Integrated GENETICS
LabCorp Specialty Testing Group

MOLECULAR GENETICS TEST REQUISITION

Highlighted fields are required.

Patient Information

Name
Last First MI

☐ Male ☐ Female Date of Birth / /

Address

Home Phone Work Phone

City State Zip

Lab # Hospital #

Client Information

I have obtained informed consent of the patient (or the patient's authorized representative) for the ordered genetic test(s) in accordance with applicable law.

Physician/Authorized Signature:

Referring Physician (print):

Genetic Counselor (print):

NPI#: Taxonomy#:

Refer to www.integratedgenetics.com to access informed consent forms for genetic testing

Laboratory Tests Ordered

Pan Ethnic Testing

Inheritest® Carrier Screen

451950 ☐ Comprehensive Panel (144 genes)***†
451960 ☐ Society-guided Panel (14 genes)***†
451920 ☐ Ashkenazi Jewish Panel (48 genes)***†
451964 ☐ Core Panel (CF97, SMA, FraX)†
452172 ☐ CF/SMA Panel

Pan Ethnic Single Gene Tests

530 ☐ CF*plus*® (97 mutation test)*
523 ☐ Fragile X, PCR, Rflx Southern***†
516 ☐ Spinal muscular atrophy (SMA)*†
640 ☐ Mutation-specific Sequencing Gene: _____ Mutations(s): _____
451910 ☐ Gene-specific Sequencing Gene(s): _____

Ashkenazi Jewish Testing (may be appropriate for other ethnicities)

562 ☐ Bloom syndrome*
554 ☐ Canavan disease*
530 ☐ CFplus® (97 mutation test)*
519 ☐ Dihydrolipoamide dehydrogenase deficiency*
207 ☐ Familial dysautonomia*
585 ☐ Familial hyperinsulinism*
534 ☐ Fanconi anemia (Group C)*
595 ☐ Gaucher disease*
522 ☐ Glycogen storage disease type 1a*
501 ☐ Joubert syndrome 2*
518 ☐ Maple syrup urine disease*
573 ☐ Mucolipidosis type IV*
587 ☐ Nemaline myopathy*
557 ☐ Niemann-Pick (type A)*
350 ☐ Tay-Sachs enzymes only
593 ☐ Tay-Sachs enzymes and DNA*
589 ☐ Usher syndrome type IF*
599 ☐ Usher syndrome type III*
502 ☐ Walker-Warburg syndrome*

Other Tests

565 ☐ Angelman syndrome/Prader Willi syndrome - methylation
521 ☐ Fragile X, PCR & Southern*#
528 ☐ Maternal cell contamination (MCC) analysis*
538 ☐ Poly (T) testing for CFTR Intron 8
591 ☐ Y chromosome microdeletion analysis
☐ Other _____

Thrombophilia

548 ☐ Factor V (Leiden)
549 ☐ Factor II (prothrombin G20210A)
526 ☐ MTHFR

*Call before sending if for Fetal DNA. Maternal cell contamination analysis required for all prenatal dx (send a maternal sample).
***Fragile X is females only #Dx test for prenatal samples/symptomatic/family history

†Reflex policy: The following will be performed by reflex at additional charge: **Southern blot analysis** when Fragile X PCR result is >54 CGG repeats.

All diagnoses should be provided by the ordering physician or an authorized designee. Diagnosis/ Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM		ICD-CM		ICD-CM	

Date drawn: / /

Pregnancy: ☐ Yes ☐ No Gravida:_____ Para:_____ Gestation _____ Wks _____ Days

Specimen Type (Check one):

Adult ☐ Peripheral Blood ☐ Mouthwash ☐ Blood Spot Card ☐ Saliva
Fetal ☐ Fetal Blood ☐ Amniotic Fluid ☐ Chorionic Villi ☐ POC

Back-up culture by: ☐ Integrated Genetics ☐ Other _____ Hold for:_____

Ethnicities (Check all that apply):

☐ Caucasian ☐ Ashkenazi Jewish ☐ Sephardic Jewish ☐ Asian ☐ African American
☐ Native American ☐ Hispanic ☐ Other: _____

Hereditary Breast and Ovarian Cancer (clinical questionnaire required, components on back)

☐ BRCA*ssure*®: Comprehensive Analysis
☐ BRCA*ssure*®: BRCA1 Targeted Analysis
☐ BRCA*ssure*®: BRCA2 Targeted Analysis
☐ BRCA*ssure*®: Ashkenazi Jewish Panel
☐ BRCA*ssure*®: BRCA1/2 Deletion/Duplication Analysis

Hereditary Cancer Panels (clinical questionnaire required, genes listed on back)

☐ VistaSeq® Hereditary Cancer Panel (27 Gene Assay)
☐ VistaSeq® Hereditary Cancer Panel without *BRCA1/2* genes (25 Gene Assay)
☐ VistaSeq® Breast Cancer Panel (19 Gene Assay)
☐ VistaSeq® High/Moderate Risk Breast Cancer Panel (9 Gene Assay)
☐ VistaSeq® GYN Cancer Panel (11 Gene Assay)
☐ VistaSeq® Breast and GYN Cancer Panel (25 Gene Assay)
☐ Other VistaSeq Panel _____
☐ Mutation Specific Sequencing Gene: _____ Mutations(s): _____

Indication(s) for Test (check all that apply)

Diagnostic:
☐ Known affected_____
☐ Symptoms _____
☐ Congenital absence of vas deferens
☐ Azoospermia ☐ Oligospermia
☐ Infertility
☐ Thrombophilia
☐ Other Indication: _____

Clinical History

Carrier:
☐ No family history (screening)
☐ Family history : relative _____
☐ Abnormal fetal ultrasound : specify _____
☐ Egg donor ☐ Sperm donor
☐ Known carrier : specify _____

Fetal:
☐ Family history : specify _____
☐ Abnormal fetal ultrasound : specify _____

BILLING INFORMATION

Patient Hospital Status: ☐ Inpatient ☐ Outpatient ☐ Non-hospital
☐ Medicaid ☐ Medicare ☐ Insurance ☐ Client Bill ☐ CA XAFP ☐ Self-Pay
☐ Billing Information Attached (Please include a copy of insurance card or face sheet.)
Do not attach credit card information to this form for security purposes.

Insurance Company Name _____

Policy # _____ Group # _____

Relation to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other _____

Patient Signature _____ Date: _____

INTEGRATED GENETICS INTERNAL USE ONLY

By signing this form, I hereby authorize Laboratory Corporation of America® Holdings (LCAH), its subsidiaries and affiliated companies to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to LCAH.
I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

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BRCA*ssure*® Test Components	Comprehensive *BRCA1/2* Analysis: Includes full gene sequencing and duplication/deletion testing of *BRCA1/2* genes	*BRCA1* or *BRCA2* Targeted Sequencing: Includes sequencing of known familial mutation (one gene Exon only)	Ashkenazi Jewish *BRCA* Panel: Includes screening for three known pathogenic variants; two in *BRCA1* gene, one in *BRCA2* gene

Hereditary Cancer Panel Gene Lists

VistaSeq® Hereditary Cancer Panel

APC	CDH1	MSH2	PTEN
ATM	CDK4	MSH6	RAD51C
BARD1	CDKN2A	MUTYH	RAD51D
BMPR1A	CHEK2	NBN	SMAD4
BRCA1*	EPCAM	PALB2	STK11
BRCA2*	FAM175A	PMS2	TP53
BRIP1	MLH1	PRKAR1A	

* Not included in VistaSeq Hereditary Cancer Panel without BRCA1/2 genes

VistaSeq® Breast Panel

ATM	FAM175A	RAD50
BARD1	MRE11A	RAD51C
BRCA1	MUTYH	RAD51D
BRCA2	NBN	STK11
BRIP1	NF1	TP53
CDH1	PALB2	
CHEK2	PTEN	

VistaSeq® High/Moderate Risk Breast Panel

ATM	PALB2
BRCA1	PTEN
BRCA2	STK11
CDH1	TP53
CHEK2	

VistaSeq® GYN Panel

BRCA1	MLH1	PMS2
BRCA2	MSH2	PTEN
CHEK2	MSH6	TP53
EPCAM	MUTYH	

VistaSeq® Breast and GYN Panel

ATM	EPCAM	MUTYH	RAD51C
BARD1	FAM175A	NBN	RAD51D
BRCA1	FANCC	NF1	STK11
BRCA2	MLH1	PALB2	TP53
BRIP1	MRE11A	PMS2	
CDH1	MSH2	PTEN	
CHEK2	MSH6	RAD50	

B1A

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