Knight Diagnostic Laboratories

Fax: (855) 535-1329
Email: KDLClientServices@ohsu.edu
Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201
Questions? (855) 535-1522

Molecular Genetics Test Requisition

Patient Information

Full Name
Street Address
City, State, Zip
Phone DOB / /
Fax ☐ Male ☐ Female
ID/MRN #
Hospital In-Patient ☐ Yes ☐ No

Physician Signature Date

Ordering Physician Information

Full Name
NPI
Office/Facility Name
Address
City, State, Zip
Phone Fax
Account #
Notes

Send additional copies of test results to:

Physician Name Physician Phone Fax
Physician Name Physician Phone Fax

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed.

☐ Self Pay
☐ Bill Insurance
Attach Copy of Insurance Card or Billing Face Sheet
☐ Bill Referring Provider or Institution
Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name
Primary Policy #
Primary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Secondary Insurance Name
Secondary Policy #
Secondary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Clinical Information

Specimen Type
☐ Amniocytes, Cultured
☐ Amniotic Fluid, Direct
☐ Blood Spots
☐ DNA from* _____
☐ CVS, Direct
☐ CVS, Cultured
☐ Whole Blood
☐ Saliva
☐ Tissue_____
☐ Other _____

Date of Specimen Collection / /
Time of Specimen Collection : :
ICD-10 (required)

Family History / Pedigree
Diagnosis

☐ African American
☐ Alaska Native
☐ Asian
☐ Caucasian/ NonHispanic
☐ Hispanic American
☐ Jewish, Ashkenazi
☐ Jewish (Other)
☐ Native American Indian
☐ Other:_____

*DNA extraction must occur in a CLIA-certified lab or a lab meeting equivalent requirements.

Indication for Testing	Known Familial Mutations
☐ Family History, Mutation Known: ☐ Yes* ☐ No *If Yes, please complete KNOWN FAMILIAL MUTATIONS ☐ Symptomatic ☐ Possible Diagnosis ☐ Definite Diagnosis ☐ Carrier Testing ☐ Presymptomatic Testing ☐ Prenatal Testing ☐ Predispositional Testing ☐ Other (Please Specify) Pregnancy: LMP:_____ GMP:_____	Please call Client Services at 1-855-535-1522 and provide clinical report if proband testing was performed outside of OHSU. Patient Status: ☐ Symptomatic ☐ Asymptomatic Name of Gene: _____ Variants to be tested: _____ Name of Proband:_____ Relationship to Proband: _____ OHSU Sample # of Proband:_____ * If proband testing was performed outside of OHSU, please provide clinical report.

Molecular Diagnostic Tests – Next Generation Sequencing Panels

	Code	Test Name		Code	Test Name
☐	1000	3-MCC Deficiency	☐	1260	Dilated Cardiomyopathy
☐	1004	Agenesis of the Corpus Callosum	☐	1697	Disorders of Sex Development Panel
☐	1010	Amylotrophic Lateral Sclerosis	☐	1287	Dyslipidemia
☐	2264	Autosomal Dominant Osteogenesis Imperfecta Panel	☐	1295	Dystonia Panel
☐	1158	Arrhythmogenic Right Ventricular Cardiomyopathy	☐	1291	Epilepsy-Seizures
☐	1085	Bone Marrow Failure	☐	1390	Fabry Disease
☐	1090	Brugada Syndrome	☐	1445	Familial Aneurysm and Aortopathy
☐	1151	Cardiomyopathy	☐	1460	Fanconi Anemia
☐	1167	Catecholaminergic Polymorphic Ventricular Tachy-cardia	☐	1405	Fatty Acid Oxidation Deficiency
☐	1035	Charcot-Marie-Tooth Syndrome	☐	1465	Gluconeogenesis Disorder
☐	1290	Childhood Epilepsy	☐	1495	Hearing Loss
☐	1275	Cholestasis	☐	1610	Heterotaxia
☐	1277	Ciliopathies	☐	1615	High HDL
☐	1153	Comprehensive Arrhythmias	☐	1625	Holoprosencephaly
☐	1095	Comprehensive Brain Malformation	☐	1499	Hypercholesterolemia
☐	1575	Comprehensive Neuromuscular	☐	1645	Hypertriglyceridemias
☐	1475	Congenital Disorders of Glycosylation	☐	1500	Hypertrophic Cardiomyopathy
☐	1285	Congenital Muscular Dystrophy	☐	1655	Hypolipidemia and Hypocholesterolemia
☐	1293	Congenital Muscular Myopathy	☐	1675	Infantile Epilepsy
☐	1165	Connective Tissue Disorders	☐	1691	Inherited Breast Cancer Panel

☐	1245	Craniosynostosis	☐	1696	Inherited Breast/Gyn Cancer panel
☐	1250	Dementia	☐	1690	Inherited Cancer Panel
☐	1693	Inherited Ovarian Cancer Panel	☐	2102	NBIA Del/Dup
☐	1694	Inherited Pancreatic Cancer Panel	☐	1159	Non-Compaction Left Ventricular Cardiomyopathy
☐	1695	Inherited Prostate Cancer Panel	☐	2135	Noonan and Other Related Disorders
☐	1725	Joubert Syndrome	☐	2240	Parkinson's Disease
☐	1297	Limb-Girdle Muscular Dystrophy	☐	2250	Platelet Disorders
☐	2300	Long QT and Short QT Syndromes	☐	2265	Progressive External Ophthalmoplegia
☐	1860	Low HDL	☐	2270	Propionic Acidemia
☐	4870	Lynch Syndrome	☐	2390	Respiratory Chain Deficiency
☐	1990	Macrocephaly	☐	2405	Rett-Angelman Syndrome
☐	1895	Maturity-Onset Diabetes of the Young	☐	2590	SOD and Schizencephaly
☐	2000	Microcephaly	☐	2630	Trifunctional Protein Deficiency
☐	1135	Migraine and Strokes	☐	2640	Urea Cycle Disorder
☐	2142	Monogenic Hypertension Panel	☐	2810	Wilson's Disease
☐	2055	Movement Disorder	☐		
☐	2100	NBIA Sequencing and Del/Dup	☐		
☐	2101	NBIA Sequencing	☐		

Molecular Diagnostic Tests – Single Gene and Targeted Testing

	Code	Test Name
☐	1001	Achromatopsia, CNGA3/CNGB3 Sequencing
Angelman Syndrome		
☐	1020	SNRPN Methylation and Del/Dup
☐	1030	UBE3A Sequencing
☐	1050	APOL1 Sequencing (exon 6)
☐	1160	CPT1A Targeted Mutation, c.1436C → T (p.P479L)
☐	1150	Connexin 26, GJB2, Sequencing and Connexin 30, GJB6, Deletion
Cystic Fibrosis, CFTR		
☐	1220	CFTR Screening Mutation Panel (60 mutations)
☐	1224	CFTR Sequencing and Del/Dup
☐	1222	CFTR Sequencing
☐	1226	CFTR Del/Dup
☐	1280	Duchenne/Becker Muscular Dystrophy Del/Dup

	Code	Test Name
Familial Adenomatous Polyposis (FAP), APC		
☐	1440	APC Sequencing and Del/Dup
☐	1442	APC Sequencing
☐	1444	APC Del/Dup
☐	1420	Factor V Leiden, R506Q mutation
Fanconi Anemia		
☐	1450	FANCA Sequencing and Del/Dup
☐	1448	FANCA Sequencing
☐	1451	FANCA Del/Dup
☐	1452	FANCC Sequencing
☐	1454	FANCE Sequencing
☐	1456	FANCF Sequencing
☐	1458	FANCG Sequencing

Code	Test Name
FMR1-related disorders (including Fragile X), FMR1	
☐ 1480	Fragile X Syndrome, FMR1
☐ 1482	FMR1-related Primary Ovarian Insufficiency (POI)
☐ 1481	Fragile X Tremor Ataxia Syndrome (FXTAS)
Hereditary Hemochromatosis (HH), HFE Mutation	
☐ 1600	C282Y (heterozygous results are reflexed to H63D)
☐ 1602	H63D
☐ 1620	Huntington Disease, HTT repeat expansion Disease-Specific Physician Statment Required
Juvenile Polyposis Syndrome (JPS)	
☐ 1700	BMPR1A Sequencing
☐ 1710	SMAD4 Sequencing
Lynch Syndrome (HNPCC)	
☐ 2028	MLH1 Sequencing
☐ 2029	MLH1 Del/Dup
☐ 2030	MLH1 Sequencing and Del/Dup
☐ 2027	MLH1 Promoter Hypermethylation
☐ 2032	MSH2 Sequencing
☐ 2033	MSH2 Del/Dup
☐ 2034	MSH2 Sequencing and Del/Dup
☐ 2036	MSH6 Sequencing
☐ 2037	MSH6 Del/Dup
☐ 2038	MSH6 Sequencing and Del/Dup
☐ 4870	Sequencing Panel (MLH1, MSH2, and MSH6)
☐ 5000	Microsatellite Instability (MSI)
☐ 4850	Microsatellite Instability (MSI) with IHC
Mitochondrial Studies	
☐ 2026	Mitochondrial Del/Dup
☐ 5020	MEN2, RET, Sequencing
☐ 2045	MUTYH-Associated Polyposis, MUTYH Sequencing
☐ 2050	Myotonic Dystrophy, DMPK Repeat Expansion

Code	Test Name
Neurodegeneration with Brain Iron Accumulation (NBIA)	
NBIA NextGen Panel	
☐ 2100	Sequencing and Del/Dup
☐ 2101	Sequencing Only
☐ 2102	Del/Dup Only
PANK2 (PKAN)	
☐ 2230	Sequencing and Del/Dup
☐ 2231	Sequencing Only
☐ 2232	Del/Dup Only
PLA2G6 (INAD)	
☐ 1680	Sequencing and Del/Dup
☐ 1682	Sequencing Only
☐ 1681	Del/Dup Only
☐ 1145	C19orf12 (MPAN), Sequencing
☐ 1400	FA2H (FAHN), Sequencing
☐ 1550	FTL, Sequencing
☐ 1080	WDR45 (Beta-Propeller), Sequencing
☐ 1020	Prader-Willi, SNRPN Methylation Del/Dup
☐ 2290	Prothrombin-Related Mutation, G20210A
☐ 2130	PTPN11 Sequencing
Rett Syndrome (RTT)	
☐ 2402	MeCP2 Sequencing and Del/Dup
☐ 2400	MeCP2 Sequencing
☐ 2403	MeCP2 Del/Dup
☐ 2404	Atypical, CDKL5, Sequencing
Sitosterolemia	
☐ 2600	ABCG5 Sequencing
☐ 2610	ABCG8 Sequencing
☐ 2725	von Hippel-Lindau (VHL) Disease, VHL, Sequencing

Other Laboratory Services

	Code	Test Name		Code	Test Name
☐	1300	DNA Banking Services	☐	2900	Zygosity Testing
☐	1980	Maternal Cell Rule Out	☐	1230	Known Mutation/Familial Variant Targeted Mutation Variant(s) Detail:
☐	1240	Full Gene(s) Analysis Please Specify Gene(s):			

NOTICE REGARDING MOLECULAR GENETIC TESTING ON DIRECT CVS OR AMNIOTIC FLUID SPECIMENS

Maternal cell rule-out testing will be performed on all prenatal specimens received. Please provide maternal blood in addition to the fetal specimen sent for genetic testing. Additional charges apply for the maternal cell rule-out test.

All genetic testing performed on direct CVS or Amniotic Fluid specimens will be confirmed on cell cultures prepared by Knight Diagnostic Laboratories. Cell cultures will be prepared from the specimen received. Additional charges apply for confirmatory testing.