KNIGHT CANCER INSTITUTE
Oregon Health & Science University
KNIGHT DIAGNOSTIC LABORATORIES

Laboratory Shipping Address: 2525 SW 3rd Avenue
Suite 350 Portland, OR 97201
Correspondence Address: 3181 SW Sam Jackson Park Road
Mailstop MP-350 Portland, OR 97239
Phone: 855-KDL-1LAB (535-1522) - Fax: 855-KDL-1FAX (535-1329)

Molecular Genetics Test Requisition

PATIENT INFORMATION		CLIENT INFORMATION	
Name (Last, First, MI):		Ordering Physician Name:	
Address:		Ordering Physician NPI:	
City, State, Zip:		Office/Facility Name:	
Patient Phone:	Fax:	Client Address:	
Patient DOB:	Sex: ☐ F ☐ M	City, State, Zip:	
Patient ID/MRN #:		Client Phone:	Fax:
Notes:		Account #:	
Physician Signature: Date:		Hospital Inpatient: ☐ Yes ☐ No	

ADDITIONAL REPORTS TO:		
CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

BILLING INFORMATION

☐ **Bill Insurance** (*include copy of insurance card or/ face sheet)*
☐ **Bill Client** (*at address above*) ☐ **Bill Patient**

Primary Insurance Company

Name: _____ Group # _____

Policy# _____

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

Insurance Preauthorization #_____

Secondary Insurance Company

Name: _____ Group # _____

Policy# _____

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

Insurance Preauthorization #_____

CLINICAL INFORMATION

Clinical Diagnosis:

ICD-9 (Required):

Specimen Type:

Date of Specimen Collection:

Time of Specimen Collection:

☐ Amniocytes, Cultured
☐ Amniotic Fluid
☐ Direct
☐ Blood Spots
☐ DNA
☐ CVS, Direct
☐ CVS, Cultured
☐ Peripheral Blood
☐ Slides
☐ Tissue
☐ Other:

ETHNICITY

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

PEDIGREE

Family History/Pedigree - *Identify this patient with arrow.*

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INDICATION FOR TESTING

☐ 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:_____

KNOWN FAMILIAL MUTATIONS

Please call Client Services at 1-800-KDL-1LAB 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:_____

MOLECULAR DIAGNOSTIC TESTS

☐ 1001 **Achromatopsia, *CNGA3/CNGB3*** Sequencing

Angelman Syndrome

☐ 1020 ***SNRPN*** Methylation
☐ 1030 ***UBE3A*** Sequencing

☐ 1050 **Apolipoprotein L1 protein, *APOL1*** Sequencing (exon 6)

☐ 1080 **Beta-Propeller Protein-Associated Neurodegeneration, *WDR45*** Sequencing

☐ 1150 **Connexin-associated autosomal recessive deafness, *GJB2, GJB6*** (connexin 26 and 30) Sequencing

☐ 1160 **Carnitine palmitoyltransferase 1A Deficiency, *CPT1A*** Targeted Mutation, c.1436C→T (p.P479L)

Cystic Fibrosis, *CFTR*

☐ 1220 ***CFTR*** Screening Mutation Ppanel (60 mutations)
☐ 1226 ***CFTR*** del/dup Analysis
☐ 1222 ***CFTR*** Sequencing
☐ 1224 ***CFTR*** Sequencing and del/dup Analysis

☐ 1280 **Duchenne/Becker Muscular Dystrophy (DMD)** del/dup

☐ 1400 **Fatty Acid Hydroxylase-Associated Neurodegeneration (FAHN), *FA2H*** Sequencing

☐ 1420 **Factor V Leiden Thrombophilia, *R506Q*** mutation, p.R506Q

Familial Adenomatous Polyposis (FAP), *APC*

☐ 1440 ***APC*** Sequencing and del/dup Analysis
☐ 1442 ***APC*** Sequencing
☐ 1444 ***APC*** del/dup Analysis

Fanconi Anemia

☐ 1450 Complementation group A, ***FANCA*** Sequencing and del/dup Analysis
☐ 1451 Complementation group A, ***FANCA*** del/dup Analysis
☐ 1452 Complementation group C, ***FANCC*** Sequencing
☐ 1454 Complementation group E, ***FANCE*** Sequencing
☐ 1456 Complementation group F, ***FANCF*** Sequencing
☐ 1458 Complementation group G, ***FANCG*** Sequencing

FMR1*-related disorders (including Fragile X), *FMR1

☐ 1480 Fragile X Syndrome, *FMR1*
☐ 1482 *FMR1*-related Primary Ovarian Insufficiency (POI)
☐ 1481 Fragile X-associated Tremor Ataxia Syndrome (FXTAS)

☐ 1490 **FraX E Mental Retardation Syndrome (FRAXE), *FMR2*** repeat expansion analysis

Hereditary Hemochromatosis (HH), *HFE C282Y* mutation

☐ 1600 ***C282Y***
☐ 1602 ***C282Y*** heterozygous, reflex to ***H63D***

☐ 1620 **Huntington Disease (HD), *HTT*** repeat expansion analysis
▪DISEASE-SPECIFIC CONSENT REQUIRED▪

Infantile Neuroaxonal Dystrophy (INAD), *PLA2G6*

☐ 1680 ***PLA2G6*** Sequencing and del/dup Analysis
☐ 1681 ***PLA2G6*** del/dup Analysis

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Molecular Genetics Test Requisition

MOLECULAR DIAGNOSTIC TESTS, CONTINUED

Juvenile Polyposis Syndrome (JPS)

- ☐ 1700 ***BMPR1A*** Sequencing
- ☐ 1710 ***SMAD4*** Sequencing

Lynch Syndrome (HNPCC)

- ☐ 2028 ***MLH1*** Sequencing
- ☐ 2029 ***MLH1*** del/dup Analysis
- ☐ 2030 ***MLH1*** Sequencing and del/dup Analysis
- ☐ 2032 ***MSH2*** Sequencing
- ☐ 2033 ***MSH2*** del/dup Analysis
- ☐ 2034 ***MSH2*** Sequencing and del/dup Analysis
- ☐ 2036 ***MSH6*** Sequencing
- ☐ 2037 ***MSH6*** del/dup Analysis
- ☐ 2038 ***MSH6*** Sequencing and del/dup Analysis

☐ **4870 Lynch Syndrome (HNPCC) Sequencing Panel**
Includes MLH1 Sequencing, MSH2 Sequencing, and MSH6 Sequencing

☐ 4850 **Lynch Syndrome (HNPCC) Microsatellite Instability (MSI)**

☐ 5000 **Lynch Syndrome (HNPCC) Microsatellite Instability (MSI) with Immunohistochemistry (IHC)**

☐ **1145 Mitochondrial-membrane Protein-Associated Neurodegeneration (MPAN), *C19orf12*** sequencing

Mitochondrial Studies

- ☐ 2020 **MELAS** (Mitochondrial Myopathy, Encephalopathy, Lactic Acidosis, and Stroke-Like Episodes) Targeted Analysis
- ☐ 2026 Mitochondrial Southern Analysis
- ☐ 2022 **MERRF** (Myoclonus Epilepsy Associated with Ragged-Red Fibers) Targeted Analysis
- ☐ 2024 **NARP** (Neurogenic Muscle Weakness, Ataxia and Retinitis Pigmentosa) Targeted Analysis

☐ 2040 **Methylene-tetrahydrofolate reductase deficiency, *MTHFR*** Targeted Analysis c.C677T

Multiple Endocrine Neoplasia Type 2

- ☐ 5020 ***MEN2A*** Sequencing (targeted exons)
- ☐ 5024 ***MEN2B*** Sequencing (targeted exons)
- ☐ 5028 ***FMTC*** Sequencing (targeted exons)

☐ 2045 ***MUTYH*-Associated Polyposis (MAP), *MUTYH* (*MYH*)** Sequencing

☐ 2050 **Myotonic Dystrophy type 1 (DM), *DMPK*** Repeat Expansion Analysis

☐ 2130 **Noonan Syndrome, *PTPN11*** Sequencing

Pantothenate Kinase Associated Neurodegeneration (PKAN), *PANK2*

- ☐ 2230 ***PANK2*** Sequencing and del/dup Analysis
- ☐ 2232 ***PANK2*** del/dup Analysis

☐ 1020 **Prader-Willi Syndrome, *SNRPN*** Methylation

☐ 2290 **Prothrombin-Related Mutation, *G20210A***

Rett Syndrome (RTT)

- ☐ 2400 ***MeCP2*** Sequencing
- ☐ 2402 ***MeCP2*** Sequencing and del/dup Analysis
- ☐ 2403 ***MeCP2*** del/dup Analysis
- ☐ 2404 ***CDKL5*** Sequencing (Atypical Rett)

Sitosterolemia

- ☐ 2600 ***ABCG5*** Sequencing
- ☐ 2610 ***ABCG8*** Sequencing

OTHER LABORATORY SERVICES

☐ 1300 DNA Banking Services	☐ 1240 Sequencing, Custom (known mutation, gene not in test menu)
☐ 1465 Fetal Sex	☐ 1230 Sequencing, Targeted (known mutation, gene in test menu)
☐ 1980 Maternal Cell Rule Out	☐ 2900 Zygosity Testing