

## PEDIATRIC/ADULT REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI  
MR#: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

### SAMPLE/SPECIMEN INFORMATION

**SPECIMEN TYPE:**  Peripheral blood  Skin biopsy (site): \_\_\_\_\_  
 Other: \_\_\_\_\_  
Specimen Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Specimen Amount: \_\_\_\_\_  
DRAWN BY: \_\_\_\_\_

### LABORATORY TESTS ORDERED

#### Cytogenetic Testing

- Routine chromosome analysis\*
- High resolution chromosome analysis\*  
*\*For chromosome analysis: reflex STAT prelim results on infants <1 month. Reflex to mosaicism study when sex chromosome/mosaic aneuploidy abnormality suspected by laboratory based on indications provided.*
- Reflex\*** SNP Microarray if chromosome results are normal
- SNP Microarray – Constitutional
- Chromosome mosaicism study
- Fanconi Anemia (FA) Chromosome Breakage study
- Bloom syndrome – Sister Chromatid Exchange (SCE) analysis
- 22q11.2 del (VCFS) (metaphase FISH)
- SRY (Xp11.1q11.1/Yp11.2) (metaphase FISH)
- X/Y centromeres (Xp11.1q11.1/Yp11.1q11.1) (interphase FISH)
- Other FISH (please call laboratory): \_\_\_\_\_

#### Molecular Genetic Testing (for full Molecular Genetics test menu, see website)

- PTEN* Autism Spectrum Disorder sequencing
- Fragile X DNA testing
- MECP2* sequence analysis (Rett syndrome)
- MECP2* deletion/duplication analysis by MLPA
- Prader-Willi/Angelman – by methylation-sensitive MLPA
- Spinal Muscular Atrophy – SMN1/SMN2 Copy Number Analysis by MLPA

#### Neurodevelopmental Reflex Genetic Test\*\*

Tests will be run sequentially based on your selection below:

- Patient is macrocephalic: *SNP Microarray* → *Fragile X* → *PTEN*
- Male patient with normal or small head circumference:  
*SNP Microarray* → *Fragile X*
- Female patient with normal or small head circumference:  
*SNP Microarray* → *Fragile X* → *MECP2*

\*Additional charge for reflex testing. If SNP Microarray is denied by insurance, Chromosome Analysis will be performed as the first test in the algorithm.

\*\*See page 2 for additional information

#### Other testing- please call

- Family study (please specify): \_\_\_\_\_
- Cell culture, storage & freezing of cells
- Special study/other: \_\_\_\_\_

### PROVIDER INFORMATION

Ordering Provider (print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Genetic Counselor/Lab Contact Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Ordering Provider Signature (REQUIRED)

#### Contact Information for results/questions (if different than ordering provider):

Name & Title: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### INDICATIONS/DIAGNOSIS/ICD-10 CODE

#### Medical/Physical

- Amenorrhea: 1° or 2°
- Autism Spectrum Disorder
- Congenital heart anomaly
- Dysmorphic features
- Encephalopathy
- Failure to thrive
- Hydrocephalus
- Hypotonia
- MRI, abnormal
- Macrocephaly
- Microcephaly
- PDD-NOS
- Seizures, convulsions
- Short stature
- Other: \_\_\_\_\_

#### Learning/Behavior

- Developmental delay/ Intellectual disability
  - ADD/ADHD
  - Language disorder
- #### Family History
- Family history ID
  - Known chromosome abnormality
  - Fam Hx genetic condition: \_\_\_\_\_
  - Consanguinity (describe relationship): \_\_\_\_\_

### BILLING INFORMATION

Please call 1-866-450-4198 with questions.

#### PATIENT BILLING/SELF PAY

Please call 1-866-450-4198 for options

#### INSTITUTION BILL

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Accounts Payable Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### COMMERCIAL INSURANCE

Can only be billed if requested at time of service.

- Billing information attached — include a copy of insurance card/face sheet

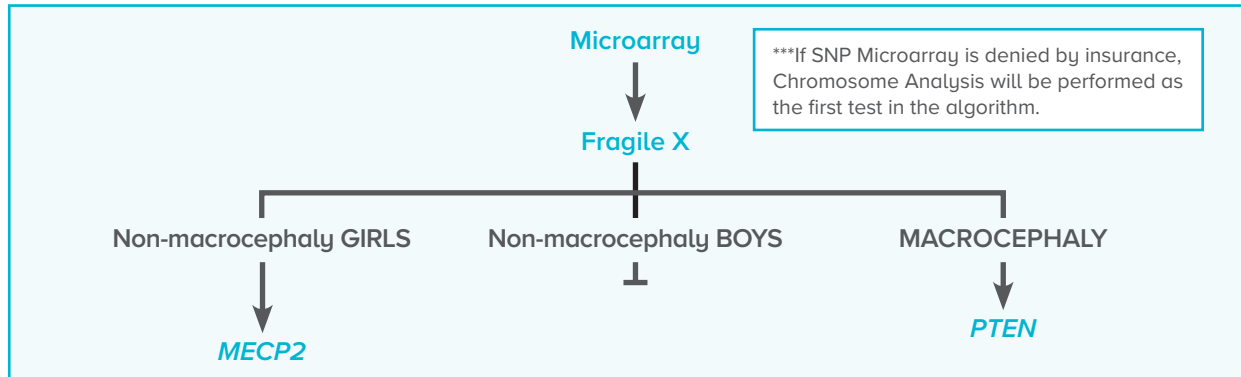
#### PLEASE NOTE:

- 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.

## ADDITIONAL INFORMATION

### NEURODEVELOPMENTAL REFLEX GENETIC TESTING ALGORITHM

Tests will be performed sequentially based on the path that your patient follows in the Neurodevelopmental Reflex Test algorithm. Charges will apply to the tests completed in the patient's defined Neurodevelopmental Reflex Test algorithm. Testing will only proceed to the next step if the previous test result is uninformative.



### SPECIMEN REQUIREMENTS

**Fanconi Anemia Chromosome Breakage Study (please see Fanconi Anemia Requisition for molecular and complementation testing options):**

- 5–10 mLs peripheral blood (NaHep)
- 5–10 mLs bone marrow (NaHep)
- Skin biopsy

**Bloom syndrome – Sister Chromatid Exchange (SCE) analysis:**

- 3–5 mL blood (NaHep)

**Routine/High Resolution Chromosome analysis:**

- 3–5 mL blood (NaHep)

**SNP Microarray:**

- 3 mL blood (NaHep) and 3 mL blood (EDTA)

**PTEN Autism Spectrum Disorder Sequencing:**

- 3–5 mL blood (EDTA)

**Fragile X DNA Testing:**

- 3–5 mL blood (EDTA)

**Prader-Willi/Angelman - by MLPA:**

- 3–5 mL blood (EDTA)

**FISH Tests:**

- 3–5 mL blood (NaHep)

**For any questions about specimen requirements, please call our laboratory at 513-636-4474.**

### SHIPPING INFORMATION

**Shipping:**

For samples that arrive **Monday-Friday:**

Cincinnati Children's  
Genetics and Genomics Diagnostic Laboratory  
3333 Burnet Ave.  
TCHRF 1042  
Cincinnati, OH 45229-3039

**Local courier is available;** please call 513-636-4474 for information.

For samples that arrive on **Saturday** (Please call laboratory to inform):

Cincinnati Children's  
Genetics and Genomics Diagnostic Laboratory  
3333 Burnet Ave.  
TCHRF 1042  
DOCK 5  
Cincinnati, OH 45229-3039

**Cancellation Policy:** Tests can only be canceled if laboratory is notified prior to the initiation of testing.

Patient signed completed ABN

**Medical Necessity Regulations:** At the government's request, the Genetics Laboratories 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.