, SYNE2, TAB2, TAZ, TBX20, TBX5, TCAP, TGFB3, TMEM43, TMPO, TNNC1, TNNI3, TNNI3K, TNNT2, TPM1, TRDN, TTN, TTR, TXNRD2, VCL)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) Panel (18 genes)

(CDH2, CTNNA3, DES, DSC2, DSG2, DSP, FLNC, JUP, LDB3, LMNA, MYH7, PKP2, PLN, RYR2, SCN5A, TGFB3, TMEM43, TTN)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Dilated Cardiomyopathy (DCM) Panel (73 genes)

(ABCC9, ACTC1, ACTN2, ALMS1, ALPK3, ANKRD1, BAG3, CAV3, CHRM2, CRYAB, CSRP3, DES, DMD, DOLK, DSC2, DSG2, DSP, DTNA, EMD, EYA4, FHL2, FKRP, FKTN, FLNC, GATA6, GATAD1, GLA, HCN4, ILK, JPH2, JUP, LAMA4, LAMP2, LDB3, LMNA, LRRC10, MIB1, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYPN, NEBL, NEXN, NKX2-5, PDLIM3, PKP2, PLN, PRDM16, PRKAG2, PTPN11, RAF1, RBM20, RYR2, SCN5A, SDHA, SGCD, SPEG, TAZ, TBX20, TCAP, TMEM43, TMPO, TNNC1, TNNI3, TNNT2, TPM1, TRDN, TTN, TTR, TXNRD2, VCL)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

TEST(S) REQUESTED, CONTINUED

Hypertrophic Cardiomyopathy (HCM) Panel (98 genes)

(AARS2, ABCC9, ACAD9, ACADVL, ACTA1, ACTC1, ACTN2, AGK, AGL, ALPK3, ANKRD1, BAG3, BRAF, CACNA1C, CALR3, CAV3, CBL, COX15, CPT2, CRYAB, CSRP3, DES, DMD, DSC2, DSG2, DSP, DTNA, ELAC2, EMD, EPG5, FHL1, FKTN, FLNC, FXN, GAA, GATA4, GATAD1, GLA, HRAS, ILK, JPH2, JUP, KRAS, LAMA4, LAMP2, LDB3, LMNA, LZTR1, MAP2K1, MAP2K2, MTO1, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYLK2, MYO6, MYOM1, MYOZ2, MYPN, NDUFAF2, NEBL, NEXN, NF1, NRAS, PDLIM3, PKP2, PLN, PPP1CB, PRKAG2, PTPN11, RAF1, RBM20, RIT1, RYR2, SCN5A, SCO2, SDHA, SGCD, SHOC2, SLC22A5, SLC25A4, SOS1, SOS2, SPRED1, SURF1, TAZ, TCAP, TMEM43, TMPO, TNNC1, TNNI3, TNNT2, TPM1, TTN, TTR, VCL)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Left Ventricular Noncompaction (LVNC) Panel (36 genes)

(ABCC9, ACTC1, ACTN2, BAG3, CTNNA3, DES, DMD, DSC2, DSG2, DSP, DTNA, EMD, FBXO32, FLNC, HCN4, JPH2, JUP, LAMP2, LDB3, LMNA, MYBPC3, MYH6, MYH7, PKP2, PLEKHM2, PLN, RAF1, RBM20, RYR2, SCN5A, TAZ, TCAP, TNNT2, TPM1, TTN, VCL)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Restrictive Cardiomyopathy (RCM) Panel (9 genes)

(ACTC1, BAG3, CRYAB, DES, MYBPC3, MYH7, TNNI3, TNNT2, TTR)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Congenital Heart Disease Panels

Congenital Heart Disease Panel (187 genes)

(ABL1, ACTA2, ACTB, ACTC1, ACTG1, ACVR1, ACVR2B, ACVRL1, ADAMTS10, AK7, ALMS1, ANKS6, ARHGAP31, ARMC4, ATRX, B3GAT3, BBS1, BBS10, BBS2, BCL9L, BCOR, BMPR2, BRAF, C21ORF59, CACNA1C, CBL, CCDC103, CCDC11, CCDC114, CCDC151, CCDC39, CCDC40, CCDC65, CCNO, CDK13, CENPF, CFAP300, CHD4, CHD7, CITED2, COL2A1, CREBBP, CRELD1, CYR61, DHCR7, DNAAF1, DNAAF2, DNAAF3, DNAAF4, DNAAF5, DNAH1, DNAH11, DNAH5, DNAH8, DNAH9, DNAI1, DNAI2, DNAJB13, DNAL1, DRC1, DSG2, DSP, DTNA, EFTUD2, EIF2AK4, ELN, ENG, EVC, EVC2, FBN1, FBN2, FGFR2, FLNA, FLNB, FOXC1, FOXC2, FOXF1, FOXH1, G6PC3, GAS2L2, GAS8, GATA4, GATA5, GATA6, GDF1, GJA1, GJA5, GLI3, GPC3, HAND1, HES7, HRAS, HYDIN, INVS, JAG1, KCNJ2, KIF7, KRAS, LEFTY2, LMNA, LRRC56, LRRC6, MAP2K1, MAP2K2, MCIDAS, MED13L, MEGF8, MEIS2, MID1, MKKS, MKS1, MMP21, MRE11, MYCN, MYH6, NAT10, NEK8, NF1, NIPBL, NKX2-5, NKX2-6, NME8, NODAL, NOTCH1, NOTCH2, NPHP3, NR2F2, NRAS, NSD1, NTRK3, OFD1, PIH1D3, PIK3R2, PITX2, PKD1L1, PKD2, PPP1CB, PQBP1, PRKD1, PRKG1, PRRX1, PTPN11, RAF1, RAI1, RBM10, RIT1, RSPH1, RSPH3, RSPH4A, RSPH9, SALL4, SCN1B, SCN5A, SEMA3E, SHOC2, SHROOM3, SKI, SMAD2, SMAD6, SOS1, SOS2, SOX2, SOX7, SPAG1, SPEG, TAB2, TBX1, TBX20, TBX3, TBX5, TCAP, TCTN2, TFAP2B, TGDS, TGFB2, TGFB2, TLL1, TTC25, TWIST1, UBR1, VCL, WDR35, ZFPM2, ZIC3, ZMPSTE24, ZMYND10, ZNF469)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

Heterotaxy Panel (114 genes)

(ACTC1, ACVR2B, AK7, ALMS1, ANKS6, ARMC4, BBS1, BBS10, BBS2, BCL9L, BCOR, BRAF, C21ORF59, CBL, CCDC103, CCDC11, CCDC114, CCDC151, CCDC39, CCDC40, CCDC65, CCNO, CENPF, CFAP300, CHD7, CRELD1, DNAAF1, DNAAF2, DNAAF3, DNAAF4, DNAAF5, DNAH1, DNAH11, DNAH5, DNAH8, DNAH9, DNAI1, DNAI2, DNAJB13, DNAL1, DRC1, ELN, EVC, EVC2, FOXF1, FOXH1, GAS2L2, GAS8, GATA4, GATA6, GDF1, GJA1, GPC3, HES7, HRAS, HYDIN, INVS, JAG1, KIF7, KRAS, LEFTY2, LMNA, LRRC56, LRRC6, MAP2K1, MAP2K2, MCIDAS, MED13L, MEGF8, MEIS2, MKS1, MMP21, MRE11, NAT10, NEK8, NF1, NKX2-5, NKX2-6, NME8, NODAL, NOTCH1, NOTCH2, NPHP3, NR2F2, NRAS, NSD1, OFD1, PIH1D3, PKD1L1, PKD2, PQBP1, PRRX1, PTPN11, RAF1, RIT1, RSPH1, RSPH3, RSPH4A, RSPH9, SCN5A, SHOC2, SHROOM3, SMAD2, SOS1, SPAG1, TBX1, TBX5, TCTN2, TTC25, UBR1, WDR35, ZIC3, ZMPSTE24, ZMYND10)

- Reflex to deletion/duplication of all available genes on panel*
 Reflex to deletion/duplication of single gene(s) (specify): _____

RASopathy/Noonan Spectrum Disorders Panel (31 genes)

(A2ML1, ACTB, ACTG1, BRAF, CBL, CDC42, HRAS, KAT6B, KRAS, LZTR1, MAP2K1, MAP2K2, NF1, NF2, NRAS, NSUN2, PPP1CB, PTEN, PTPN11, RAF1, RASA1, RASA2, RIT1, RRAS, SHOC2, SOS1, SOS2, SPRED1, TBCK, TSC1, TSC2)

- Parental blood provided for parental comparative analysis

Familial information — required for parental comparative analysis

Biological mother:

Name: _____

DOB (MM/DD/YYYY): _____

Clinical Feature(s): _____

Biological father:

Name: _____

DOB (MM/DD/YYYY): _____

Clinical Feature(s): _____

- Reflex to deletion/duplication of all available genes on panel*

- Reflex to deletion/duplication of single gene(s) (specify): _____

Other Panels

Pulmonary Arterial Hypertension (PAH) Panel (20 genes)

(ACVRL1, BMPR2, CAV1, EIF2AK4, ENG, FOXF1, GDF2, GGCX, KCNA5, KCNK3, KLK1, NFU1, NOTCH1, NOTCH3, RASA1, SMAD4, SMAD9, SOX17, TBX4, TOPBP1)

- Reflex to deletion/duplication of all available genes on panel*

- Reflex to deletion/duplication of single gene(s) (specify): _____

Note: Single gene sequencing is available for all genes listed in the next-generation panels through custom gene sequencing.

*See page 5 for additional deletion/duplication information

TEST(S) REQUESTED, CONTINUED

Individual Gene Sequencing Tests

- | | |
|--|---|
| <input type="checkbox"/> <i>APOB</i> (R3500Q/R3500W) Gene Sequencing
<input type="checkbox"/> <i>CAV3</i> Gene Sequencing
<input type="checkbox"/> <i>DES</i> Gene Sequencing
<input type="checkbox"/> <i>FBN1</i> Gene Sequencing
<input type="checkbox"/> <i>KCNJ2</i> Gene Sequencing
<input type="checkbox"/> <i>LDLR</i> Gene Sequencing
<input type="checkbox"/> <i>MYBPC3</i> Gene Sequencing
<input type="checkbox"/> <i>MYH7</i> Gene Sequencing | <input type="checkbox"/> <i>NKX2-5</i> Gene Sequencing
<input type="checkbox"/> <i>TAZ</i> Gene Sequencing
<input type="checkbox"/> <i>TBX1</i> Gene Sequencing
<input type="checkbox"/> <i>TBX5</i> Gene Sequencing
<input type="checkbox"/> <i>TGFBF1</i> Gene Sequencing
<input type="checkbox"/> <i>TGFBF2</i> Gene Sequencing
<input type="checkbox"/> <i>TNNT2</i> Gene Sequencing
<input type="checkbox"/> <i>TTN</i> Gene Sequencing
<input type="checkbox"/> <i>ZIC3</i> Gene Sequencing |
|--|---|

- Targeted (family specific) variant analysis for _____ gene
- If testing was not performed at CCHMC, please include proband's report and at least 100ng of proband's DNA to use as a positive control.
- Proband's name _____
- Proband's DOB _____
- Proband's variant _____

Please call 513-636-4474 to discuss any family-specific variant analysis with genetic counselor prior to shipment.

CUSTOM GENE SEQUENCING

Gene(s) to be sequenced (specify): _____

Only genes with clear published functional relationship to rare diseases are accepted.

Suspected syndrome/ condition: _____

Please choose one of the following:

- Full gene(s) sequencing
- Full gene(s) sequencing with reflex to deletion and duplication analysis, if indicated (**please see list of genes available for del/dup at www.cincinnatichildrens.org/deldup**)

Familial mutation analysis

Proband's name: _____

Proband's DOB: _____

Proband's mutation: _____

Patient's relation to proband: _____

If testing was **not** performed at CCHMC, please include proband's report and at least 100ng of proband's DNA to use as a positive control.

DELETION AND DUPLICATION ASSAY

Gene(s) to be analyzed (specify): _____

Please see list of available genes at: www.cincinnatichildrens.org/deldup

Suspected syndrome/ condition: _____

Please choose one of the following:

- Deletion and duplication analysis of gene(s) specified above
- Deletion and duplication analysis of gene(s) specified above with reflex to sequencing, if indicated
- Analysis of gene(s) specified above from previously analyzed deletion and duplication
- Familial deletion analysis

Proband's name: _____

Proband's DOB: _____

Proband's mutation: _____

Patient's relation to proband: _____

If testing was **not** performed at CCHMC, please include proband's report and at least 100ng of proband's DNA to use as a positive control.

*Targeted deletion and duplication analysis of every gene on this panel except *A2ML1, ABCC9, ABL1, ACTA1, ACTA2, ACTG1, ACTN2, ACVR1, ACVR2B, AKAP9, ALPK3, ANKRD1, APOB (R3500Q/R3500W), ARHGAP31, BCL9L, CACNA1C, CACNA2D1, CACNB2, CALM1, CALM2, CALM3, CALR3, CAV1, CAVIN4, CCDC114, CDC42, CDH2, CDK13, CHD4, CHRM2, COL5A2, CRYAB, CSRP3, CTNNA3, CYR61, DSG2, DTNA, FBXO32, FHL2, FOXE3, FOXH1, FXN, GATA5, GATAD1, GDF1, GDF2, GNB5, GPD1L, HAND1, HCN4, ILK, JPH2, KCND3, KCNE1, KCNE1L, KCNE2, KCNE3, KCNJ5, KCNJ8, KCNK3, KCNQ3, KLK1, LAMA4, LDB3, LDLR, LEFTY2, LOX, LRRC10, LZTR1, MAP2K1, MAT2A, MCIDAS, MFAP5, MIB1, MID1, MRE11, MYH6, MYL2, MYL3, MYL4, MYLK2, MYOM1, MYPN, NAT10, NEBL, NOS1AP, NOTCH3, NTRK3, PDLIM3, PLEKHM2, PPA2, PPP1CB, PRKD1, PRKG1, PRRX1, PSEN1, PSEN2, RANGRF, RASA2, RBM20, RIT1, RRAS, SCN10A, SCN1B, SCN2B, SCN3B, SCN4B, SDHA, SHROOM3, SKI, SLMAP, SMAD2, SMAD4, SMAD6, SMAD9, SNTA1, SOS2, SPEG, SYNE2, TCAP, TECRL, TFAP2B, TGFB3, TGFBF3, TLL1, TMEM43, TMPO, TNNC1, TNNT3K, TNNT2, TOPBP1, TRPM4, TTN, TTR, TXNRD2, VCL, WDR35* and *ZMYND10* is clinically available at an additional charge.