

 <div>PREVENTIVE genomics</div>	CLIA ID: 45D2332030 Lab Director: Dr. Congying Gu	HEREDITARY METABOLIC DISORDERS RISK TESTING REQUISITION FORM			
INSTRUCTIONS		ORDERING PHYSICIAN INFORMATION			
<div><div></div><div>Patient and Physician must sign the consent form</div><div></div><div>All items identified as 'Required' must be Provided/attached to the requisition form.</div></div>	Physician Name		NPI#	FAX#	
	Office/Practice/Institution Name		Physician's Email		
	Street Address				
SUBMISSION CHECKLIST		City		State	Zip Code
<div><div></div> SOAP notes and progress notes</div> <div><div></div> Patient insurance ID card or face sheet</div> <div><div></div> Physician and Patient Signature</div>		Office Contact Name		Contact Phone	Contact Email
Ordering Provider (Please select one physician per order)					
Physician name:		Physician NPI:		Physician name: Physician NPI:	
Physician name:		Physician NPI:		Physician name: Physician NPI:	
PATIENT INFORMATION REQUIRED					
Patient First Name		Patient Last Name		Date of Birth (mm/dd/yyyy)	Phone Number
Address		City		State	Zip
Gender Identity		Sexual Orientation		Ancestry	
<div><div><div></div> Male</div><div><div></div> Female</div><div><div></div> Female-to-Male</div><div><div></div> Male-to-Female</div><div><div></div> Gender queer</div></div> <div><div><div></div> Other (Specify)</div><div><div></div> Choose not to Disclose</div></div>					

CUSTOM PANEL (SELECT GENES) OR COMPREHENSIVE PANEL

REQUIRED

<input type="checkbox"/> ABCA1	<input type="checkbox"/> CLCNKB	<input type="checkbox"/> GCDH	<input type="checkbox"/> MCOLN1	<input type="checkbox"/> PEX13	<input type="checkbox"/> RBCK1	<input type="checkbox"/> SLC39A4	<input type="checkbox"/> TFR2	<input type="checkbox"/> UQCRCQ
<input type="checkbox"/> ABCB4	<input type="checkbox"/> COX10	<input type="checkbox"/> GCK	<input type="checkbox"/> MECP2	<input type="checkbox"/> PEX14	<input type="checkbox"/> RFT1	<input type="checkbox"/> SLC3A1	<input type="checkbox"/> TIMM8A	<input type="checkbox"/> UROD
<input type="checkbox"/> ABCC2	<input type="checkbox"/> COX15	<input type="checkbox"/> GLA	<input type="checkbox"/> MMAB	<input type="checkbox"/> PEX16	<input type="checkbox"/> RNASEH2A	<input type="checkbox"/> SLC40A1	<input type="checkbox"/> TMEM126A	<input type="checkbox"/> UROS
<input type="checkbox"/> ABCD1	<input type="checkbox"/> CPOX	<input type="checkbox"/> GNE	<input type="checkbox"/> MMACHC	<input type="checkbox"/> PEX19	<input type="checkbox"/> RNASEH2B	<input type="checkbox"/> SLC41A2	<input type="checkbox"/> TMEM165	<input type="checkbox"/> WFS1
<input type="checkbox"/> ABCD3	<input type="checkbox"/> CPT1A	<input type="checkbox"/> GYS1	<input type="checkbox"/> MMAA	<input type="checkbox"/> PEX2	<input type="checkbox"/> RNASEH2C	<input type="checkbox"/> SLC41A3	<input type="checkbox"/> TNPO3	<input type="checkbox"/> XDH
<input type="checkbox"/> ABCD4	<input type="checkbox"/> CSTB	<input type="checkbox"/> GYS2	<input type="checkbox"/> MMADHC	<input type="checkbox"/> PEX26	<input type="checkbox"/> SAMHD1	<input type="checkbox"/> SLC46A1	<input type="checkbox"/> TMEM70	<input type="checkbox"/> YARS2
<input type="checkbox"/> ABCG5	<input type="checkbox"/> DGUOK	<input type="checkbox"/> HADH	<input type="checkbox"/> MTHFR	<input type="checkbox"/> PEX3	<input type="checkbox"/> SEC23B	<input type="checkbox"/> SLC5A1	<input type="checkbox"/> TPMT	<input type="checkbox"/> ZMPSTE24
<input type="checkbox"/> ABCG8	<input type="checkbox"/> DHCR7	<input type="checkbox"/> HADHA	<input type="checkbox"/> MUT	<input type="checkbox"/> PEX5	<input type="checkbox"/> SERPINA1	<input type="checkbox"/> SLC6A19	<input type="checkbox"/> TPP1	
<input type="checkbox"/> ACACA	<input type="checkbox"/> DLD	<input type="checkbox"/> HADHB	<input type="checkbox"/> NAGA	<input type="checkbox"/> PEX6	<input type="checkbox"/> SGSH	<input type="checkbox"/> SLC6A8	<input type="checkbox"/> TREX1	
<input type="checkbox"/> ACADM	<input type="checkbox"/> DPYD	<input type="checkbox"/> HEXA	<input type="checkbox"/> NAGLU	<input type="checkbox"/> PEX7	<input type="checkbox"/> SLC12A3	<input type="checkbox"/> SLC6A9	<input type="checkbox"/> TRIM32	
<input type="checkbox"/> ACADS	<input type="checkbox"/> F9	<input type="checkbox"/> HFE	<input type="checkbox"/> OTC	<input type="checkbox"/> PHKA1	<input type="checkbox"/> SLC16A1	<input type="checkbox"/> SLC7A7	<input type="checkbox"/> TRIM37	
<input type="checkbox"/> ACADVL	<input type="checkbox"/> FAH	<input type="checkbox"/> HMGCL	<input type="checkbox"/> PAH	<input type="checkbox"/> PHKA2	<input type="checkbox"/> SLC17A5	<input type="checkbox"/> SLCO1B1	<input type="checkbox"/> TRMU	
<input type="checkbox"/> APOE	<input type="checkbox"/> FH	<input type="checkbox"/> HPRT1	<input type="checkbox"/> NHEG1	<input type="checkbox"/> PHKB	<input type="checkbox"/> SLC22A5	<input type="checkbox"/> SMPD1	<input type="checkbox"/> TRPM6	
<input type="checkbox"/> ARSA	<input type="checkbox"/> G6PC	<input type="checkbox"/> HSD17B10	<input type="checkbox"/> PCCA	<input type="checkbox"/> PHKG1	<input type="checkbox"/> SLC25A13	<input type="checkbox"/> SSR4	<input type="checkbox"/> TRPM7	
<input type="checkbox"/> ASPA	<input type="checkbox"/> G6PD	<input type="checkbox"/> HYAL1	<input type="checkbox"/> PC	<input type="checkbox"/> PHKG2	<input type="checkbox"/> SLC25A15	<input type="checkbox"/> STT3A	<input type="checkbox"/> TSFM	
<input type="checkbox"/> ASS1	<input type="checkbox"/> GAA	<input type="checkbox"/> IDH2	<input type="checkbox"/> PCCB	<input type="checkbox"/> PHYH	<input type="checkbox"/> SLC25A20	<input type="checkbox"/> STT3B	<input type="checkbox"/> TTC19	
<input type="checkbox"/> ATP7B	<input type="checkbox"/> GALNS	<input type="checkbox"/> IDS	<input type="checkbox"/> PCK1	<input type="checkbox"/> POLG	<input type="checkbox"/> SLC25A26	<input type="checkbox"/> SUCLA2	<input type="checkbox"/> TUFM	
<input type="checkbox"/> BCKDHA	<input type="checkbox"/> GALT	<input type="checkbox"/> LCT	<input type="checkbox"/> PCK2	<input type="checkbox"/> PPARG	<input type="checkbox"/> SLC25A4	<input type="checkbox"/> SUGLG1	<input type="checkbox"/> TUSC3	
<input type="checkbox"/> BCKDHB	<input type="checkbox"/> GALT	<input type="checkbox"/> LIPA	<input type="checkbox"/> PDHA1	<input type="checkbox"/> PRKAG2	<input type="checkbox"/> SLC2A1	<input type="checkbox"/> SUOX	<input type="checkbox"/> TYMP	
<input type="checkbox"/> BSCL2	<input type="checkbox"/> GAMT	<input type="checkbox"/> LPL	<input type="checkbox"/> PDHX	<input type="checkbox"/> PRPS1	<input type="checkbox"/> SLC2A2	<input type="checkbox"/> SURF1	<input type="checkbox"/> UGT1A1	
<input type="checkbox"/> BTD	<input type="checkbox"/> GATM	<input type="checkbox"/> MAN2B1	<input type="checkbox"/> PEPD	<input type="checkbox"/> PTS	<input type="checkbox"/> SLC30A10	<input type="checkbox"/> TALDO1	<input type="checkbox"/> UMP5	
<input type="checkbox"/> CACNA1A	<input type="checkbox"/> GBA	<input type="checkbox"/> ISCU	<input type="checkbox"/> PEX1	<input type="checkbox"/> PYGL	<input type="checkbox"/> SLC35A1	<input type="checkbox"/> TAT	<input type="checkbox"/> UCP2	
<input type="checkbox"/> CBS	<input type="checkbox"/> GBE1	<input type="checkbox"/> MCCC1	<input type="checkbox"/> PEX10	<input type="checkbox"/> PYGM	<input type="checkbox"/> SLC35A2	<input type="checkbox"/> TBCID4	<input type="checkbox"/> UPB1	
<input type="checkbox"/> CFTR	<input type="checkbox"/> GLUD1	<input type="checkbox"/> MCCC2	<input type="checkbox"/> PEX12	<input type="checkbox"/> QDPR	<input type="checkbox"/> SLC35C1	<input type="checkbox"/> TCN2	<input type="checkbox"/> UQCRB	

COMMONLY USED ICD10 (DIAGNOSIS) CODES

REQUIRED

Please note, the icd-10 codes herein are solely for informational use. it is incumbent upon order practitioners to the diagnosis code that precisely justifies test conduct, regardless of its presence in the subsequent list.

<input type="checkbox"/> E04.2	Nontoxic multinodular goiter	<input type="checkbox"/> C16.9	Malignant neoplasm of stomach, unspecified
<input type="checkbox"/> E63.9	Nutritional deficiency, unspecified	<input type="checkbox"/> C18.9	Malignant neoplasm of colon, unspecified
<input type="checkbox"/> E44.1	Mild protein-calorie malnutrition	<input type="checkbox"/> C19	Acute embolism and thrombosis of unspecified internal jugular vein
<input type="checkbox"/> E55.9	Vitamin D deficiency, unspecified	<input type="checkbox"/> C20	Malignant neoplasm of rectum
<input type="checkbox"/> E03.9	Hypothyroidism, unspecified	<input type="checkbox"/> C25.9	Malignant neoplasm of pancreas, unspecified
<input type="checkbox"/> E87.5	Hyperkalemia	<input type="checkbox"/> C50.919	Malignant neoplasm of unspecified site of unspecified female breast
<input type="checkbox"/> E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	<input type="checkbox"/> C50.929	Malignant neoplasm of unspecified site of unspecified male breast
<input type="checkbox"/> E78.49	Other hyperlipidemia	<input type="checkbox"/> C91.00	Acute lymphoblastic leukemia not having achieved remission
<input type="checkbox"/> E78.5	Hyperlipidemia, unspecified	<input type="checkbox"/> C91.01	Acute lymphoblastic leukemia, in remission
<input type="checkbox"/> E63.9	Nutritional deficiency, unspecified	<input type="checkbox"/> C91.02	Acute lymphoblastic leukemia, in relapse
<input type="checkbox"/> E43	Unspecified severe protein-calorie malnutrition	<input type="checkbox"/> M06.89	Other specified rheumatoid arthritis, multiple sites
<input type="checkbox"/> E11.9	Type 2 diabetes mellitus without complications	<input type="checkbox"/> M06.8A	Other specified rheumatoid arthritis, other specified site
<input type="checkbox"/> E66.01	Morbid (severe) obesity due to excess calories	<input type="checkbox"/> Z94.0	Kidney transplant status
<input type="checkbox"/> E87.20	Acidosis, unspecified	<input type="checkbox"/> E11.8	Type 2 diabetes mellitus with unspecified complications
<input type="checkbox"/> E78.00	Pure hypercholesterolemia, unspecified	<input type="checkbox"/> E11.9	Type 2 diabetes mellitus without complications
<input type="checkbox"/> C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	<input type="checkbox"/> E78.00	Pure hypercholesterolemia, unspecified
<input type="checkbox"/> C71.1	Malignant neoplasm of frontal lobe	<input type="checkbox"/> E78.01	Familial hypercholesterolemia
<input type="checkbox"/> C71.2	Malignant neoplasm of temporal lobe	<input type="checkbox"/> E78.1	Pure hyperglyceridemia
<input type="checkbox"/> C71.3	Malignant neoplasm of parietal lobe	<input type="checkbox"/> E78.2	Mixed hyperlipidemia
<input type="checkbox"/> C71.4	Malignant neoplasm of occipital lobe	<input type="checkbox"/> E78.49	Other hyperlipidemia
<input type="checkbox"/> C71.5	Malignant neoplasm of cerebral ventricle	<input type="checkbox"/> Z86.39	Personal history of other endocrine, nutritional and metabolic disease
<input type="checkbox"/> C71.6	Malignant neoplasm of cerebellum	<input type="checkbox"/> Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
<input type="checkbox"/> C71.7	Malignant neoplasm of brain stem	<input type="checkbox"/> Z86.79	Personal history of other diseases of the circulatory system
<input type="checkbox"/> C71.8	Malignant neoplasm of overlapping sites of brain	<input type="checkbox"/> B20	Human immunodeficiency virus [HIV] disease
<input type="checkbox"/> C71.9	Malignant neoplasm of brain, unspecified	<input type="checkbox"/> C49.9	Malignant neoplasm of connective and soft tissue, unspecified
<input type="checkbox"/> C92.00	Acute myeloblastic leukemia, not having achieved remission	<input type="checkbox"/> C50.011	Malignant neoplasm of nipple and areola, right female breast
<input type="checkbox"/> C92.01	Acute myeloblastic leukemia, in remission	<input type="checkbox"/> C50.012	Malignant neoplasm of nipple and areola, left female breast
<input type="checkbox"/> C92.02	Acute myeloblastic leukemia, in relapse	<input type="checkbox"/> C50.021	Malignant neoplasm of nipple and areola, right male breast
<input type="checkbox"/> C92.40	Acute promyelocytic leukemia, not having achieved remission	<input type="checkbox"/> C50.022	Malignant neoplasm of nipple and areola, left male breast
<input type="checkbox"/> C92.41	Acute promyelocytic leukemia, in remission	<input type="checkbox"/> C50.111	Malignant neoplasm of central portion of right female breast
<input type="checkbox"/> C92.42	Acute promyelocytic leukemia, in relapse	<input type="checkbox"/> C50.112	Malignant neoplasm of central portion of left female breast
<input type="checkbox"/> C92.50	Acute myelomonocytic leukemia, not having achieved remission	<input type="checkbox"/> C50.121	Malignant neoplasm of central portion of right male breast
<input type="checkbox"/> C92.51	Acute myelomonocytic leukemia, in remission	<input type="checkbox"/> C50.122	Malignant neoplasm of central portion of left male breast
<input type="checkbox"/> C92.52	Acute myelomonocytic leukemia, in relapse	<input type="checkbox"/> C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
<input type="checkbox"/> C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	<input type="checkbox"/> C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
<input type="checkbox"/> C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	<input type="checkbox"/> C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
<input type="checkbox"/> C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	<input type="checkbox"/> C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
<input type="checkbox"/> C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	<input type="checkbox"/> C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
<input type="checkbox"/> C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	<input type="checkbox"/> C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
<input type="checkbox"/> C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	<input type="checkbox"/> C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
<input type="checkbox"/> D46.1	Refractory anemia with ring sideroblasts	<input type="checkbox"/> C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
<input type="checkbox"/> D46.20	Refractory anemia with excess of blasts, unspecified	<input type="checkbox"/> C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
<input type="checkbox"/> D46.21	Refractory anemia with excess of blasts 1	<input type="checkbox"/> C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
<input type="checkbox"/> D46.22	Refractory anemia with excess of blasts 2	<input type="checkbox"/> C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
<input type="checkbox"/> D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	<input type="checkbox"/> C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
<input type="checkbox"/> D46.4	Refractory anemia, unspecified	<input type="checkbox"/> C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
<input type="checkbox"/> D46.Z	Other myelodysplastic syndromes	<input type="checkbox"/> C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
<input type="checkbox"/> D46.9	Myelodysplastic syndrome, unspecified	<input type="checkbox"/> C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
		<input type="checkbox"/> C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
		<input type="checkbox"/> C50.611	Malignant neoplasm of axillary tail of right female breast

continued

☐ C50.612 Malignant neoplasm of axillary tail of left female breast
☐ C50.621 Malignant neoplasm of axillary tail of right male breast
☐ C50.622 Malignant neoplasm of axillary tail of left male breast
☐ C50.811 Malignant neoplasm of overlapping sites of right female breast
☐ C50.812 Malignant neoplasm of overlapping sites of left female breast
☐ C50.821 Malignant neoplasm of overlapping sites of right male breast
☐ C50.822 Malignant neoplasm of overlapping sites of left male breast
☐ C64.9 Malignant neoplasm of unspecified kidney, except renal pelvis
☐ C65.1 Malignant neoplasm of right renal pelvis
☐ C65.2 Malignant neoplasm of left renal pelvis
☐ C66.1 Malignant neoplasm of right ureter
☐ C66.2 Malignant neoplasm of left ureter
☐ C67.0 Malignant neoplasm of trigone of bladder
☐ C67.1 Malignant neoplasm of dome of bladder
☐ C67.2 Malignant neoplasm of lateral wall of bladder
☐ C67.3 Malignant neoplasm of anterior wall of bladder
☐ C67.4 Malignant neoplasm of posterior wall of bladder
☐ C67.5 Malignant neoplasm of bladder neck
☐ E70.0 Description
☐ E70.1 Classical phenylketonuria
☐ E70.20 Other hyperphenylalaninemias
☐ E70.21 Disorder of tyrosine metabolism, unspecified
☐ E70.29 Tyrosinemia
☐ E70.40 Other disorders of tyrosine metabolism
☐ E70.41 Disorders of histidine metabolism, unspecified
☐ E70.49 Histidinemia
☐ E70.5 Other disorders of histidine metabolism
☐ E70.81 Disorders of tryptophan metabolism
☐ E70.89 Aromatic L-amino acid decarboxylase deficiency
☐ E70.9 Other disorders of aromatic amino-acid metabolism
☐ E71.0 Disorder of aromatic amino-acid metabolism, unspecified
☐ E71.110 Maple-syrup-urine disease
☐ E71.111 Isovaleric acidemia
☐ E71.118 3-methylglutaconic aciduria
☐ E71.120 Other branched-chain organic acidurias
☐ E71.121 Methylmalonic acidemia
☐ E71.128 Propionic acidemia
☐ E71.19 Other disorders of propionate metabolism
☐ E71.2 Other disorders of branched-chain amino-acid metabolism
☐ E71.30 Disorder of branched-chain amino-acid metabolism, unsp
☐ E71.310 Disorder of fatty-acid metabolism, unspecified
☐ E71.311 Long chain/very long chain acyl CoA dehydrogenase deficiency
☐ E71.312 Medium chain acyl CoA dehydrogenase deficiency
☐ E71.313 Short chain acyl CoA dehydrogenase deficiency
☐ E71.314 Glutaric aciduria type II
☐ E71.318 Muscle carnitine palmitoyltransferase deficiency
☐ E71.32 Other disorders of fatty-acid oxidation
☐ E71.39 Disorders of ketone metabolism
☐ E71.40 Other disorders of fatty-acid metabolism
☐ E71.41 Disorder of carnitine metabolism, unspecified
☐ E71.42 Primary carnitine deficiency
☐ E71.43 Carnitine deficiency due to inborn errors of metabolism
☐ E71.440 Iatrogenic carnitine deficiency
☐ E71.448 Ruvalcaba-Myhre-Smith syndrome
☐ E71.50 Other secondary carnitine deficiency
☐ E71.510 Peroxisomal disorder, unspecified
☐ E71.511 Zellweger syndrome
☐ E71.518 Neonatal adrenoleukodystrophy
☐ E71.520 Other disorders of peroxisome biogenesis
☐ E71.521 Childhood cerebral X-linked adrenoleukodystrophy
☐ E71.522 Adolescent X-linked adrenoleukodystrophy
☐ E71.528 Adrenomyeloneuropathy
☐ E71.529 Other X-linked adrenoleukodystrophy
☐ E71.53 X-linked adrenoleukodystrophy, unspecified type
☐ E71.540 Other group 2 peroxisomal disorders
☐ E71.541 Rhizomelic chondrodysplasia punctata
☐ E71.542 Zellweger-like syndrome
☐ E71.548 Other group 3 peroxisomal disorders
☐ E72.00 Other peroxisomal disorders
☐ E72.01 Disorders of amino-acid transport, unspecified
☐ E72.02 Cystinuria
☐ E72.03 Hartnup's disease
☐ E75.22 Fabry (-Anderson) disease
☐ E75.23 Gaucher disease
☐ E75.25 Krabbe disease
☐ E75.26 Metachromatic leukodystrophy
☐ E75.29 Sulfatase deficiency
☐ E75.3 Other sphingolipidoses
☐ E75.4 Sphingolipidoses, unspecified
☐ E75.5 Neuronal ceroid lipofuscinosis
☐ E75.6 Other lipid storage disorders
☐ E76.01 Lipid storage disorder, unspecified
☐ E76.02 Hurler's syndrome
☐ E76.03 Hurler-Scheie syndrome
☐ E76.1 Scheie's syndrome
☐ E76.210 Mucopolysaccharidosis, type II
☐ E76.211 Morquio A mucopolysaccharidoses
☐ E76.219 Morquio B mucopolysaccharidoses

☐ C67.6 Malignant neoplasm of ureteric orifice
☐ C67.7 Malignant neoplasm of urachus
☐ C67.8 Malignant neoplasm of overlapping sites of bladder
☐ C67.9 Malignant neoplasm of bladder, unspecified
☐ C68.0 Malignant neoplasm of urethra
☐ C68.8 Malignant neoplasm of overlapping sites of urinary organs
☐ C84.40 Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
☐ C84.48 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
☐ C92.10 Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
☐ C92.12 Chronic myeloid leukemia, BCR/ABL-positive, in relapse
☐ Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm
☐ Z85.030 Personal history of malignant carcinoid tumor of large intestine
☐ Z85.038 Personal history of other malignant neoplasm of large intestine
☐ Z85.040 Personal history of malignant carcinoid tumor of rectum
☐ E72.04 Lowe's syndrome
☐ E72.09 Cystinosis
☐ E72.10 Other disorders of amino-acid transport
☐ E72.11 Disorders of sulfur-bearing amino-acid metabolism, unsp
☐ E72.12 Homocystinuria
☐ E72.19 Methylenetetrahydrofolate reductase deficiency
☐ E72.20 Other disorders of sulfur-bearing amino-acid metabolism
☐ E72.21 Disorder of urea cycle metabolism, unspecified
☐ E72.22 Argininemia
☐ E72.23 Arginosuccinic aciduria
☐ E72.29 Citrullinemia
☐ E72.3 Other disorders of urea cycle metabolism
☐ E72.4 Disorders of lysine and hydroxylysine metabolism
☐ E72.50 Disorders of ornithine metabolism
☐ E72.51 Disorder of glycine metabolism, unspecified
☐ E72.52 Non-ketotic hyperglycinemia
☐ E72.53 Trimethylaminuria
☐ E72.59 Primary hyperoxaluria
☐ E72.81 Other disorders of glycine metabolism
☐ E72.89 Disorders of gamma aminobutyric acid metabolism
☐ E72.9 Other specified disorders of amino-acid metabolism
☐ E73.0 Disorder of amino-acid metabolism, unspecified
☐ E73.1 Congenital lactase deficiency
☐ E73.8 Secondary lactase deficiency
☐ E73.9 Other lactose intolerance
☐ E74.00 Lactose intolerance, unspecified
☐ E74.01 Glycogen storage disease, unspecified
☐ E74.02 von Gierke disease
☐ E74.03 Pompe disease
☐ E74.04 Cori disease
☐ E74.09 McArdle disease
☐ E74.10 Other glycogen storage disease
☐ E74.11 Disorder of fructose metabolism, unspecified
☐ E74.12 Essential fructosuria
☐ E74.19 Hereditary fructose intolerance
☐ E74.20 Other disorders of fructose metabolism
☐ E74.21 Disorders of galactose metabolism, unspecified
☐ E74.29 Galactosemia
☐ E74.31 Other disorders of galactose metabolism
☐ E74.39 Sucrase-isomaltase deficiency
☐ E74.4 Other disorders of intestinal carbohydrate absorption
☐ E74.810 Disorders of pyruvate metabolism and gluconeogenesis
☐ E74.818 Glucose transporter protein type I deficiency
☐ E74.819 Other disorders of glucose transport
☐ E74.89 Disorders of glucose transport, unspecified
☐ E74.9 Other specified disorders of carbohydrate metabolism
☐ E75.00 Disorder of carbohydrate metabolism, unspecified GM2
☐ E75.01 gangliosidosis, unspecified
☐ E75.02 Sandhoff disease
☐ E75.09 Tay-Sachs disease
☐ E75.10 Other GM2 gangliosidosis
☐ E75.11 Unspecified gangliosidosis
☐ E75.19 Mucopolipidosis IV
☐ E75.21 Other gangliosidosis
☐ E83.19 Hemochromatosis, unspecified
☐ E83.2 Other disorders of iron metabolism
☐ E83.30 Disorders of zinc metabolism
☐ E83.31 Disorder of phosphorus metabolism, unspecified
☐ E83.32 Familial hypophosphatemia
☐ E83.39 Hereditary vitamin D-dependent rickets (type 1) (type 2)
☐ E83.40 Other disorders of phosphorus metabolism
☐ E83.41 Disorders of magnesium metabolism, unspecified
☐ E83.42 Hypermagnesemia
☐ E83.49 Hypomagnesemia
☐ E83.50 Other disorders of magnesium metabolism
☐ E83.51 Unspecified disorder of calcium metabolism
☐ E83.52 Hypocalcemia
☐ E83.59 Hypercalcemia
☐ E83.81 Other disorders of calcium metabolism
☐ E83.89 Hungry bone syndrome

Continued

- ☐ E76.22 Morquio mucopolysaccharidoses, unspecified
- ☐ E76.29 Sanfilippo mucopolysaccharidoses
- ☐ E76.3 Other mucopolysaccharidoses
- ☐ E76.8 Mucopolysaccharidosis, unspecified
- ☐ E76.9 Other disorders of glucosaminoglycan metabolism
- ☐ E77.0 Glucosaminoglycan metabolism disorder, unspecified
- ☐ E77.1 Defects in post-translational mod of lysosomal enzymes
- ☐ E77.8 Defects in glycoprotein degradation
- ☐ E77.9 Other disorders of glycoprotein metabolism
- ☐ E78.3 Mixed hyperlipidemia
- ☐ E78.41 Hyperchylomicronemia
- ☐ E78.6 Hyperlipidemia, unspecified
- ☐ E78.70 Lipoprotein deficiency
- ☐ E78.71 Disorder of bile acid and cholesterol metabolism, unsp Barth
- ☐ E78.72 syndrome
- ☐ E78.79 Smith-Lemli-Opitz syndrome
- ☐ E78.81 Other disorders of bile acid and cholesterol metabolism Lipoid
- ☐ E78.89 dermatoarthritis
- ☐ E78.9 Other lipoprotein metabolism disorders
- ☐ E79.0 Disorder of lipoprotein metabolism, unspecified
- ☐ E79.1 Hyperuricemia w/o signs of inflam arthrit and tophaceous dis
- ☐ E79.2 Lesch-Nyhan syndrome
- ☐ E79.8 Myoadenylate deaminase deficiency
- ☐ E79.9 Other disorders of purine and pyrimidine metabolism
- ☐ E80.0 Disorder of purine and pyrimidine metabolism, unspecified
- ☐ E80.1 Hereditary erythropoietic porphyria
- ☐ E80.20 Porphyria cutanea tarda
- ☐ E80.21 Unspecified porphyria
- ☐ E80.29 Acute intermittent (hepatic) porphyria
- ☐ E80.3 Other porphyria
- ☐ E80.4 Defects of catalase and peroxidase
- ☐ E80.5 Gilbert syndrome
- ☐ E80.6 Crigler-Najjar syndrome
- ☐ E80.7 Other disorders of bilirubin metabolism
- ☐ E83.00 Disorder of bilirubin metabolism, unspecified
- ☐ E83.01 Disorder of copper metabolism, unspecified
- ☐ E83.09 Wilson's disease
- ☐ E83.10 Other disorders of copper metabolism
- ☐ E83.110 Disorder of iron metabolism, unspecified
- ☐ E83.111 Hereditary hemochromatosis
- ☐ E83.118 Hemochromatosis due to repeated red blood cell transfusions
- ☐ E83.119 Other hemochromatosis

- ☐ E83.9 Other disorders of mineral metabolism
- ☐ E84.0 Disorder of mineral metabolism, unspecified
- ☐ E84.11 Cystic fibrosis with pulmonary manifestations
- ☐ E84.19 Meconium ileus in cystic fibrosis
- ☐ E84.8 Cystic fibrosis with other intestinal manifestations
- ☐ E84.9 Cystic fibrosis with other manifestations
- ☐ E85.0 Cystic fibrosis, unspecified
- ☐ E85.1 Non-neuropathic hereditary amyloidosis
- ☐ E85.2 Neuropathic hereditary amyloidosis
- ☐ E85.3 Hereditary amyloidosis, unspecified
- ☐ E85.4 Secondary systemic amyloidosis
- ☐ E85.81 Organ-limited amyloidosis
- ☐ E85.82 Light chain (AL) amyloidosis
- ☐ E85.89 Wild-type transthyretin-related (ATTR) amyloidosis
- ☐ E85.89 Other amyloidosis
- ☐ E85.9 Amyloidosis, unspecified
- ☐ E86.0 Dehydration
- ☐ E86.1 Hypovolemia
- ☐ E86.9 Volume depletion, unspecified
- ☐ E87.0 Hyperosmolality and hypernatremia
- ☐ E87.1 Hypo-osmolality and hyponatremia
- ☐ E87.21 Acute metabolic acidosis
- ☐ E87.22 Chronic metabolic acidosis
- ☐ E87.29 Other acidosis
- ☐ E87.3 Alkalosis
- ☐ E87.4 Mixed disorder of acid-base balance
- ☐ E87.6 Hypokalemia
- ☐ E87.70 Fluid overload, unspecified
- ☐ E87.71 Transfusion associated circulatory overload
- ☐ E87.79 Other fluid overload
- ☐ E87.8 Oth disorders of electrolyte and fluid balance, NEC
- ☐ E88.01 Alpha-1-antitrypsin deficiency
- ☐ E88.02 Plasminogen deficiency
- ☐ E88.09 Oth disorders of plasma-protein metabolism, NEC
- ☐ E88.1 Lipodystrophy, not elsewhere classified
- ☐ E88.2 Lipomatosis, not elsewhere classified
- ☐ E88.3 Tumor lysis syndrome
- ☐ E88.40 Mitochondrial metabolism disorder, unspecified
- ☐ E88.41 MELAS syndrome
- ☐ E88.42 MERRF syndrome
- ☐ E88.49 Other mitochondrial metabolism disorders
- ☐ E88.81 Metabolic syndrome
- ☐ E88.89 Other specified metabolic disorders
- ☐ E88.9 Metabolic disorder, unspecified
- ☐ E89.89 Other postprocedural endocrine and metabolic complications and disorders

Additional ICD10 Codes:

PATIENT CONSENT

REQUIRED

By signing this form, I acknowledge that the information provided by me is true and correct. I have read, or have had read to me, the Preventive Genomics Informed Consent document at the end of this test requisition form and understand the information regarding molecular genetics testing. For direct insurance billing: I authorize my insurance benefits to be paid directly to Preventive Genomics and their affiliates. I authorize Preventive Genomics to release medical information concerning my testing to my insurer, to act as my designated representative for the purpose of appealing any denial of benefits as needed, and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and responsible for sending Preventive Genomics and their affiliates any money received from my health insurance company. I also give permission for my specimen and clinical information to be used in de-identified studies at Preventive Genomics and their affiliates for publication, if appropriate. I have had the opportunity to ask questions about the testing, the procedure, the risks, and the alternatives. I authorize Preventive Genomics and their affiliates to perform the testing as ordered.

Signature

Date

CERTIFICATE OF MEDICAL NECESSITY, CONSENT, TEST AUTHORIZATION AND PHYSICIAN SIGNATURE

REQUIRED

The individual signing this form, or their representative, hereby confirms their status as a licensed medical professional authorized to order genetic testing and confirms that the patient has provided informed consent for the testing and that it is medically necessary. They certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome, or disorder. They acknowledge that the test results may have an impact on the patient's medical management. The information provided on this form is accurate to the best of their knowledge. The signature on this form applies to the attached letter of medical necessity. If the insurance provider requests the laboratory to gather the medical necessity for any reason, the signer agrees to provide the Care Plan notes and Letter of Intent for this order.

Signature

Date

INFORMED CONSENT

For the purposes of this consent, “I”, “my”, and “your” will refer to me or to my child, including my unborn child, if my child is the person for whom the healthcare provider has ordered testing.

PURPOSE OF THIS TEST

The purpose of this test is (a) to see if I may have a genetic variant or chromosome rearrangement causing a genetic disorder; or (b) to evaluate the chance that I will develop or pass on a genetic disorder in the future. If I already know the specific gene variant(s) or chromosome rearrangement that causes the genetic disorder in my family, I agree to inform the laboratory of this information.

WHAT TYPE OF TEST RESULTS CAN I EXPECT FROM GENETIC TESTING?

1. Positive: A change in your DNA was found, which is very likely the cause of your features/symptoms. This is the most straightforward test result, which can be used as the basis to test other family members to determine their chances of having either the disease or a child with the disease.
2. Negative: No variants were found to explain your symptoms. This does not mean that you do not have a genetic condition. It is still possible that there is a genetic variant not found by the test that was ordered. Your healthcare provider or genetic counselor may discuss more testing either now or in the future.
3. Variant of Uncertain Significance (VUS): A change in a gene was found. However, we are not sure whether this variant is the cause of your symptoms/features. More information is needed. We may suggest testing other family members to help figure out the meaning of the test result.
4. Unexpected Results: In rare instances, this test may reveal an important genetic change that is not directly related to the reason for ordering this test. For example, this test may find you are at risk for another genetic condition I am not aware of or it may indicate differences in the number or rearrangement of sex chromosomes.

We may disclose this information to the ordering healthcare provider if it likely affects medical care.

Because medical and scientific knowledge is constantly changing, new information that becomes available may supplement the information Preventive Genomics used to interpret my results. Healthcare providers can contact Preventive Genomics at any time to discuss the classification of an identified variant.

WHAT IS TRIO/DUO-BASED GENETIC TESTING?

For some genetic tests, including samples from the biological parents and/or other biological relatives along with the patient's sample can help with the interpretation of the test results. These tests are often referred to as “trio tests” since they typically include samples from the patient and both parents. Samples from relatives should be submitted with the patient's sample. Clinical information must be provided for the patient and any relative who submits a sample.

I understand that Preventive Genomics will use the relative sample(s) when needed for the interpretation of my test results and that my test report may include clinical and genetic information about a relative when it is relevant to the interpretation of the test results. I further understand that relatives will not receive an independent analysis of data nor a separate report. **RISKS AND LIMITATIONS OF GENETIC TESTING**

RISKS AND LIMITATIONS OF GENETIC TESTING

1. In some cases, testing may not identify a genetic variant even though one exists. This may be due to limitations in current medical knowledge or testing technology.
2. Accurate interpretation of test results may require knowing the true biological relationships in a family. I understand that if I fail to accurately state the biological relationships in my family, it could lead to incorrect interpretation of the test results, incorrect diagnoses, and/or inconclusive test results. If genetic testing reveals that the true biological relationships in a family are not as I reported them, including non-paternity (the reported father is not the biological father) and consanguinity (the parents are related by blood), I agree to have these findings reported to the healthcare provider who ordered the test.
3. Although genetic testing is highly accurate, inaccurate results may occur. These reasons include, but are not limited to mislabeled samples, inaccurate reporting of clinical/medical information, rare technical errors, or other reasons.
4. I understand that this test may not detect all of the long-term medical risks that I might experience. The result of this test does not guarantee my health and that additional diagnostic tests may still need to be done.
5. I agree to provide an additional sample if the initial sample is not adequate.

PATIENT CONFIDENTIALITY AND GENETIC COUNSELING

It is recommended that I receive genetic counseling before and after having this genetic test. I can find a genetic counselor in my area at www.nsgc.org. Further testing or additional consultations with a healthcare provider may be necessary. To maintain confidentiality, test results will only be released to the referring healthcare provider, the ordering laboratory, to me, to other healthcare providers involved in my care, diagnosis and treatment, or to others with my consent or as permitted or required by law. Federal laws prohibit unauthorized disclosure of this information. More information can be found at: www.genome.gov/10002077

INTERNATIONAL SAMPLES

If I reside outside the United States, I attest that by providing a sample for testing, I am not knowingly violating any export ban or other legal restriction in the country of my residence.

SAMPLE RETENTION

After testing is complete, my sample may be de-identified and be used for test development and improvement, internal validation, quality assurance, and training purposes. Preventive Genomics will not return DNA samples to you or to referring healthcare providers, unless specific prior arrangements have been made.

I understand that samples from residents of New York State will not be included in the de-identified research studies described in this authorization and Preventive Genomics will not retain them for more than 60 days after test completion, unless specifically authorized by my selection. The authorization is optional, and testing will be unaffected if I do not check the box for the New York authorization language. Preventive Genomics will not perform any tests on the biological sample other than those specifically authorized.

DATABASE PARTICIPATION

De-identified health history and genetic information can help healthcare providers and scientists understand how genes affect human health. Sharing this deidentified information helps healthcare providers to provide better care for their patients and researchers to make new discoveries. Preventive Genomics shares this type of information with healthcare providers, scientists, and healthcare databases. Preventive Genomics will not share any personally identifying information and will replace the identifying information with a unique code not derived from any personally identifying information. Even with a unique code, there is a risk that I could be identified based on the genetic and health information that is shared. Preventive Genomics believes that this is unlikely, though the risk is greater if I have already shared my genetic or health information with public resources, such as genealogy websites.

EXOME/GENOME SEQUENCING SECONDARY FINDINGS

- Applicable only for full exome sequencing and genome sequencing tests
- Does not pertain to Xpanded® or Slice tests

As many different genes and conditions are analyzed in an exome or genome sequencing test, these tests may reveal some findings not directly related to the reason for ordering the test. Such findings are called “incidental” or “secondary” and can provide information that was not anticipated.

Secondary findings are variants, identified by an exome or genome sequencing test, in genes that are unrelated to the individual's reported clinical features.

The American College of Medical Genetics and Genomics (ACMG) has recommended that secondary findings identified in a specific subset of medically actionable genes associated with various inherited disorders be reported for all probands undergoing exome or genome sequencing. Please refer to the latest version of the ACMG recommendations for reporting of secondary findings in clinical exome and genome sequencing for complete details of the genes and associated genetic disorders. Reportable secondary findings will be confirmed by an alternate test method when needed.

WHAT WILL BE REPORTED FOR THE PATIENT?

All pathogenic and likely pathogenic variants associated with specific genotypes identified in the genes (for which a minimum of 10X coverage was achieved by exome sequencing or a minimum of 15X coverage was achieved by genome sequencing), as recommended by the ACMG.

WHAT WILL BE REPORTED FOR RELATIVES?

The presence or absence of any secondary finding(s) reported for the proband will be provided for all relatives analyzed by an exome or genome sequencing test.

LIMITATIONS

Pathogenic and/or likely pathogenic variants may be present in a portion of the gene not covered by this test and therefore are not reported. The absence of reportable secondary findings for any particular gene does not mean there are no pathogenic and/or likely pathogenic variants in that gene. Pathogenic variants and/or likely pathogenic variants that may be present in a relative, but are not present in the proband, will not be identified nor reported. Only changes at the sequence level will be reported in the secondary findings report. Larger deletions/duplications, abnormal methylation, triplet repeat or other expansion variants, or other variants not routinely identified by clinical exome and genome sequencing will not be reported.

FINANCIAL AGREEMENT AND GUARANTEE

For insurance billing, I understand and authorize Preventive Genomics to bill my health insurance plan on my behalf, to release any information required for billing, and to be my designated representative for purposes of appealing any denial of benefits. I irrevocably assign to and direct that payment be made directly to Preventive Genomics.

I understand that my out-of-pocket costs may be different than the estimated amount indicated to me by Preventive Genomics as part of a benefit investigation. I agree to be financially responsible for any and all amounts as indicated on the explanation of benefits issued by my health insurance plan. If my insurance provider sends a payment directly to me for services performed by Preventive Genomics on my behalf, I agree to endorse the insurance check and forward it to Preventive Genomics within 30 days of receipt as payment towards Preventive Genomics claim for services rendered.

If I do not have health insurance, I agree to pay for the full cost of the genetic testing that was ordered by my healthcare provider and billed to me by Preventive Genomics. I further understand and agree that, if I fail to make payment for genetic testing, in accordance with the payment policies of Preventive Genomics, my account may be turned over to an external collection agency for non-payment. I agree to pay any associated collection costs, including attorney fees. By my signature on the Preventive Genomics Test Requisition Form or at the bottom of this form, I accept full and complete financial responsibility for all genetic testing ordered by my healthcare provider.