

PRENATAL COMPREHENSIVE REQUISITION

PATIENT INFORMATION (COMPLETE ONE FORM FOR EACH PERSON TESTED)

Fetus of: _____ Patient Last Name _____ Patient First Name _____ MI _____ Date of Birth (MM / DD / YYYY) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Accession # _____ Hospital / Medical Record # _____

Patient discharged from the hospital/facility: Yes No

Biological Sex: Female Male Unknown
 Gender identity (if different from above): _____

REPORTING RECIPIENTS

Ordering Physician _____ Institution Name _____

Email (Required for International Clients) _____ Phone _____ Fax _____

ADDITIONAL RECIPIENTS

Name _____ Email _____ Fax _____

Name _____ Email _____ Fax _____

PAYMENT (FILL OUT ONE OF THE OPTIONS BELOW)

SELF PAYMENT
 Pay With Sample Bill To Patient

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 / YYYY) _____	Name of Insured _____	Insured Date of Birth (MM / DD / YYYY) _____
Patient's Relationship to Insured _____	Phone of Insured _____	Patient's Relationship to Insured _____	Phone of Insured _____
Address of Insured _____		Address of Insured _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Primary Insurance Co. Name _____	Primary Insurance Co. Phone _____	Secondary Insurance Co. Name _____	Secondary Insurance Co. Phone _____
Primary Member Policy # _____	Primary Member Group # _____	Secondary Member Policy # _____	Secondary Member Group # _____

By signing below, I hereby authorize Baylor Genetics to provide my insurance carrier any information necessary, including test results, for processing my insurance claim. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates, as well as 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 Printed Name _____ Patient's Signature _____ Date (MM / DD / YYYY) _____

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 (MM / DD / YYYY) _____

PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____ Patient Last Name _____ Patient First Name _____ MI _____ Date of Birth (MM / DD / YYYY) _____ Biological Sex _____

ETHNICITY

- | | | |
|--|---|---|
| <input type="radio"/> African American | <input type="radio"/> Hispanic American | <input type="radio"/> Pacific Islander (Philippines, Micronesia, Malaysia, Indonesia) |
| <input type="radio"/> Ashkenazi Jewish | <input type="radio"/> Mennonite | <input type="radio"/> South Asian (India, Pakistan) |
| <input type="radio"/> East Asian (China, Japan, Korea) | <input type="radio"/> Middle Eastern (Saudi Arabia, Qatar, Iraq, Turkey) | <input type="radio"/> Southeast Asian (Vietnam, Cambodia, Thailand) |
| <input type="radio"/> Finnish | <input type="radio"/> Native American | <input type="radio"/> Southern European Caucasian (Spain, Italy, Greece) |
| <input type="radio"/> French Canadian | <input type="radio"/> Northern European Caucasian (Scandinavian, UK, Germany) | <input type="radio"/> Other (Specify): _____ |

SAMPLE

Date of Collection (MM / DD / YYYY) _____ / _____ / _____

SAMPLE TYPE

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

GESTATIONAL INFORMATION

U/S Date (MM/DD/YYYY) _____ / _____ / _____

Gestational Age on U/S Date: _____ weeks _____ days

LMP Date (MM/DD/YYYY) _____ / _____ / _____

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

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

<input type="radio"/> Maternal Blood _____ / _____ / _____ Date of Collection (MM/DD/YYYY)	_____ / _____ / _____ Paternal Last Name _____ Paternal First Name
<input type="radio"/> Paternal Blood _____ / _____ / _____ Date of Collection (MM/DD/YYYY)	_____ / _____ / _____ Date of Birth (MM/DD/YYYY)

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

INDICATION FOR TESTING (REQUIRED)

- Pregnancy at Risk for Specific Genetic Disorder (Complete Familial Mutation information to the right)
- Advanced Maternal Age (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 1-800-411-4363.

_____ / _____ / _____
Name of Baylor Genetic Counselor _____ Date (MM/DD/YYYY)

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="radio"/> AF - AFP | <input type="radio"/> COL1A1 & COL1A2-Related Disorders Panel (See pg 2) | <input type="radio"/> Noonan Spectrum Disorders Panel (See pg 2) |
| <input type="radio"/> AChE | <input type="radio"/> Expanded CMA | <input type="radio"/> Targeted CMA |
| <input type="radio"/> Aneuploidy FISH (24-48hrs for 13, 18, 21, X, Y) | <input type="radio"/> Expanded CMA + Limited Chromosome Karyotype (5 cell karyotype) * | <input type="radio"/> Targeted CMA + Limited Chromosome Analysis (5 cell karyotype) * |
| <input type="radio"/> Chromosome Analysis | | |

* Cultured Fetal Samples are not accepted for CMA + Limited Karyotype.

PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____
 Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) Biological Sex

NOONAN SPECTRUM DISORDERS TESTING

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

Specimen Requirements/Order Discussed with: _____
 Name of Baylor Genetic Counselor Date (MM/DD/YYYY)

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: MATERNAL INFORMATION:

Maternal Last Name Maternal First Name MI

Does this parent have features of Noonan Syndrome? Yes No

Asymptomatic Symptomatic (Attach summary of findings)

Maternal Date of Birth (MM / DD / YYYY) _____ Not Available

Date of Collection (MM / DD / YYYY) _____ To Be Sent Later

21401: PATERNAL INFORMATION:

Paternal Last Name Paternal First Name MI

Does this parent have features of Noonan Syndrome? Yes No

Asymptomatic Symptomatic (Attach summary of findings)

Paternal Date of Birth (MM / DD / YYYY) _____ Not Available

Date of Collection (MM / DD / YYYY) _____ To Be Sent Later

* If parental 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 & COL1A2-Related Disorders. Please see the website for fetal specimen information.

Specimen Requirements/Order Discussed with: _____
 Name of Baylor Genetic Counselor Date (MM/DD/YYYY)

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: MATERNAL INFORMATION:

Maternal Last Name Maternal First Name MI

Does this parent have features of COL1A1 & COL1A2-Related Disorders? Yes No

Asymptomatic Symptomatic (Attach summary of findings)

Maternal Date of Birth (MM / DD / YYYY) _____ Not Available

Date of Collection (MM / DD / YYYY) _____ To Be Sent Later

21401: PATERNAL INFORMATION:

Paternal Last Name Paternal First Name MI

Does this parent have features of COL1A1 & COL1A2-Related Disorders? Yes No

Asymptomatic Symptomatic (Attach summary of findings)

Paternal Date of Birth (MM / DD / YYYY) _____ Not Available

Date of Collection (MM / DD / YYYY) _____ To Be Sent Later

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



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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="radio"/> CDC73 -Related Disorders | <input type="radio"/> Complex I Deficiency, NDUFA11-Related |
| <input type="radio"/> CDH1-Related Disorders | <input type="radio"/> Complex I Deficiency, NDUFAF1-Related |
| <input type="radio"/> CDH23-Related Disorders (Usher Syndrome 1D) | <input type="radio"/> Complex I Deficiency, NDUFAF2-Related |
| <input type="radio"/> CDKL5-Related Disorders | <input type="radio"/> Complex I Deficiency, NDUFAF3-Related |
| <input type="radio"/> CDKN1C-Related Disorders | <input type="radio"/> Complex I Deficiency, NDUF8-Related |
| <input type="radio"/> CDKN2A-Related Disorders | <input type="radio"/> Complex I Deficiency, NDUF51-Related |
| <input type="radio"/> Centronuclear Myopathy MTMR14 | <input type="radio"/> Complex I Deficiency, NDUF53-Related |
| <input type="radio"/> Centronuclear Myopathy 3 MYF6 | <input type="radio"/> Complex I Deficiency, NDUF54-Related |
| <input type="radio"/> Centronuclear Myopathy 4 CCDC78 | <input type="radio"/> Complex I Deficiency, NDUF56-Related |
| <input type="radio"/> Centronuclear Myopathy, Autosomal Recessive BIN1 | <input type="radio"/> Complex I Deficiency, NDUF58-Related |
| <input type="radio"/> Cerebrotendinous Xanthomatosis CYP27A1 | <input type="radio"/> Complex I Deficiency, NDUFV1-Related |
| <input type="radio"/> CFTR-Related Disorders (Cystic Fibrosis) | <input type="radio"/> Complex I Deficiency, NUBPL-Related |
| <input type="radio"/> CHD7-Related Disorders (CHARGE Syndrome) | <input type="radio"/> Complex II Deficiency, SDHA-Related |
| <input type="radio"/> Chediak-Higashi Syndrome LYST | <input type="radio"/> Complex II Deficiency, SDHAF1-Related |
| <input type="radio"/> CHEK2-Related Disorders | <input type="radio"/> Complex II Deficiency, SDHB-Related |
| <input type="radio"/> CHRNA1-Related Disorders | <input type="radio"/> Complex III Deficiency, TTC19-Related |
| <input type="radio"/> CHRNA7-Related Disorders | <input type="radio"/> Complex IV (COX) Deficiency, COX4I1-Related |
| <input type="radio"/> CHRNB1-Related Disorders | <input type="radio"/> Complex IV (COX) Deficiency, COX10-Related |
| <input type="radio"/> CHRND-Related Disorders | <input type="radio"/> Complex IV (COX) Deficiency, SCO1-Related |
| <input type="radio"/> Citrin Deficiency SLC25A13 (CTLN2) | <input type="radio"/> Complex IV (COX) Deficiency, SCO2-Related |
| <input type="radio"/> Citrullinemia I ASS1 | <input type="radio"/> Complex IV (COX) Deficiency, SURF1-Related |
| <input type="radio"/> Cleidocranial Dysplasia RUNX2 | <input type="radio"/> Complex IV (COX) Deficiency, TACO1-Related |
| <input type="radio"/> CLRN1-Related Disorders (Usher Syndrome 3A; Retinitis Pigmentosa) | <input type="radio"/> Complex V Deficiency, ATP5E-Related |
| <input type="radio"/> Coenzyme Q10 Deficiency ADCK3(CABC1) | <input type="radio"/> Compton-North Congenital Myopathy CNTN1 |
| <input type="radio"/> Coenzyme Q10 Deficiency COQ2 | <input type="radio"/> Cone-rod Dystrophy 15 CDHR1 |
| <input type="radio"/> Coenzyme Q10 Deficiency COQ6 | <input type="radio"/> Congenital Adrenal Hyperplasia CYP11B1 |
| <input type="radio"/> Coenzyme Q10 Deficiency COQ8 | <input type="radio"/> Congenital Adrenal Hyperplasia CYP17A1 |
| <input type="radio"/> Coenzyme Q10 Deficiency PDSS2 | <input type="radio"/> Congenital Amegakaryocytic Thrombocytopenia MPL |
| <input type="radio"/> COG6-Related Disorders | <input type="radio"/> Congenital Bile Acid Synthesis Defect 2 AKR1D1 |
| <input type="radio"/> COL1A1-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1A, PMM2-Related |
| <input type="radio"/> COL1A2-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1B, MPI-Related |
| <input type="radio"/> COL2A1-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1C, ALG6-Related |
| <input type="radio"/> COL6A1-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1D, ALG3-Related |
| <input type="radio"/> COL6A2-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1F, MPDU1-Related |
| <input type="radio"/> COL6A3-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1G, ALG12-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 1, GF1-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1H, ALG8-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 3, TSFM-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1K, ALG1-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 5, MRPS22-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1L, ALG9-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 7, C12orf65-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1M, DOLK-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 8, AARS2-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1P, ALG11-Related |
| <input type="radio"/> Complex I Deficiency, ACAD9-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1R, DDOST-Related |
| <input type="radio"/> Complex I Deficiency, FOXRED1-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1S, ALG13-Related |
| <input type="radio"/> Complex I Deficiency, NDUFA1-Related | |



PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____ / _____ / _____
Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) 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="radio"/> Congenital Disorders of Glycosylation CDG1U, DPM2-Related | <input type="radio"/> Desmoplastic Medulloblastoma SUFU |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG1V, NGLY1-Related | <input type="radio"/> DES-Related Disorders |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2B, MOGS-Related | <input type="radio"/> DGUOK Sequence Analysis |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2C, SLC35C1 (FUCT1)-Related | <input type="radio"/> Diamond-Blackfan Anemia RPS19 |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2D, B4GALT1-Related | <input type="radio"/> Digenic Fascioscapulohumeral Muscular Dystrophy 2 SMCHD1 |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2E, COG7-Related | <input type="radio"/> DiGeorge Syndrome TBX1 |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2F, SLC35A1 (CST)-Related | <input type="radio"/> Dihydroliipoamide Dehydrogenase Deficiency DLD |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2G, COG1-Related | <input type="radio"/> Dihydropyrimidine Dehydrogenase Deficiency DPYD |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2H, COG8-Related | <input type="radio"/> DNM2-Related Disorders |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2I, COG5-Related | <input type="radio"/> DOCK8-Related Disorders |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2J, COG4-Related | <input type="radio"/> DPAGT1-Related Disorders |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2K, TMEM165-Related | <input type="radio"/> DYSF-Related Disorders |
| <input type="radio"/> Congenital Disorders of Glycosylation CDG2M, SLC35A2 (UGALT)-Related | <input type="radio"/> Dystrophinopathies (Duchenne/Becker) DMD |
| <input type="radio"/> Congenital Generalized Lipodystrophy Type 4 PTRF | <input type="radio"/> Early-Onset Distal Myopathy KLHL9 |
| <input type="radio"/> Congenital Muscular Dystrophy due to ITGA7 Deficiency ITGA7 | <input type="radio"/> Early-Onset Myopathy, Areflexia, Respiratory Distress, and Dysphagia (EMARDD) MEGF10 |
| <input type="radio"/> Congenital Muscular Dystrophy, Megaconial Type CHKB | <input type="radio"/> Ehlers-Danlos Syndrome, Classic Type COL5A1 |
| <input type="radio"/> Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 8 POMGNT2 | <input type="radio"/> Ehlers-Danlos Syndrome, Classic Type COL5A2 |
| <input type="radio"/> Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 10 TMEM5 | <input type="radio"/> Ehlers-Danlos Syndrome, Kyphoscoliotic form PLOD1 |
| <input type="radio"/> Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 11 B3GALNT2 | <input type="radio"/> Ehlers-Danlos Syndrome Type IV COL3A1 |
| <input type="radio"/> Congenital Muscular Dystrophy-Dystroglycanopathy with Brain and Eye Anomalies Type A 12 POMK | <input type="radio"/> Ehlers-Danlos Syndrome, Spondylocheiro Dysplastic Form SLC39A13 (ZnT) |
| <input type="radio"/> Congenital Myasthenia with Tubular Aggregates 1 GFPT1 | <input type="radio"/> Emery-Dreifuss Muscular Dystrophy 1, X-Linked EMD |
| <input type="radio"/> Congenital Myasthenic Syndrome, AGRN-Related | <input type="radio"/> Emery-Dreifuss Muscular Dystrophy 5, Autosomal Dominant SYNE2 |
| <input type="radio"/> Congenital Myasthenic Syndrome, ALG14-Related | <input type="radio"/> Endplate Acetylcholinesterase Deficiency COLQ |
| <input type="radio"/> Congenital Myasthenic Syndrome, CHAT-Related | <input type="radio"/> Epileptic Encephalopathy, Early Infantile, Type 4 STXBP1 |
| <input type="radio"/> Congenital Myasthenic Syndrome, CHRNE-Related | <input type="radio"/> Epileptic Encephalopathy, Early Infantile, Type 7 KCNQ2 |
| <input type="radio"/> Congenital Myasthenic Syndrome, DOK7-Related | <input type="radio"/> Erythrocytic AMP Deaminase Deficiency AMPD3 |
| <input type="radio"/> Congenital Myasthenic Syndrome, RAPSN-Related | <input type="radio"/> Ethylmalonic Encephalopathy ETHE1 |
| <input type="radio"/> Congenital Myopathy PTPLA | <input type="radio"/> Exudative Vitreoretinopathy 5 TSPAN12 |
| <input type="radio"/> Costello Syndrome HRAS | <input type="radio"/> Fabry Disease GLA |
| <input type="radio"/> COX15-Related Disorders | <input type="radio"/> FAM20C-Related Disorders |
| <input type="radio"/> CP-Related Disorders | <input type="radio"/> Familial Dysautonomia IKBKAP |
| <input type="radio"/> CPT1B-Related Disorders | <input type="radio"/> Fanconi Anaemia FANCC |
| <input type="radio"/> Creatine Transporter (CRTR) Deficiency SLC6A8 (CT1) | <input type="radio"/> Fanconi Anemia, CGN, PALB2 |
| <input type="radio"/> Crigler-Najjar Syndrome UGT1A1 | <input type="radio"/> Fanconi Anemia, CGO, RAD51C |
| <input type="radio"/> CRYAB-Related Disorders | <input type="radio"/> Fanconi-Bickel Syndrome SLC2A2 (GLUT2) |
| <input type="radio"/> Cutaneous Malignant Melanoma 3 CDK4 | <input type="radio"/> FARS2-Related Disorders |
| <input type="radio"/> CYP1B1-Related Disorders (Primary Congenital Glaucoma) | <input type="radio"/> FASTKD2-Related Disorders |
| <input type="radio"/> Cystinosis CTNS | <input type="radio"/> FBN1-Related Disorders |
| <input type="radio"/> Danon Disease LAMP2 | <input type="radio"/> FH-Related Disorders |
| <input type="radio"/> Deafness-Dystonia-Optic Neuropathy TIMM8A | <input type="radio"/> FHL1-Related Disorders |
| <input type="radio"/> Complex I Deficiency, FOXRED1-Related | <input type="radio"/> Fibrodysplasia Ossificans Progressiva ACVR1 |
| <input type="radio"/> Complex I Deficiency, NDUFA1-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1S, ALG13-Related |



PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____ / _____ / _____
Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) 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="radio"/> FLNC-Related Disorders | <input type="radio"/> Glycogen Storage Disease Type XV GYG1 |
| <input type="radio"/> FKR1-Related Disorders | <input type="radio"/> GMPPB-Related Disorders |
| <input type="radio"/> FLCN -Related Disorders | <input type="radio"/> GNE-Related Disorders (Inclusion Body Myopathy Type 2) |
| <input type="radio"/> FMR1-Related Disorders (Fragile X) | <input type="radio"/> GPC3-Related Disorders |
| <input type="radio"/> Focal Dermal Hypoplasia PORCN | <input type="radio"/> Gyrate Atrophy of Choroid and Retina OAT |
| <input type="radio"/> FOXF1-Related Disorders | <input type="radio"/> HADH-Related Disorders |
| <input type="radio"/> Fructose 1,6 Bisphosphatase Deficiency FBP1 | <input type="radio"/> HADHA-Related Disorders (LCHAD Deficiency) |
| <input type="radio"/> Fukuyama Congenital Muscular Dystrophy FKTN | <input type="radio"/> HADHB-Related Disorders |
| <input type="radio"/> FZD4-Related Disorders | <input type="radio"/> HARS2-Related Disorders |
| <input type="radio"/> Galactosemia GALE | <input type="radio"/> Hearing Loss and Deafness, Nonsyndromic, GJB2-Related |
| <input type="radio"/> Galactosemia GALT | <input type="radio"/> Hearing Loss, X-Linked Nonsyndromic, POU3F4 |
| <input type="radio"/> Galactokinase Deficiency GALK1 | <input type="radio"/> Hemochromatosis Type 1 HFE |
| <input type="radio"/> GAMT Deficiency GAMT | <input type="radio"/> Hemochromatosis Type 2A HFE2 |
| <input type="radio"/> GATA2-Related Disorders | <input type="radio"/> Hemochromatosis Type 2B HAMP |
| <input type="radio"/> GATA6-Related Disorders | <input type="radio"/> Hemochromatosis Type 3 TFR2 |
| <input type="radio"/> GATM Deficiency (Arginine:Glycine Amidinotransferase Deficiency) GATM | <input type="radio"/> Hemochromatosis Type 4 SLC40A1 (HFE4) |
| <input type="radio"/> Gaucher Disease GBA | <input type="radio"/> Hemophagocytic Lymphohistiocytosis 3, Familial, UNC13D |
| <input type="radio"/> GBE1-Related Disorders | <input type="radio"/> Hemophagocytic Lymphohistiocytosis 4, Familial, STX11 |
| <input type="radio"/> GCK -Related Disorders | <input type="radio"/> Hemophagocytic Lymphohistiocytosis 5, Familial, STXBP2 |
| <input type="radio"/> GJB2-Related Hearing Loss and Deafness | <input type="radio"/> Hereditary Fructose Intolerance ALDOB |
| <input type="radio"/> Glucose-6-Phosphate Dehydrogenase Deficiency G6PD | <input type="radio"/> Hereditary Hemorrhagic Telangiectasia Type 1 ENG |
| <input type="radio"/> Glucose Transporter Type 1 Deficiency Syndrome SLC2A1 (GLUT1) | <input type="radio"/> Hereditary Motor and Sensory Neuropathy with Agenesis of the Corpus Callosum SLC12A6 (KCC3A) |
| <input type="radio"/> Glutaric Acidemia Type 1 GCDH | <input type="radio"/> Hertz Junctional Epidermolysis Bullosa, LAMA3-Related |
| <input type="radio"/> Glutaric Acidemia Type 3 C7orf10 | <input type="radio"/> Hertz Junctional Epidermolysis Bullosa, LAMB3-Related |
| <input type="radio"/> Glycine Encephalopathy AMT | <input type="radio"/> Hertz Junctional Epidermolysis Bullosa, LAMC2-Related |
| <input type="radio"/> Glycogen Storage Disease Type 0, Liver Isoform GYS2 | <input type="radio"/> Hermansky-Pudlak Syndrome 1 HPS1 |
| <input type="radio"/> Glycogen Storage Disease Type 0, Muscle Isoform GYS1 | <input type="radio"/> Hermansky-Pudlak Syndrome 2 AP3B1 |
| <input type="radio"/> Glycogen Storage Disease Type 1a G6PC | <input type="radio"/> Hermansky-Pudlak Syndrome 3 HPS3 |
| <input type="radio"/> Glycogen Storage Disease Type 1 (b, c, d) SLC37A4 (GSD1B) | <input type="radio"/> Hermansky-Pudlak Syndrome 4 HPS4 |
| <input type="radio"/> Glycogen Storage Disease Type II (Pompe Disease) GAA | <input type="radio"/> Hermansky-Pudlak Syndrome 5 HPS5 |
| <input type="radio"/> Glycogen Storage Disease Type III AGL | <input type="radio"/> Hermansky-Pudlak Syndrome 6 HPS6 |
| <input type="radio"/> Glycogen Storage Disease Type V PYGM | <input type="radio"/> Hermansky-Pudlak Syndrome 7 DTNBP1 |
| <input type="radio"/> Glycogen Storage Disease Type VI PYGL | <input type="radio"/> Hermansky-Pudlak Syndrome 8 BLOC1S3 |
| <input type="radio"/> Glycogen Storage Disease Type VII PFKM | <input type="radio"/> HNF1A-Related Disorders |
| <input type="radio"/> Glycogen Storage Disease Type IX PHKA1 | <input type="radio"/> HNF1B-Related Disorders |
| <input type="radio"/> Glycogen Storage Disease Type IX PHKA2 | <input type="radio"/> HNRNPA1-Related Disorders |
| <input type="radio"/> Glycogen Storage Disease Type IX PHKB | <input type="radio"/> Holocarboxylase Synthetase Deficiency HLCS |
| <input type="radio"/> Glycogen Storage Disease Type IX PHKG2 | <input type="radio"/> Homocystinuria Caused by Cystathionine Beta-Synthase Deficiency CBS |
| <input type="radio"/> Glycogen Storage Disease Type X PGAM2 | <input type="radio"/> HPD Related Disorders HPD |
| <input type="radio"/> Glycogen Storage Disease Type XI LDHA | <input type="radio"/> HSD17B4-Related Disorders (D-Bifunctional Protein Deficiency) |
| <input type="radio"/> Glycogen Storage Disease Type XIII ENO3 | <input type="radio"/> Huntington Disease |
| <input type="radio"/> Glycogen Storage Disease Type XIV PGM1 | <input type="radio"/> Congenital Disorders of Glycosylation CDG1S, ALG13-Related |



PRENATAL COMPREHENSIVE REQUISITION

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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="radio"/> Hyperinsulinism-Hyperammonemia Syndrome GLUD1 | <input type="radio"/> LDB3-Related Disorders |
| <input type="radio"/> Hypermethioninemia GNMT | <input type="radio"/> Leber Congenital Amaurosis, AIPL1-Related |
| <input type="radio"/> Hypermethioninemia with S-Adenosylhomocysteine Hydrolase Deficiency AHCY | <input type="radio"/> Leber Congenital Amaurosis, CABP4-Related |
| <input type="radio"/> Hyperornithinemia-Hyperammonemia-Homocitrullinuria (HHH) Syndrome SLC25A15 (HHH) | <input type="radio"/> Leber Congenital Amaurosis, CEP290-Related |
| <input type="radio"/> Hyperprolinemia Type II ALDH4A1 | <input type="radio"/> Leber Congenital Amaurosis, CRB1-Related |
| <input type="radio"/> Hypophosphatemic Nephrolithiasis/Osteoporosis, 1 SLC34A1 (NPT2) | <input type="radio"/> Leber Congenital Amaurosis, CRX-Related |
| <input type="radio"/> Hypothyroidism, Congenital, IYD | <input type="radio"/> Leber Congenital Amaurosis, GUCY2D-Related |
| <input type="radio"/> Ichthyosis, X-Linked (STS Deficiency) FISH | <input type="radio"/> Leber Congenital Amaurosis, IMPDH1-Related |
| <input type="radio"/> Ichthyosis, X-Linked BIOCHEMICAL | <input type="radio"/> Leber Congenital Amaurosis, IQCB1-Related |
| <input type="radio"/> IKBKG-Related Disorders | <input type="radio"/> Leber Congenital Amaurosis, LCA5-Related |
| <input type="radio"/> IKZF1-Related Disorders | <input type="radio"/> Leber Congenital Amaurosis, LRAT-Related |
| <input type="radio"/> Immunodeficiency Type 8 CORO1A | <input type="radio"/> Leber Congenital Amaurosis, RDH12-Related |
| <input type="radio"/> Immunodeficiency Type 9 ORAI1 | <input type="radio"/> Leber Congenital Amaurosis, RPE65-Related |
| <input type="radio"/> Immunodeficiency Type 17 CD3G | <input type="radio"/> Leber Congenital Amaurosis, RPGRIP1-Related |
| <input type="radio"/> Immunodeficiency Type 18 CD3E | <input type="radio"/> Leber Congenital Amaurosis, SPATA7-Related |
| <input type="radio"/> Immunodeficiency Type 19 CD3D | <input type="radio"/> Leber Congenital Amaurosis, TULP1-Related |
| <input type="radio"/> Immunodeficiency Type 22 LCK | <input type="radio"/> Leigh Syndrome, French-Canadian Type LRPPRC |
| <input type="radio"/> Immunodysregulation, Polyendocrinopathy, and Enteropathy, X-linked FOXP3 | <input type="radio"/> Lesch-Nyhan Disease HPRT |
| <input type="radio"/> Inclusion Body Myopathy 3 MYH2 | <input type="radio"/> Lethal Encephalopathy -Due to defective mitochondrial peroxisomal fission DNM1L |
| <input type="radio"/> Inclusion Body Myopathy with Early-Onset Paget Disease with or without Frontotemporal Dementia 2 HNRNPA2B1 | <input type="radio"/> Leukemia, Acute Lymphoblastic PAX5 |
| <input type="radio"/> INS-Related Disorders | <input type="radio"/> Leukoencephalopathy (LBSL), DARS2-Related |
| <input type="radio"/> INSR-Related Disorders | <input type="radio"/> Leukoencephalopathy (VWM), EIF2B5-Related |
| <input type="radio"/> Intermediate Charcot-Marie-Tooth Neuropathy, KARS-Related | <input type="radio"/> Leukoencephalopathy with Dystonia and Motor Neuropathy SCP2 |
| <input type="radio"/> Intrahepatic Cholestasis 1, Progressive Familial (PFIC1) ATP8B1 | <input type="radio"/> LIG4-Related Disorders |
| <input type="radio"/> Intrahepatic Cholestasis 2, Progressive Familial (PFIC2) ABCB11 | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 1E DNAJB6 |
| <input type="radio"/> Intrahepatic Cholestasis 3, Progressive Familial (PFIC3) ABCB4 | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 1F TNPO3 |
| <input type="radio"/> Intrinsic Factor Deficiency GIF | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 2A CAPN3 |
| <input type="radio"/> Isobutyryl-CoA Dehydrogenase Deficiency ACAD8 | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 2C SGCG |
| <input type="radio"/> Isovaleric Acidemia IVD | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 2D SGCA |
| <input type="radio"/> ISPD-Related Disorders | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 2E SGCB |
| <input type="radio"/> Joubert Syndrome TMEM216 | <input type="radio"/> Limb-Girdle Muscular Dystrophy Type 2S TRAPPC11 |
| <input type="radio"/> KCNJ11-Related Disorders | <input type="radio"/> Liver Failure, Acute Infantile TRMU |
| <input type="radio"/> Ketothiolase Deficiency ACAT1 | <input type="radio"/> LMNA-Related Disorders |
| <input type="radio"/> KIF11-Related Disorders | <input type="radio"/> Lowe Syndrome OCRL1 |
| <input type="radio"/> Krabbe Disease GALC | <input type="radio"/> LRP5-Related Disorders |
| <input type="radio"/> LAMA2-Related Disorders | <input type="radio"/> Lymphoproliferative Syndrome 1 ITK |
| <input type="radio"/> LAMB2-Related Disorders | <input type="radio"/> Lymphoproliferative Syndrome 1, X-linked, SH2D1A |
| <input type="radio"/> LARGE-Related Disorders | <input type="radio"/> Lymphoproliferative Syndrome 2, X-linked, XIAP |
| <input type="radio"/> LARS2-Related Disorders | <input type="radio"/> Lysinuric Protein Intolerance SLC7A7 (LAT1) |
| <input type="radio"/> LCAD Deficiency ACADL | <input type="radio"/> Malabsorptive Congenital Diarrhea 4 NEUROG3 |
| | <input type="radio"/> Malonic & Methylmalonic Aciduria, Combined ACSF3 |



PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____
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DISORDER SPECIFIC TESTS

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- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Maple Syrup Urine Disease Type 1A BCKDHA <input type="radio"/> Maple Syrup Urine Disease Type 1B BCKDHB <input type="radio"/> Maple Syrup Urine Disease Type 2 DBT <input type="radio"/> MARS2-Related Disorders <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type I HNF4A <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type II BLK <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type VI NEUROD1 <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type VII KLF11 <input type="radio"/> MCAD Deficiency ACADM <input type="radio"/> MECP2-Related Disorders (Rett) <input type="radio"/> Megalencephalic Leukoencephalopathy with Subcortical Cysts, MLC1-Related <input type="radio"/> Menkes Disease ATP7A <input type="radio"/> MET-Related Disorders <input type="radio"/> Methylcobalamin Deficiency, cbIE Type MTRR <input type="radio"/> Methylcobalamin Deficiency, cbIG Type MTR <input type="radio"/> Methylmalonic Acidemia, MCEE-Related <input type="radio"/> Methylmalonic Acidemia, MMAA-Related <input type="radio"/> Methylmalonic Acidemia, MMAB-Related <input type="radio"/> Methylmalonic Acidemia, MMADHC-Related <input type="radio"/> Methylmalonic Acidemia, MUT-Related <input type="radio"/> Methylmalonic Acidemia and Homocysteinemia, cbIX Type HCFC1 <input type="radio"/> Methylmalonic Aciduria and Homocystinuria, cbIF Type LMBRD1 <input type="radio"/> Methylmalonic Aciduria due to Transcobalamin Receptor Defect CD320 <input type="radio"/> MHC Class II Deficiency, CGB, RFXANK <input type="radio"/> Microcephaly, Epilepsy, and Diabetes Syndrome IER3IP1 <input type="radio"/> Microphthalmia, Isolated 5, Disorder MFRP <input type="radio"/> Mitchell-Riley Syndrome RFX6 <input type="radio"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 1 PUS1 <input type="radio"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 2 YARS2 <input type="radio"/> Mitochondrial Progressive Myopathy with Congenital Cataract, Hearing Loss, and Developmental Delay GFER <input type="radio"/> MKKS-Related Disorders <input type="radio"/> MKS1-Related Disorders <input type="radio"/> MMACHC (cbIC) -Related Disorders (Methylmalonic Aciduria and Homocystinuria, cbIC Type) <input type="radio"/> MNGIE Syndrome TYMP <input type="radio"/> Molybdenum Cofactor Deficiency MOCS1 <input type="radio"/> Molybdenum Cofactor Deficiency MOCS2 <input type="radio"/> MPV17-Related Disorders <input type="radio"/> MRPL44-Related Disorders <input type="radio"/> MTFMT-Related Disorders <input type="radio"/> mtDNA Depletion Syndrome 13, Encephalomyopathic Type FBXL4 <input type="radio"/> mtDNA Depletion Syndrome, Encephalomyopathic Form SUCLG2 <input type="radio"/> mtDNA Depletion Syndrome, Myopathic RRM2B | <ul style="list-style-type: none"> <input type="radio"/> mtDNA Depletion Syndrome, Myopathic SUCLA2 <input type="radio"/> mtDNA Depletion Syndrome, Myopathic TK2 <input type="radio"/> Mucopolidosis IV MCOLN1 <input type="radio"/> Mucopolysaccharidosis Type I IDUA <input type="radio"/> Mucopolysaccharidosis Type II IDS <input type="radio"/> Mucopolysaccharidosis Type IIIA (Sanfilippo Syndrome A) SGSH <input type="radio"/> Mucopolysaccharidosis Type IVA GALNS <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFA <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFB <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFDH <input type="radio"/> Multiple Intestinal Atresia TTC7A <input type="radio"/> Muscle-Eye-Brain Disease POMGNT1 <input type="radio"/> Muscular Dystrophy-Dystroglycanopathy 9 (Limb-Girdle) Type C DAG1 <input type="radio"/> MYBPC3 -Related Disorders <input type="radio"/> MYH7 -Related Disorders <input type="radio"/> MYO7A-Related Disorders (Usher Syndrome 1B) <input type="radio"/> Myoclonic Dystonia-11 SGCE <input type="radio"/> Myopathy due to Myoadenylate Deaminase Deficiency AMPD1 <input type="radio"/> Myopathy with Deficiency of ISCU <input type="radio"/> MYOT Related Disorders MYOT <input type="radio"/> Myotonic Dystrophy Type 1 <input type="radio"/> Myotubular Myopathy, X-linked MTM1 <input type="radio"/> N-Acetylglutamate Synthase Deficiency NAGS <input type="radio"/> Nail-Patella Syndrome LMX1B <input type="radio"/> NARS2-Related Disorders <input type="radio"/> Native American Myopathy STAC3 <input type="radio"/> NBN-Related Disorders (Nijmegen Breakage Syndrome) <input type="radio"/> NDP-Related Disorders <input type="radio"/> Nemaline Myopathy Amish Type 5 TNNT1 <input type="radio"/> Nemaline Myopathy, Autosomal Dominant 6 KBTBD13 <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 2 NEB <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 7 CFL2 <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 8 KLHL40 <input type="radio"/> Neonatal Diabetes Mellitus with Congenital Hypothyroidism GLIS3 <input type="radio"/> Nephronophthisis 2, Infantile INVS <input type="radio"/> Nephrotic Syndrome Type 1 NPHS1 <input type="radio"/> Nephrotic Syndrome Type 2 NPHS2 <input type="radio"/> Neuroblastoma ALK <input type="radio"/> Neuronal Ceroid Lipofuscinosis, CLN3-Related <input type="radio"/> Neuronal Ceroid Lipofuscinosis, CLN5-Related <input type="radio"/> NF2-Related Disorders |
|--|---|



PRENATAL COMPREHENSIVE REQUISITION

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



PRENATAL COMPREHENSIVE REQUISITION

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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="radio"/> Related Disorders | <input type="radio"/> Retinitis Pigmentosa, PDE6B-Related |
| <input type="radio"/> Primary Hyperoxaluria Type 1 AGXT | <input type="radio"/> Retinitis Pigmentosa, PRKCG-Related |
| <input type="radio"/> Primary Hyperoxaluria Type 2 GRHPR | <input type="radio"/> Retinitis Pigmentosa, PROM1-Related |
| <input type="radio"/> Primary Open Angle Glaucoma 1A MYOC | <input type="radio"/> Retinitis Pigmentosa, PRPF3-Related |
| <input type="radio"/> PRKAR1A-Related Disorders | <input type="radio"/> Retinitis Pigmentosa, PRPH2-Related |
| <input type="radio"/> PRKDC-Related Disorders | <input type="radio"/> Retinitis Pigmentosa, RD3-Related |
| <input type="radio"/> PROX1-Related Combined Pituitary Hormone Deficiency | <input type="radio"/> Retinitis Pigmentosa, RDH12-Related |
| <input type="radio"/> Propionic Acidemia, PCCA-Related | <input type="radio"/> Retinitis Pigmentosa, RGR-Related |
| <input type="radio"/> Propionic Acidemia, PCCB-Related | <input type="radio"/> Retinitis Pigmentosa, Autosomal Recessive, Bothnia Type RLBP1 |
| <input type="radio"/> PTCH1-Related Disorders | <input type="radio"/> Retinitis Pigmentosa, ROM1-Related |
| <input type="radio"/> PTEN-Related Disorders | <input type="radio"/> Retinitis Pigmentosa, RP2-Related |
| <input type="radio"/> Purine Nucleoside Phosphorylase Deficiency | <input type="radio"/> Retinitis Pigmentosa, RPE65-Related |
| <input type="radio"/> Pycnodysostosis CTSK | <input type="radio"/> Retinitis Pigmentosa, RPGR-Related |
| <input type="radio"/> Pyridoxine-Dependent Seizures ALDH7A1 | <input type="radio"/> Retinitis Pigmentosa, RPGRIP1-Related |
| <input type="radio"/> Pyruvate Carboxylase Deficiency PC | <input type="radio"/> Retinitis Pigmentosa, SAG-Related |
| <input type="radio"/> RAG2-Related Disorders | <input type="radio"/> Retinitis Pigmentosa, TOPORS-Related |
| <input type="radio"/> RECQL4 -Related Disorders (Rothmund-Thomson Syndrome) | <input type="radio"/> Retinoschisis RS1 |
| <input type="radio"/> Refsum Disease PHYH | <input type="radio"/> Rett Syndrome, Congenital Variant FOXP2 |
| <input type="radio"/> Reticular Dysgenesis AK2 | <input type="radio"/> Rhizomelic Chondrodysplasia Punctata Type 2 GNPAT |
| <input type="radio"/> Retinitis Pigmentosa, ABCA4-Related | <input type="radio"/> Rhizomelic Chondrodysplasia Punctata Type 3 AGPS |
| <input type="radio"/> Retinitis Pigmentosa, ABHD12-Related | <input type="radio"/> RMRP-Related Disorders (Cartilage Hair Hypoplasia) |
| <input type="radio"/> Retinitis Pigmentosa, BEST1-Related | <input type="radio"/> RYR1-Related Disorders |
| <input type="radio"/> Retinitis Pigmentosa, C2orf71-Related | <input type="radio"/> RYR2-Related Disorders |
| <input type="radio"/> Retinitis Pigmentosa, CA4-Related | <input type="radio"/> Rubinstein-Taybi Syndrome CREBBP |
| <input type="radio"/> Retinitis Pigmentosa, CDHR1-Related | <input type="radio"/> Salla Disease SLC17A5 (NSD) |
| <input type="radio"/> Retinitis Pigmentosa, CEP290-Related | <input type="radio"/> Sandhoff Disease HEXB |
| <input type="radio"/> Retinitis Pigmentosa, CNGB1-Related | <input type="radio"/> SCAD Deficiency ACADS |
| <input type="radio"/> Retinitis Pigmentosa, CRB1-Related | <input type="radio"/> Schmid Metaphyseal Chondrodysplasia (SMCD) COL10A1 |
| <input type="radio"/> Retinitis Pigmentosa, CRX-Related | <input type="radio"/> SCN4A-Related Disorders |
| <input type="radio"/> Retinitis Pigmentosa, DHDDS-Related | <input type="radio"/> Selective T-cell Defect ZAP70 |
| <input type="radio"/> Retinitis Pigmentosa, EYS-Related | <input type="radio"/> SEP1-Related Disorders |
| <input type="radio"/> Retinitis Pigmentosa, FAM161A-Related | <input type="radio"/> SERPINA1-Related Disorders SERPINA1 |
| <input type="radio"/> Retinitis Pigmentosa, FLVCR1-Related | <input type="radio"/> Severe Combined Immunodeficiency, Athabascan type DCLRE1C |
| <input type="radio"/> Retinitis Pigmentosa, FSCN2-Related | <input type="radio"/> Severe Combined Immunodeficiency, X-Linked IL2RG |
| <input type="radio"/> Retinitis Pigmentosa, GUCY2D-Related | <input type="radio"/> Severe Combined Immunodeficiency JAK3 |
| <input type="radio"/> Retinitis Pigmentosa, IMPDH1-Related | <input type="radio"/> Severe Combined Immunodeficiency NHEJ1 |
| <input type="radio"/> Retinitis Pigmentosa, IMPG2-Related | <input type="radio"/> Severe Combined Immunodeficiency PTPRC |
| <input type="radio"/> Retinitis Pigmentosa, LCA5-Related | <input type="radio"/> Severe Combined Immunodeficiency RAG1 |
| <input type="radio"/> Retinitis Pigmentosa, LRAT-Related | <input type="radio"/> SGCD-Related Disorders |
| <input type="radio"/> Retinitis Pigmentosa, MERTK-Related | <input type="radio"/> Shwachman-Bodian-Diamond Syndrome SBDS |
| <input type="radio"/> Retinitis Pigmentosa, MFRP-Related | <input type="radio"/> Sjogren-Larsson Syndrome ALDH3A2 |
| <input type="radio"/> Retinitis Pigmentosa, NR2E3-Related | <input type="radio"/> SLC16A1 |



PRENATAL COMPREHENSIVE REQUISITION

Fetus of: _____ / _____ / _____
Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) 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="radio"/> SLC25A4/ANT1-Related Disorders | <input type="radio"/> Transcobalamin II Deficiency TCN2 |
| <input type="radio"/> SMAD4 -Related Disorders | <input type="radio"/> TRIM32-Related Disorders |
| <input type="radio"/> Smith-Lemli-Opitz Syndrome DHCR7 | <input type="radio"/> TSHR-Related Disorders TSHR |
| <input type="radio"/> Smith-Magenis Syndrome RAI1 | <input type="radio"/> TUSC3-Related Disorders |
| <input type="radio"/> Spastic Paraplegia 7, Autosomal Recessive SPG7 | <input type="radio"/> Tyrosine Hydroxylase Deficiency TH |
| <input type="radio"/> Spinocerebellar Ataxia 1 SCA1 | <input type="radio"/> Tyrosinemia Type I FAH |
| <input type="radio"/> Spinocerebellar Ataxia 10 SCA10 | <input type="radio"/> Tyrosinemia Type II TAT |
| <input type="radio"/> Spinocerebellar Ataxia 14 PRKCG | <input type="radio"/> Usher Syndrome 1C USH1C |
| <input type="radio"/> SRD5A3-Related Disorders | <input type="radio"/> Usher Syndrome 1F PCDH15 |
| <input type="radio"/> STAT5B-Related Disorders | <input type="radio"/> USH2A-Related Disorders (Usher Syndrome 2A; Retinitis Pigmentosa) |
| <input type="radio"/> STIM1-Related Disorders | <input type="radio"/> Usher Syndrome 2C GPR98 |
| <input type="radio"/> STK11-Related Disorders | <input type="radio"/> Usher Syndrome 2D DFNB31 |
| <input type="radio"/> Succinic Semialdehyde Dehydrogenase Deficiency ALDH5A1 | <input type="radio"/> VCP-Related Disorders |
| <input type="radio"/> SUCLG1-Related Disorders | <input type="radio"/> VLCAD Deficiency ACADVL |
| <input type="radio"/> SYNE1-Related Disorders | <input type="radio"/> Von Hippel-Lindau Syndrome VHL |
| <input type="radio"/> Tay-Sachs Disease (Hexosaminidase A Deficiency) HEXA | <input type="radio"/> VSX1-Related Disorders |
| <input type="radio"/> TCAP-Related Disorders | <input type="radio"/> Welandar Distal Myopathy TIA1 |
| <input type="radio"/> T-cell Immunodeficiency, Congenital Alopecia, and Nail Dystrophy FOXN1 | <input type="radio"/> WFS1-Related Disorders |
| <input type="radio"/> TMEM43-Related Disorders | <input type="radio"/> Wolfram Syndrome 2 CISD2 |
| <input type="radio"/> TMEM67-Related Disorders | <input type="radio"/> Wolman Disease LIPA |
| <input type="radio"/> TMLHE Deficiency | <input type="radio"/> Wilson Disease ATP7B |
| <input type="radio"/> TPM2-Related Disorders | <input type="radio"/> WT1-Related Disorders |
| <input type="radio"/> TPM3-Related Disorders | |
| <input type="radio"/> TTN-Related Disorders | |

INFORMED CONSENT FOR PRENATAL COMPREHENSIVE TESTING

Fetus of: _____
Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) Biological Sex

INFORMED CONSENT FOR GENETIC TESTING

TEST INFORMATION

This consent form will provide you with information regarding genetic testing, which you should discuss with your healthcare provider or a genetic counselor. In order to ensure that you have understood the purpose and significance of genetic testing, we have provided information about the testing process and potential results below.

The purpose of genetic testing is to identify the cause of a suspected disease in you or your family. The testing analyzes your genetic material (DNA) for an abnormal change (variant) that could explain the disease you or members of your family are experiencing. Genetic testing can be a diagnostic test, which is used to identify or rule out a specific genetic condition. Genetic screening tests are used to assess the chance for a person to develop or have a child with a genetic condition. Genetic screening tests are not typically diagnostic, and results may require additional testing.

The purpose of this test is to see if you or your child may have a genetic variant or chromosome rearrangement. This may cause a genetic disorder or may determine the chance that you or your child will develop or pass on a genetic disorder in the future. "Your child" can also mean your unborn child, for the purposes of this consent.

In a genetic test, depending on the case, you can be tested for:

- A single gene/variant responsible for a specific, suspected genetic disease.
- Multiple genes in parallel.

The sample/specimen that is needed to perform the genetic test is stated in the test order form and is typically blood or purified DNA, but may also be tissue, saliva or buccal swab.

RESULTS

There are several categories of test results that may be reported including:

- **Positive:** Positive or "abnormal" results mean there is a change in the genetic material found that is related to your/your child's medical issues or that you/your child are at an increased risk of developing the disorder in the future. It is possible to test positive for more than one genetic variant.
- **Negative:** Negative or "normal" results mean no relevant genetic change related to your/your child's medical issues was detected. This does not mean there is no genetic change, but it may mean that the type of testing performed could not detect it.
- **Results of Unclear Significance:** Testing can detect change(s) in DNA which we do not yet fully understand. These alterations are also referred to as variants of uncertain significance (VUS). Additional studies may be recommended if a VUS is identified in a gene that may be associated with your/your child's medical concerns.
- **Secondary / Incidental Findings:** Testing can sometimes detect a change in a person's DNA unrelated to the reason for testing. If this change has medical or reproductive significance, it is called a secondary or incidental finding.

CONSIDERATIONS AND LIMITATIONS

- Results may indicate affected status, increased risk to someday be affected with, and/or reproductive risk for a genetic disorder. It is important to understand that genetic tests, even if negative, are not exhaustive. It is not possible to exclude risks for all possible genetic diseases for yourself and your family members.
- A positive test result is an indication that the individual(s) being tested may be predisposed to or have the specific disease or condition which prompted testing. You might consider additional independent testing, consult a personal physician, or pursue genetic counseling.
- It is possible that the knowledge of the test results may result in psychological stress for you and your family. It is always recommended to discuss the results with your healthcare provider or genetic counselor.
- If several family members are tested, the correct interpretation of the results depends on the provided relationships between family members. In rare cases, genetic testing can reveal that the true biological relationships in a family are not as they were reported. If a discrepancy is identified, it may be necessary to report this to the physician who ordered the testing.
- Genetic testing is highly accurate. Rarely, inaccurate results may occur for various reasons. These reasons include, but are not limited to, mislabeled samples, inaccurate reporting of clinical/medical information, or rare technical errors.
- If you sign this consent form, but you no longer wish to have your sample(s) tested, you can contact your physician to cancel the test. If testing is complete, but you have not received your results yet, you can inform your physician that you no longer wish to receive the results. If you withdraw consent for testing after 5pm CST the next business day following sample receipt by the laboratory, you will be charged for the full cost of the test.

PATIENT CONFIDENTIALITY AND SPECIMEN RETENTION

- Results will only be released to a licensed healthcare provider, to those allowed access to test results by law, and to those authorized in writing.
- In rare cases, persons with genetic diagnoses have experienced problems with insurance coverage and employment. The U.S. Federal Government has enacted several laws that prohibit discrimination based on genetic test results by health insurance companies and employers. In addition, these laws prohibit unauthorized disclosure of this information. For more information, you can visit www.genome.gov/10002077.
- Samples will be retained in the laboratory in accordance with the laboratory retention policy.
- After testing is complete, the de-identified submitted specimen may be used for test development and improvement, internal validation, quality assurance, and training purposes. DNA specimens are not returned to individuals or to referring health care providers unless specific prior arrangements have been made.



INFORMED CONSENT FOR PRENATAL COMPREHENSIVE TESTING

Fetus of: _____ / _____ / _____
Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) Biological Sex

INFORMED CONSENT FOR GENETIC TESTING

PATIENT CONFIDENTIALITY AND SPECIMEN RETENTION (CONT.)

- Samples from residents of New York State will not be included in the de-identified research studies described in this authorization and will not be retained for more than 60 days after test completion, unless specifically authorized by your selection. No tests other than those authorized shall be performed on the biological sample.
- Information including results, indications for testing and clinical status obtained from this testing may be shared with healthcare providers, scientists and healthcare databases or used in scientific publications or presentations, but the personal identifying information of all persons studied will not be revealed in such data sharing or publications/presentations.

RESEARCH & RECONTACT CONSENT

For more information on research at Baylor Genetics, please visit baylorgenetics.com. Please read the below statements carefully and check the appropriate box.

Note: If left blank, consent is interpreted as "NO."

- I agree to use of my de-identified specimen for research to improve genetic testing for all patients and contribute to scientific research.
 - I am a New York State Resident, and I give Baylor Genetics permission to store my specimen in accordance to the laboratory retention policy for internal quality assurance and possible research studies.
- In addition to agreeing above, I agree to be contacted by Baylor Genetics regarding research opportunities.

PATIENT AUTHORIZATION

By signing this statement of consent, I acknowledge that I have read and understand the informed consent for genetic testing. I have received appropriate explanations from my physician regarding the purpose, scope, type and significance of the planned genetic testing and achievable results. All my questions have been answered and I have had the necessary time to make an informed decision about the genetic test.

I give permission to Baylor Genetics to conduct genetic testing as recommended by my physician.

Patient Signature Date (DD/MM/YYYY)

Printed Name