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

Prenatal 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 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, Direct
☐ Amniotic Fluid, Cultured
☐ 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

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

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

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 1-800-KDL-1LAB 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:_____

Chromosome Studies

- ☐ 6020 Amniotic Fluid Chromosome Study
- ☐ 6054 High Resolution Blood Chromosome Study
- ☐ 6100 Chorionic Villus Sample (CVS) Chromosome Study
- ☐ 6750 Tissue Chromosome Study

All Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply.

Molecular Diagnostic Tests

	Code	Test Name
☐	1001	Achromatopsia, CNGA3/CNGB3 Sequencing
Angelman Syndrome		
☐	1020	SNRPN Methylation and Del/Dup
☐	1030	UBE3A Sequencing
☐	1080	Beta-Propeller Protein-Associated Neurodegeneration, WDR45 Sequencing
☐	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
Familial Adenomatous Polyposis (FAP), APC		
☐	1440	APC Sequencing and Del/Dup
☐	1442	APC Sequencing
☐	1444	APC Del/Dup
☐	1160	CPT1A Targeted Mutation, C.1436 C-->T(p.P479L)
Fanconi Anemia		
☐	1450	FANCA Sequencing andDel/Dup
☐	1448	FANCA Sequencing
☐	1451	FANCA Del/Dup

	Code	Test Name
☐	1452	FANCC Sequencing
☐	1454	FANCE Sequencing
☐	1456	FANCF Sequencing
☐	1458	FANCG Sequencing
☐	1460	Fanconi Anemia NextGen Sequencing Panel
☐	1280	Duchenne/Becker Muscular Dystrophy (DMD) Del/Dup
☐	1400	Fatty Acid Hydroxylose-Associated Neurodgeneration (FAHN), FA2H Sequencing
☐	1480	Fragile X Syndrome, FMR1
☐	1620	Huntington Disease (HD), HTT repeat expansion analysis - Disease-Specific Physician Statment Required
Infantile Neuroaxonal Dystrophy (INAD), PLA2G6		
☐	1680	PLA2G6 Sequencing and Del/Dup
☐	1682	PLA2G6 Sequencing
☐	1681	PLA2G6 Del/Dup
Juvenile Polyposis Syndrome (JPS)		
☐	1700	BMPR1A Sequencing
☐	1710	SMAD4 Sequencing
☐	1145	Mitochondrial-membrane Protein-Associated Neurodegeneration (MPAN), C19orf12 Sequencing
Mitochondrial Studies		
☐	2020	MELAS

	Code	Test Name
☐	2022	MERRF
☐	2024	NARP
☐	2026	Mitochondrial Del/Dup
☐	2045	MUTYH-Associated Polyposis (MAP), MUTYH (MYH) Sequencing
☐	2050	Myotonic Dystrophy type 1 (DM), DMPK Repeat Expansion Analysis
☐	5020	MEN2, RET, Sequencing
☐	1550	Neuroferritinopathy, FTL, Sequencing
☐	2135	Noonan and Other Related Disorders
☐	2130	PTPN11 Sequencing
Pantothenate Kinase Associated Neurodegeneration (PKAN), PANK2		
☐	2230	PANK2 Sequencing and Del/Dup
☐	2231	PANK2 Sequencing
☐	2232	PANK2 Del/Dup
☐	1020	Prader-Willi Syndrome, SNRPN Methylation Del/Dup

	Code	Test Name
Rett Syndrome (RTT)		
☐	2402	MeCP2 Sequencing and Del/Dup
☐	2400	MeCP2 Sequencing
☐	2403	MeCP2 Del/Dup
☐	2404	CDKL5 Sequencing (Atypical Rett)
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 Analysis Variant Detail:
☐	1240	Full Gene(s) Analysis Gene(s) Detail:			

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.

Result Release

Results will be immediately available to the patient unless you mark the box below

☐ Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: