



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

Patient Last Name

Patient First Name

Street Address

City, State, Zip

Phone DOB / /

Fax Male Female

ID/MRN #

Hospital In-Patient Yes No

Physician Signature _____ Date _____

Ordering Healthcare Provider Information

Full Name

NPI

Office/Facility Name

Address

City, State, Zip

Phone Fax

Account #

Notes

Send additional copies of test results to:

Healthcare Provider Name

Healthcare Provider Name

Provider Phone Fax

Provider Phone Fax

Billing Information - Select One Billing Method

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 Date of Specimen Collection

Amniotic Fluid, Direct Time of Specimen Collection

Blood Spots ICD-10 (required)

DNA from*

CVS, Direct African American

CVS, Cultured Alaska Native

Whole Blood Asian

Saliva

Tissue

Other

Family History / Pedigree

Diagnosis

Caucasian/NonHispanic Jewish (Other)

Hispanic American Native American Indian

Jewish, Ashkenazi Other:

Indications for Testing	Known Familial Mutations
Family History, Mutation Known: Yes* No *If Yes, please complete KNOWN FAMILIAL MUTATIONS	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
Symptomatic	Name of Gene:
Possible Diagnosis	Variant(s) to be tested:
Definite Diagnosis	Name of Proband:
Carrier Testing	Relationship to Proband:
Prenatal Testing	OHSU Sample # of Proband:
Other (Please Specify)	*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
2264	Autosomal Dominant Osteogenesis Imperfecta Panel	1696	Inherited Breast/GYN Cancer Panel
1085	Bone Marrow Failure Panel	1690	Inherited Cancer Panel
6000	BRCA1 and BRCA2	1692	Inherited Colon Cancer Panel
1275	Cholestasis Panel	1693	Inherited Ovarian Cancer Panel
1277	Ciliopathies Panel	1694	Inherited Pancreatic Cancer Panel
1165	Connective Tissue Disorders Panel	1695	Inherited Prostate Cancer Panel
1245	Craniosynostosis Panel	1895	Maturity-Onset Diabetes of the Young Panel
1697	Disorders of Sex Development Panel	1135	Migraine and Strokes Panel
1291	Epilepsy-Seizures Panel	2142	Monogenic Hypertension Panel
1460	Fanconi Anemia Panel	2101	NBIA sequencing Panel
1490	Genetic Aortopathy and Arteriopathy Panel	2135	Noonan and Other Related Disorders Panel
1495	Hearing Loss Panel	2240	Parkinson's Disease Panel
1610	Heterotaxia Panel	2250	Platelet Disorders Panel
1625	Holoprosencephaly Panel	2405	Rett-Angelman Syndrome Panel
1645	Hypercholesterolemia Panel	2590	SOD and Schizencephaly Panel
1691	Inherited Breast Cancer Panel	2810	Wilson's Disease

Molecular Diagnostic Tests - Single Gene and Targeted Testing

Code	Test Name	Code	Test Name
Angelman Syndrome/Prader-Willi		1420	Factor V Leiden, R506Q Mutation
1020	SNRPN Methylation and Del/Dup	Neurodegeneration with Brain Iron Accumulation (NBIA)	
1050	APOL1 Sequencing (exon 6)	2101	NBIA Panel
1160	CPT1A Targeted Mutation, c.1346C-> T(p.P479L)	1145	C19orf12 (MPAN), Sequencing
1150	Connexin 26, GJB2, Sequencing and Connexin 30, GJB6, Deletion	1400	FA2H (FAHN) Sequencing
Cystic Fibrosis, CFTR		1550	FTL (Neurferitinopathy)
1228	Cystic Fibrosis Screening	2231	PANK2 (PKAN)
1224	CFTR Sequencing and Del/Dup	1682	PLA2G6 (INAD)
1222	CFTR Sequencing	1080	WDR42 (BPAN)
1226	CFTR Del/Dup	2290	Prothrombin-Related Mutation, G20210A
1221	CFTR Known Variant Analysis		
1280	Duchenne/Becker Muscular Dystrophy Del/Dup		
1480	Fragile X Syndrome, FMR1, FMR1-related Primary Ovarian Insufficiency (POI), Fragile X Tremor Ataxia Syndrome (FXTAS)	Rett Syndrome (RTT)	
1600	Hereditary Hemochromatosis (HH), HFE, Common Variants	2402	MECP2 Sequencing and Del/Dup
1620	Huntington Disease, HTT repeat expansion Disease-Specific Healthcare Provider Statement Required	2400	MECP2 Sequencing
Lynch Syndrome (HNPCC)		2403	MECP2 Del/Dup
2027	MLH1 Promoter Hypermethylation		
5020	MEN2, RET, Sequencing		
2050	Myotonic Dystrophy, DMPK Repeat Expansion		

