

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

Genetic 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

Do Not Perform Test Until Patient is Aware of Out-Of-Pocket Costs (excludes prenatal testing)

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) Genetic 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, please visit our Prenatal Sample Requirements page on our website (www.baylorgenetics.com/prenatal-sample-requirements/). For complex testing questions, genetic counselors may be reached via email at gc@baylorgenetics.com.

_____ / _____ / _____
 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) and/or FETAL MOLECULAR STUDIES: Parental Bloods (Draw 5-7cc in an EDTA tube) are required for control and MCC studies. Label with name, DOB, and complete Parental Bloods information above.

- | | | |
|---|--|---|
| <input type="radio"/> AF - AFP | <input type="radio"/> COL1A1 & COL1A2-Related Disorders Panel | <input type="radio"/> Noonan Spectrum Disorders Panel |
| <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 | | |

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



PRENATAL COMPREHENSIVE REQUISITION

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DISORDER SPECIFIC TESTS

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- | | |
|---|--|
| <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 ACADSB | <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 TGFBI |
| <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 |



PRENATAL COMPREHENSIVE REQUISITION

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Patient Last Name Patient First Name MI Date of Birth (MM / DD / YYYY) Genetic Sex

DISORDER SPECIFIC TESTS

Note: Prior to ordering testing for any of the disorders listed, please visit our Prenatal Sample Requirements page on our website (www.baylorgenetics.com/prenatal-sample-requirements/). For complex testing questions, genetic counselors may be reached via email at gc@baylorgenetics.com.

- | | |
|---|--|
| <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, NDUFB8-Related |
| <input type="radio"/> CDKN2A-Related Disorders | <input type="radio"/> Complex I Deficiency, NDUFS1-Related |
| <input type="radio"/> Centronuclear Myopathy MTMR14 | <input type="radio"/> Complex I Deficiency, NDUFS3-Related |
| <input type="radio"/> Centronuclear Myopathy 3 MYF6 | <input type="radio"/> Complex I Deficiency, NDUFS4-Related |
| <input type="radio"/> Centronuclear Myopathy 4 CCDC78 | <input type="radio"/> Complex I Deficiency, NDUFS6-Related |
| <input type="radio"/> Centronuclear Myopathy, Autosomal Recessive BIN1 | <input type="radio"/> Complex I Deficiency, NDUFS8-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, TAC01-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 PDSS2 | <input type="radio"/> Congenital Adrenal Hyperplasia CYP17A1 |
| <input type="radio"/> COG6-Related Disorders | <input type="radio"/> Congenital Amegakaryocytic Thrombocytopenia MPL |
| <input type="radio"/> COL1A1-Related Disorders | <input type="radio"/> Congenital Bile Acid Synthesis Defect 2 AKR1D1 |
| <input type="radio"/> COL1A2-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1A, PMM2-Related |
| <input type="radio"/> COL2A1-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1B, MPI-Related |
| <input type="radio"/> COL6A1-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1C, ALG6-Related |
| <input type="radio"/> COL6A2-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1D, ALG3-Related |
| <input type="radio"/> COL6A3-Related Disorders | <input type="radio"/> Congenital Disorders of Glycosylation CDG1F, MPDU1-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 1, GFM1-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1G, ALG12-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 3, TSFM-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1H, ALG8-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 5, MRPS22-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1K, ALG1-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 7, C12orf65-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1L, ALG9-Related |
| <input type="radio"/> Combined Oxidative Phosphorylation Deficiency 8, AARS2-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1M, DOLK-Related |
| <input type="radio"/> Complex I Deficiency, ACAD9-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1P, ALG11-Related |
| <input type="radio"/> Complex I Deficiency, FOXRED1-Related | <input type="radio"/> Congenital Disorders of Glycosylation CDG1R, DDOST-Related |
| <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) Genetic Sex

DISORDER SPECIFIC TESTS

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- | | |
|--|--|
| <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"/> Dihydroipoamide 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 |



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- | | |
|---|--|
| <input type="radio"/> FLNC-Related Disorders | <input type="radio"/> Glycogen Storage Disease Type XV GYG1 |
| <input type="radio"/> FKRP-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, STXPB2 |
| <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

Fetus of: _____ / _____ / _____
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DISORDER SPECIFIC TESTS

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- | | |
|--|--|
| <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 DNMI1L |
| <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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- | | |
|---|---|
| <input type="radio"/> Maple Syrup Urine Disease Type 1A BCKDHA | <input type="radio"/> mtDNA Depletion Syndrome, Myopathic SUCLA2 |
| <input type="radio"/> Maple Syrup Urine Disease Type 1B BCKDHB | <input type="radio"/> mtDNA Depletion Syndrome, Myopathic TK2 |
| <input type="radio"/> Maple Syrup Urine Disease Type 2 DBT | <input type="radio"/> Mucopolipidosis IV MCOLN1 |
| <input type="radio"/> MARS2-Related Disorders | <input type="radio"/> Mucopolysaccharidosis Type I IDUA |
| <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type I HNF4A | <input type="radio"/> Mucopolysaccharidosis Type II IDS |
| <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type II BLK | <input type="radio"/> Mucopolysaccharidosis Type IIIA (Sanfilippo Syndrome A) SGSH |
| <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type VI NEUR0D1 | <input type="radio"/> Mucopolysaccharidosis Type IVA GALNS |
| <input type="radio"/> Maturity-Onset Diabetes of the Young (MODY) Type VII KLF11 | <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFA |
| <input type="radio"/> MCAD Deficiency ACADM | <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFB |
| <input type="radio"/> MECP2-Related Disorders (Rett) | <input type="radio"/> Multiple Acyl-CoA Dehydrogenase Deficiency ETFDH |
| <input type="radio"/> Megalencephalic Leukoencephalopathy with Subcortical Cysts, MLC1-Related | <input type="radio"/> Multiple Intestinal Atresia TTC7A |
| <input type="radio"/> Menkes Disease ATP7A | <input type="radio"/> Muscle-Eye-Brain Disease POMGNT1 |
| <input type="radio"/> MET-Related Disorders | <input type="radio"/> Muscular Dystrophy-Dystroglycanopathy 9 (Limb-Girdle) Type C DAG1 |
| <input type="radio"/> Methylcobalamin Deficiency, cblE Type MTRR | <input type="radio"/> MYBPC3 -Related Disorders |
| <input type="radio"/> Methylcobalamin Deficiency, cblG Type MTR | <input type="radio"/> MYH7 -Related Disorders |
| <input type="radio"/> Methylmalonic Acidemia, MCEE-Related | <input type="radio"/> MYO7A-Related Disorders (Usher Syndrome 1B) |
| <input type="radio"/> Methylmalonic Acidemia, MMAA-Related | <input type="radio"/> Myoclonic Dystonia-11 SGCE |
| <input type="radio"/> Methylmalonic Acidemia, MMAB-Related | <input type="radio"/> Myopathy due to Myoadenylate Deaminase Deficiency AMPD1 |
| <input type="radio"/> Methylmalonic Acidemia, MMADHC-Related | <input type="radio"/> Myopathy with Deficiency of ISCU |
| <input type="radio"/> Methylmalonic Acidemia, MUT-Related | <input type="radio"/> MYOT Related Disorders MYOT |
| <input type="radio"/> Methylmalonic Acidemia and Homocysteinemia, cblX Type HCFC1 | <input type="radio"/> Myotonic Dystrophy Type 1 |
| <input type="radio"/> Methylmalonic Aciduria and Homocystinuria, cblF Type LMBRD1 | <input type="radio"/> Myotubular Myopathy, X-linked MTM1 |
| <input type="radio"/> Methylmalonic Aciduria due to Transcobalamin Receptor Defect CD320 | <input type="radio"/> N-Acetylglutamate Synthase Deficiency NAGS |
| <input type="radio"/> MHC Class II Deficiency, CGB, RFXANK | <input type="radio"/> Nail-Patella Syndrome LMX1B |
| <input type="radio"/> Microcephaly, Epilepsy, and Diabetes Syndrome IER3IP1 | <input type="radio"/> NARS2-Related Disorders |
| <input type="radio"/> Microphthalmia, Isolated 5, Disorder MFRP | <input type="radio"/> Native American Myopathy STAC3 |
| <input type="radio"/> Mitchell-Riley Syndrome RFX6 | <input type="radio"/> NBN-Related Disorders (Nijmegen Breakage Syndrome) |
| <input type="radio"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 1 PUS1 | <input type="radio"/> NDP-Related Disorders |
| <input type="radio"/> Mitochondrial Myopathy and Sideroblastic Anemia Type 2 YARS2 | <input type="radio"/> Nemaline Myopathy Amish Type 5 TNNT1 |
| <input type="radio"/> Mitochondrial Progressive Myopathy with Congenital Cataract, Hearing Loss, and Developmental Delay GFER | <input type="radio"/> Nemaline Myopathy, Autosomal Dominant 6 KBTBD13 |
| <input type="radio"/> MKKS-Related Disorders | <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 2 NEB |
| <input type="radio"/> MKS1-Related Disorders | <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 7 CFL2 |
| <input type="radio"/> MMACHC (cblC) -Related Disorders (Methylmalonic Aciduria and Homocystinuria, cblC Type) | <input type="radio"/> Nemaline Myopathy, Autosomal Recessive 8 KLHL40 |
| <input type="radio"/> MNGIE Syndrome TYMP | <input type="radio"/> Neonatal Diabetes Mellitus with Congenital Hypothyroidism GLIS3 |
| <input type="radio"/> Molybdenum Cofactor Deficiency MOCS1 | <input type="radio"/> Nephronophthisis 2, Infantile INVS |
| <input type="radio"/> Molybdenum Cofactor Deficiency MOCS2 | <input type="radio"/> Nephrotic Syndrome Type 1 NPHS1 |
| <input type="radio"/> MPV17-Related Disorders | <input type="radio"/> Nephrotic Syndrome Type 2 NPHS2 |
| <input type="radio"/> MRPL44-Related Disorders | <input type="radio"/> Neuroblastoma ALK |
| <input type="radio"/> MTFMT-Related Disorders | <input type="radio"/> Neuronal Ceroid Lipofuscinosis, CLN3-Related |
| <input type="radio"/> mtDNA Depletion Syndrome 13, Encephalomyopathic Type FBXL4 | <input type="radio"/> Neuronal Ceroid Lipofuscinosis, CLN5-Related |
| <input type="radio"/> mtDNA Depletion Syndrome, Encephalomyopathic Form SUCLG2 | <input type="radio"/> NF2-Related Disorders |
| <input type="radio"/> mtDNA Depletion Syndrome, Myopathic RRM2B | |



PRENATAL COMPREHENSIVE REQUISITION

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- | | |
|--|--|
| <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 | |



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DISORDER SPECIFIC TESTS

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- | | |
|---|---|
| <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"/> PROPI-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 FOXC1 |
| <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"/> SEPNI-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, Athabaskan 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) Genetic Sex

DISORDER SPECIFIC TESTS

Note: Prior to ordering testing for any of the disorders listed, please visit our Prenatal Sample Requirements page on our website (www.baylorgenetics.com/prenatal-sample-requirements/). For complex testing questions, genetic counselors may be reached via email at gc@baylorgenetics.com.

- | | |
|--|---|
| <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"/> Welander Distal Myopathy TIA1 |
| <input type="radio"/> T-cell Immunodeficiency, Congenital Alopecia, and Nail Dystrophy FOXP1 | <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) Genetic Sex

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. To assist you in understanding the reason for this testing, we have provided information about the testing process and potential results below.

The purpose of genetic testing is to determine if a genetic disease may be present or if there is an increased risk for a genetic disease to occur in a patient or their family. DNA is the genetic material that we receive from our parents. Genes are made of DNA and are the instructions for maintaining the health of our body. Each person has a unique set of DNA and most of the differences in our DNA do not impact our health. Genetic testing analyzes DNA to find any abnormal changes (mutations also called variants) that might cause disease, make it more likely to develop disease, and/or increase the chance of having a child affected by disease.

The testing ordered by your healthcare provider can determine if you or your child have a variant associated with a genetic disease. "Your child" can also mean your unborn child, for the purposes of this consent.

Depending on why genetic testing is needed, you might be tested for:

- A known variant that has already been found in your family
- A single gene or variant that causes a specific, suspected disease.
- Multiple genes at the same time. These genes might cause similar diseases or might cause diseases that are unrelated to each other.
- Multiple types of testing that each test for different variants.

RESULTS

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

- **Positive:** Positive or "abnormal" results mean there is a change in the DNA found that is related to your/your child's medical issues or that you/your child are at an increased risk of developing a disease in the future. It is possible to test positive for more than one variant. Positive results might include pathogenic variants (variants known to be associated with disease) and likely pathogenic variants (variants that are likely to be associated with disease).
- **Negative:** Negative or "normal" results mean no relevant variants related to your/your child's medical issues were detected or that you/your child are not expected to be at an increased risk for developing a disease in the future. This might indicate that there are no variants associated with disease in the gene(s) tested. Genetic testing, while highly accurate, might not detect a variant present in the gene(s) tested. This can be due to limitations of the information available about the gene(s) being tested, or limitations of the testing technology.
- **Variant of Uncertain Significance:** Testing can detect variant(s) in DNA which we do not yet fully understand. These are also referred to as variants of uncertain significance (VUS). Additional testing may be recommended for you or your family if a VUS is identified in a gene that may be associated with your/your child's medical condition.
- **Secondary / Incidental Findings:** Testing can sometimes detect a variant in a person's DNA unrelated to the reason for testing. If this variant is expected to have medical or reproductive significance, it is called a secondary or incidental finding.

CONSIDERATIONS AND LIMITATIONS

- This consent form cannot be used for whole exome sequencing (WES), whole genome sequencing (WGS), or Huntington's disease testing. These tests have specific consents that are located at <https://www.baylorgenetics.com/consent/>.
- Results may indicate you have a genetic disease, are at increased risk to develop a genetic disease, and/or be at an increased risk to have a child with a genetic disease. It is important to understand that genetic tests, even if negative, cannot rule out every variant. It is not possible to exclude risks for all genetic diseases for you and your family members.
- Depending on the type of genetic testing performed and the results, additional genetic testing or other testing may be needed to fully understand the likelihood of your developing the disease or the severity of the disease. This additional testing might be needed for you/your child or other members of your family.
- It is recommended that you discuss genetic testing with your healthcare provider or genetic counselor before signing this consent and again after results are made available.
- It may not always be possible to complete testing, as sometimes the sample does not have enough DNA to perform testing or other reasons. In these cases, another sample may need to be sent to the laboratory to perform testing.

PATIENT CONFIDENTIALITY AND SPECIMEN RETENTION

- If several family members are tested, the correct interpretation of the results depends on the information provided about the relationships amongst 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 difference is identified, it may be necessary to share this information with the healthcare provider who ordered the testing.

INFORMED CONSENT FOR PRENATAL COMPREHENSIVE TESTING

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

PATIENT CONFIDENTIALITY AND SPECIMEN RETENTION (CONT.)

- Genetic testing is highly accurate, however in rare cases, inaccurate results may occur. Reasons for this 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 the healthcare provider who ordered the test to cancel the test. If you wish to cancel testing, the laboratory must be notified of the cancellation request before 5 PM CST the business day after the sample has begun testing. If the laboratory is not notified of your cancellation request until after this time, you will be charged for the full cost of the test.
- Only Baylor Genetics and Baylor Genetics contracted partners will have access to the sample(s) provided to conduct the requested testing. Results will only be released to the following person(s): (i) a licensed healthcare provider, (ii) those authorized in writing, (iii) the patient or their personal representative, and (iv) those allowed access to test results by law. I understand that I have the right to access any test results directly from Baylor Genetics by providing a written request. I also understand that laboratory raw data, while not routinely released as part of the testing process, can be requested by providing a written request or HIPAA Authorization Form.
- 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.
- Samples from residents of New York State will not be included in research studies without your written consent and will not be retained for more than 60 days after receipt of the sample. No tests other than those authorized shall be performed on the biological sample.
- By signing this consent form, I understand and agree that variants identified may also be submitted to public databases, such as ClinVar. Such submission serves to contribute knowledge to the medical community. I understand that limited clinical information is also required for the submission of information to ClinVar's database and further that the contents of this limited clinical information may, although unlikely, include information that may identify me personally.
- It is possible that even if the test identifies the underlying genetic cause for the disease in your family, this information may not help in predicting the progression of disease or change management or treatment of disease.

FINANCIAL AGREEMENT AND GUARANTEE

By signing this consent form, I accept full and complete financial responsibility for all genetic testing ordered by my healthcare provider. For insurance billing, I hereby authorize Baylor Genetics to bill my health insurance plan on my behalf, and further authorize Baylor Genetics to release any information to my insurance carrier which is reasonably required for billing. I additionally designate Baylor Genetics as my designated representative for purposes of appealing any denial of benefits by my insurance carrier. I irrevocably assign associated payment to Baylor Genetics, and direct that payment be made directly to Baylor Genetics. I understand that my out-of-pocket costs may be different than the estimated amount indicated to me by Baylor Genetics as part of a verification of benefits investigation. I agree to be financially responsible for all amounts as indicated on the explanation of benefits issued by my health insurance plan. If my insurance provider sends a payment directly to me for unpaid services performed by Baylor Genetics on my behalf, I agree to endorse the insurance check as appropriate and forward such check to Baylor Genetics within thirty (30) days of receipt thereof, as payment towards Baylor Genetics' claim for services rendered. If I do not have health insurance, I agree to pay for the full cost of the genetic testing that was ordered by my healthcare provider and billed to me by Baylor Genetics.

I understand that a completed Advance Beneficiary Notice (ABN) is required for Medicare patients if the service is deemed not medically necessary.

RECONTACT FOR RESEARCH CONSENT

Baylor Genetics participates in research relating to health, disease prevention, drug development, and other scientific purposes. Baylor Genetics may contact patients or their provider(s) directly as part of this research. I agree to allow Baylor Genetics to contact me or my provider(s) about possible research involving the sample(s) and/or information associated with this testing. I understand that patients generally receive no compensation for this participation in research. For more information on research at Baylor Genetics, please visit baylorgenetics.com.

If I wish to opt out of being recontacted for research purposes by Baylor Genetics, I understand that I may check the box below:

Please do not contact me regarding any research that uses information obtained from this testing.

For any research I may be contacted about, I prefer contact through the following methods (please check all that apply – if no choices are selected, contact will be made via secure email if possible):

Email Phone Mail



INFORMED CONSENT FOR PRENATAL COMPREHENSIVE TESTING

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

PATIENT AUTHORIZATION

By signing this statement of consent, I acknowledge that I have read, understand, and hereby grant my informed consent for genetic testing. I have received appropriate explanations from my healthcare provider about the planned genetic test(s) and possible results. I have been informed by my healthcare provider about the availability and importance of genetic counseling and have been provided with written information identifying a genetic counselor or medical geneticist who can provide such counseling services. All my questions have been answered and I have had the necessary time to make an informed decision about the genetic test(s).

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

Patient's Printed Name Patient's Signature Date (MM / DD / YYYY)

Patient's Parent / Personal Representative* Name Patient's Parent / Personal Representative Signature Date (MM / DD / YYYY)

Relationship of Personal Representative to the Patient Ordering Provider's Signature Date (MM / DD / YYYY)

*If you are signing as a person with legal authority to act on behalf of the patient, you may be required to provide evidence of your authority.