

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
Baylor College of Medicine
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

MOLECULAR DIAGNOSTIC REQUISITION

PATIENT INFORMATION	SAMPLE INFORMATION	
NAME: _____ LAST NAME FIRST NAME MI	DATE OF COLLECTION: ____ / ____ / ____ MM DD YY	
DATE OF BIRTH: ____ / ____ / ____ MM DD YY GENDER (Please select one): <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN	HOSPITAL#: _____ ACCESSION#: _____	
-OR- PLACE PATIENT STICKER HERE	SAMPLE TYPE (Please select one): <input type="checkbox"/> BLOOD <input type="checkbox"/> CORD BLOOD <input type="checkbox"/> SKELETAL MUSCLE <input type="checkbox"/> MUSCLE <input type="checkbox"/> DNA (Specify Source): _____ <input type="checkbox"/> OTHER (Specify): _____	ETHNIC BACKGROUND (Select all that apply): <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> ASHKENAZIC JEWISH <input type="checkbox"/> EUROPEAN CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN INDIAN <input type="checkbox"/> OTHER JEWISH <input type="checkbox"/> OTHER (Please specify): _____

REPORTING INFORMATION	ADDITIONAL PROFESSIONAL REPORT RECIPIENTS
PHYSICIAN: _____ INSTITUTION: _____ PHONE: _____ FAX: _____ EMAIL (INTERNATIONAL CLIENT REQUIREMENT): _____	NAME: _____ PHONE: _____ FAX: _____ NAME: _____ PHONE: _____ FAX: _____

INDICATION FOR STUDY	
<input type="checkbox"/> SYMPTOMATIC (Summarize below.): _____ <input type="checkbox"/> ASYMPTOMATIC/POSITIVE FAMILY HISTORY: (ATTACH FAMILY HISTORY) RELATIONSHIP TO PROBAND: _____ *If family mutation is known, complete the FAMILIAL MUTATION/ VARIANT ANALYSIS section. <input type="checkbox"/> ASYMPTOMATIC/POPULATION SCREENING <input type="checkbox"/> OTHER (Specify clinical findings below): _____	<input type="checkbox"/> *FAMILIAL MUTATION/VARIANT ANALYSIS: COMPLETE ALL FIELDS BELOW AND ATTACH THE PROBAND'S REPORT. GENE NAME: _____ MUTATION/UNCLASSIFIED VARIANT: _____ THIS INDIVIDUAL IS CURRENTLY: <input type="checkbox"/> SYMPTOMATIC <input type="checkbox"/> ASYMPTOMATIC NAME OF PROBAND: _____ RELATIONSHIP TO PROBAND: _____ BCM LAB#: _____ <input type="checkbox"/> A COPY OF ORIGINAL RESULTS ATTACHED IF PROBAND TESTING WAS PERFORMED AT ANOTHER LAB, CALL TO DISCUSS PRIOR TO SENDING SAMPLE. A POSITIVE CONTROL MAY BE REQUIRED IN SOME CASES.

REQUIRED: NEW YORK STATE PHYSICIAN SIGNATURE OF CONSENT

I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

Physician's Printed Name: _____ Signature: _____ Date (MM/DD/YY): _____

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
 Baylor College of Medicine
 2450 Holcombe, Grand Blvd. -Receiving Dock
 Houston, TX 77021-2024
 Phone: 713-798-6555

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE MASSIVELY PARALLEL SEQUENCING (BCM-MitomeNGSSM) & MitoMet PANELS LISTED BY DISORDER

<input type="checkbox"/>	2105	Cholestasis	4 GENES	ABCB4, ABCB11, ATP8B1, JAG1
<input type="checkbox"/>	2104	Coenzyme Q10 Deficiency Comprehensive (Seq & Del/Dup Analysis)	5 GENES	PDSS1, PDSS2, COQ2, COQ9, ADCK3 (COQ8/CABC1)
<input type="checkbox"/>	2100	Coenzyme Q10 Deficiency	5 GENES	PDSS1, PDSS2, COQ2, COQ9, ADCK3 (COQ8/CABC1)
<input type="checkbox"/>	2103	Coenzyme Q10 Deficiency Deletion/Duplication Analysis	5 GENES	PDSS1, PDSS2, COQ2, COQ9, ADCK3 (COQ8/CABC1)
<input type="checkbox"/>	2124	Cobalamin Metabolism Disorders Comprehensive (Seq & Del/Dup Analysis)	9 GENES	TCN2, MMAA, MMAB, MMACHC, MMADHC, MTR, MTRR, LMBRD1, MUT
<input type="checkbox"/>	2120	Cobalamin Metabolism Disorders	9 GENES	TCN2, MMAA, MMAB, MMACHC, MMADHC, MTR, MTRR, LMBRD1, MUT
<input type="checkbox"/>	2123	Cobalamin Metabolism Disorders Deletion/Duplication Analysis	9 GENES	TCN2, MMAA, MMAB, MMACHC, MMADHC, MTR, MTRR, LMBRD1, MUT
<input type="checkbox"/>	2625	COL1A1/2-Related Disorders	2 GENES	COL1A1, COL1A2
<input type="checkbox"/>	5099	Congenital Disorders of Glycosylation Comprehensive (Seq & Del/Dup Analysis)	27 GENES	ALG1, ALG2, ALG3, ALG6, ALG8, ALG9, ALG12, ATP6V0A2, B4GALT1, COG1, COG7, COG8, DOLK, DPAGT1, DPM1, DPM3, GNE, MGAT2, MOGS, MPDU1, MPI, PMM2, RFT1, SLC35A1, SLC35C1, SRD5A3, TUSC3
<input type="checkbox"/>	5095	Congenital Disorders of Glycosylation	27 GENES	ALG1, ALG2, ALG3, ALG6, ALG8, ALG9, ALG12, ATP6V0A2, B4GALT1, COG1, COG7, COG8, DOLK, DPAGT1, DPM1, DPM3, GNE, MGAT2, MOGS, MPDU1, MPI, PMM2, RFT1, SLC35A1, SLC35C1, SRD5A3, TUSC3
<input type="checkbox"/>	5098	Congenital Disorders of Glycosylation Deletion/Duplication Analysis	27 GENES	ALG1, ALG2, ALG3, ALG6, ALG8, ALG9, ALG12, ATP6V0A2, B4GALT1, COG1, COG7, COG8, DOLK, DPAGT1, DPM1, DPM3, GNE, MGAT2, MOGS, MPDU1, MPI, PMM2, RFT1, SLC35A1, SLC35C1, SRD5A3, TUSC3
<input type="checkbox"/>	2095	Fatty Acid Oxidation	17 GENES	ACADM, ACADVL, ACADL, HADHA, HADHB, SLC22A5/OCTN2, SLC25A20/CACT, CPT1A, CPT1B, CPT2, ETFA, ETFB, ETFDH, ACADS, PAP/LPIN1, ACAD9, TAZ
<input type="checkbox"/>	2125	Glycogen Metabolism Disorder	16 GENES	AGL, G6PC, GAA, GBE1, GYS1, GYS2, PFKM, PGAM2, PGM1, PHKA1, PHKA2, PHKB, PHKG2, PYGL, PYGM, SLC37A
<input type="checkbox"/>	2126	Glycogen Storage Disease (GSD) Muscle	9 GENES	AGL, GAA, GYS1, PFKM, PGAM2, PGM1, PHKA1, PHKB, PYGM
<input type="checkbox"/>	2127	Glycogen Storage Disease (GSD) Liver	10 GENES	AGL, G6PC, GAA, GBE1, GYS2, PHKA2, PHKB, PHKG2, PYGL, SLC37A4
<input type="checkbox"/>	2200	High Bone Mass	14 GENES	ANKH, CA2, CLCN7, CTSK, FAM123B, FAM20C, LEMD3, OSTM1, SOST, TCIRG1, TGFB1, TNFRSF11A, TNFSF11, TYROBP
<input type="checkbox"/>	2090	Low Bone Mass	20 GENES	ALPL, B4GALT7, COL1A1, COL1A2, COL3A1, COL5A1, COL5A2, CRTAP, FBN1, FKBP10, LEPRE1, PLOD2, PLOD3, PPIB, SERPINF1, SLC34A1, SLC39A13, SLC9A3R1, SP7, TNFRSF11A, TNFRSF11B
<input type="checkbox"/>	2300	Myopathy/Rhabdomyosis	26 GENES	ACADL, ACADM, ACADVL, ACAD9, AGL, C10orf2, CPT1B, CPT2, GAA, GYS1, HADHA, HADHB, LPIN1, OPA1, OPA3, PFKM, PGAM2, PGM1, PHKA1, POLG, POLG2, PYGM, RRM2B, SUCLA2, TK2, TYMP
<input type="checkbox"/>	2190	Retinitis Pigmentosa	66 GENES*	ABCA4, ABHD12, AIPL1, BEST1, C2orf71, C8orf37, CA4, CDHR1, CEP290, CERKL, CLRN1, CNGA1, CNGB1, CRB1, CRX, DHDDS, EYS, FAM161A, FLVCR1, FSCN2, GUCA1B, GUCY2D, IDH3B, IMPDH1, IMPG2, KLHL7, LCA5, LRAT, MAK, MERTK, MFRP, NR2E3, NRL, PDE6A, PDE6B, PDE6G, PRCD, PRKCG, PROM1, PRPF3, PRPF31, PRPF6, PRPF8, PRPH2, RBP3, RD3, RDH12, RGR, RHO, RLBP1, ROM1, RP1, RP2, RP9, RPE65, RPGR, RRGRI1, SAG, SEMA4A, SNRNP200, SPATA7, TOPORS, TTC8, TULP1, USH2A, ZNF513

* For individual gene sequencing tests for Retinitis Pigmentosa, please see INHERITED EYE DISORDERS REQUISITION.

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

2,4-Dienoyl-CoA Reductase Deficiency		<i>DECR1</i>	Adenosine Deaminase Deficiency		<i>ADA</i>
<input type="checkbox"/>	5039	<i>DECR1</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	5010	<i>ADA</i> Sequence Analysis
<input type="checkbox"/>	5035	<i>DECR1</i> Sequence Analysis	Adenylosuccinase Deficiency		<i>ADSL</i>
<input type="checkbox"/>	5038	<i>DECR1</i> Deletion/Duplication Analysis	<input type="checkbox"/>	3699	<i>ADSL</i> Comprehensive (Seq & Del/Dup Analysis)
2-Methyl-3-Hydroxybutyryl-CoA Dehydrogenase Deficiency		<i>HSD17B10</i>	<input type="checkbox"/>	3695	<i>ADSL</i> Sequence Analysis
<input type="checkbox"/>	5044	<i>HSD17B10</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	3698	<i>ADSL</i> Deletion/Duplication Analysis
<input type="checkbox"/>	5040	<i>HSD17B10</i> Sequence Analysis	Alagille Syndrome		<i>JAG1</i>
<input type="checkbox"/>	5043	<i>HSD17B10</i> Deletion/Duplication Analysis	<input type="checkbox"/>	3759	<i>JAG1</i> Comprehensive (Seq & Del/Dup Analysis)
3-Methylcrotonyl-CoA-Carboxylase Deficiency			<input type="checkbox"/>	3755	<i>JAG1</i> Sequence Analysis
<input type="checkbox"/>	2874	Panel Comprehensive (Seq & Del/Dup Analysis) (includes tests: 3635, 3638, 3640, and 3643)	<input type="checkbox"/>	3758	<i>JAG1</i> Deletion/Duplication Analysis
<input type="checkbox"/>	3782	Panel Sequence Analysis (includes tests: 3635 and 3640)	ALPL-Related Disorders		<i>ALPL</i>
<input type="checkbox"/>	2783	Panel Deletion/Duplication Analysis (includes tests: 3638 and 3643)	<input type="checkbox"/>	2250	<i>ALPL</i> Sequence Analysis
<input type="checkbox"/>	3639	<i>MCCC1</i> Comprehensive (Seq & Del/Dup Analysis)	Amish Lethal Microcephaly		<i>SLC25A19</i>
<input type="checkbox"/>	3635	<i>MCCC1</i> Sequence Analysis	<input type="checkbox"/>	3884	<i>SLC25A19</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	3638	<i>MCCC1</i> Deletion/Duplication Analysis	<input type="checkbox"/>	3880	<i>SLC25A19</i> Sequence Analysis
<input type="checkbox"/>	3644	<i>MCCC2</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	3883	<i>SLC25A19</i> Deletion/Duplication Analysis
<input type="checkbox"/>	3640	<i>MCCC2</i> Sequence Analysis	Androgen Insensitivity Syndrome		<i>AR</i>
<input type="checkbox"/>	3643	<i>MCCC2</i> Deletion/Duplication Analysis	<input type="checkbox"/>	6490	<i>AR</i> Sequence Analysis
3-Methylglutaconic Aciduria Type I		<i>AUH</i>	Angelman Syndrome		<i>UBE3A</i>
<input type="checkbox"/>	3914	<i>AUH</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	6006	Methylation
<input type="checkbox"/>	3910	<i>AUH</i> Sequence Analysis	<input type="checkbox"/>	6007	<i>UBE3A</i> Sequence Analysis
<input type="checkbox"/>	3913	<i>AUH</i> Deletion/Duplication Analysis	Angelman-like Syndrome, X-linked		<i>SLC9A6</i>
ABCA4-Related Disorders		<i>ABCA4</i>	<input type="checkbox"/>	6540	<i>SLC9A6</i> Sequence Analysis
<input type="checkbox"/>	6603	<i>ABCA4</i> Comprehensive (Seq & Del/Dup Analysis)	ANKH-Related Disorders		<i>ANKH</i>
<input type="checkbox"/>	6600	<i>ABCA4</i> Sequence Analysis	<input type="checkbox"/>	2584	<i>ANKH</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	6667	<i>ABCA4</i> Deletion/Duplication Analysis	<input type="checkbox"/>	2580	<i>ANKH</i> Sequence Analysis
Achondroplasia			<input type="checkbox"/>	2583	<i>ANKH</i> Deletion/Duplication Analysis
<input type="checkbox"/>	6000	Mutation Panel	Arginase Deficiency		<i>ARG1</i>
Acute Recurrent Myoglobinuria (LPIN1-Related Disorders)		<i>LPIN1</i>	<input type="checkbox"/>	3429	<i>ARG1</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	3284	<i>LPIN1</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	3425	<i>ARG1</i> Sequence Analysis
<input type="checkbox"/>	3280	<i>LPIN1</i> Sequence Analysis	<input type="checkbox"/>	3428	<i>ARG1</i> Deletion/Duplication Analysis
<input type="checkbox"/>	3283	<i>LPIN1</i> Deletion/Duplication Analysis	Arginine:Glycine Amidinotransferase Deficiency		<i>GATM</i>
Acyl-CoA Dehydrogenase, Short/Branched Chain Deficiency		<i>ACADSB</i>	<input type="checkbox"/>	3459	<i>GATM</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	2034	<i>ACADSB</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	3455	<i>GATM</i> Sequence Analysis
<input type="checkbox"/>	2030	<i>ACADSB</i> Sequence Analysis	<input type="checkbox"/>	3458	<i>GATM</i> Deletion/Duplication Analysis
<input type="checkbox"/>	2033	<i>ACADSB</i> Deletion/Duplication Analysis	Argininosuccinic Aciduria		<i>ASL</i>
Adenine Phosphoribosyltransferase Deficiency		<i>APRT</i>	<input type="checkbox"/>	6360	<i>ASL</i> Sequence Analysis
<input type="checkbox"/>	2825	<i>APRT</i> Sequence Analysis	ARX-Related Disorders		<i>ARX</i>
			<input type="checkbox"/>	6742	<i>ARX</i> Comprehensive (Seq & Del/Dup Analysis)
			<input type="checkbox"/>	6067	<i>ARX</i> Sequence Analysis
			<input type="checkbox"/>	6743	<i>ARX</i> Deletion/Duplication Analysis

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Ashkenazic Genetic Disease Panel		
<input type="checkbox"/>	6001 Mutation Panel	
Ashkenazic Genetic Disease Screen		
<input type="checkbox"/>	6942 w/ Cystic Fibrosis Mutation Panel ²	
<input type="checkbox"/>	6944 w/o Cystic Fibrosis Mutation Panel	
Aspartylglycosaminuria		AGA
<input type="checkbox"/>	2205 AGA Sequence Analysis	
Autoimmune Polyendocrinopathy 1		AIRE
<input type="checkbox"/>	6195 AIRE Sequence Analysis	
B4GALT7-Related Disorders		B4GALT7
<input type="checkbox"/>	3299 B4GALT7 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3295 B4GALT7 Sequence Analysis	
<input type="checkbox"/>	3298 B4GALT7 Deletion/Duplication Analysis	
Barth Syndrome (TAZ-Related Disorders)		TAZ
<input type="checkbox"/>	3614 TAZ Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3610 TAZ Sequence Analysis	
<input type="checkbox"/>	3613 TAZ Deletion/Duplication Analysis	
Biotinidase Deficiency		BTB
<input type="checkbox"/>	3499 BTB Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3495 BTB Sequence Analysis	
<input type="checkbox"/>	3498 BTB Deletion/Duplication Analysis	
Bloom Syndrome		BLM
<input type="checkbox"/>	6012 Ashkenazic Mutation Analysis	
<input type="checkbox"/>	6535 BLM Sequence Analysis	
<input type="checkbox"/>	6942 Ashkenazic Genetic Disease Screen w/ CF ¹	
<input type="checkbox"/>	6944 Ashkenazic Genetic Disease Screen w/o CF	
Brain Malformation, WDR62-Related		WDR62
<input type="checkbox"/>	6980 WDR62 Sequence Analysis	
Bruck Syndrome 2		PLOD2
<input type="checkbox"/>	2214 PLOD2 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2210 PLOD2 Sequence Analysis	
<input type="checkbox"/>	2213 PLOD2 Deletion/Duplication Analysis	
Buschke-Ollendorff Syndrome		LEMD3
<input type="checkbox"/>	2429 LEMD3 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2425 LEMD3 Sequence Analysis	
<input type="checkbox"/>	2428 LEMD3 Deletion/Duplication Analysis	
Camurati-Engelmann Disease		TGFB1
<input type="checkbox"/>	2589 TGFB1 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2585 TGFB1 Sequence Analysis	
<input type="checkbox"/>	2588 TGFB1 Deletion/Duplication Analysis	
Canavan Disease		
<input type="checkbox"/>	6070 Ashkenazic Mutation Panel	
<input type="checkbox"/>	6942 Ashkenazic Genetic Disease Screen w/ CF ¹	
<input type="checkbox"/>	6944 Ashkenazic Genetic Disease Screen w/o CF	
Carbamoyl Phosphate Synthetase I Deficiency		CPS1
<input type="checkbox"/>	3349 CPS1 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3345 CPS1 Sequence Analysis	
<input type="checkbox"/>	3348 CPS1 Deletion/Duplication Analysis	
Cardiofaciocutaneous Syndrome		
<input type="checkbox"/>	6910 BRAF Sequence Analysis	BRAF
<input type="checkbox"/>	6445 KRAS Sequence Analysis	KRAS
<input type="checkbox"/>	6915 MAP2K1 Sequence Analysis	MAP2K1
<input type="checkbox"/>	6920 MAP2K2 Sequence Analysis	MAP2K2
Carnitine Acylcarnitine Translocase Deficiency		SLC25A20
<input type="checkbox"/>	3439 SLC25A20 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3435 SLC25A20 Sequence Analysis	
<input type="checkbox"/>	3438 SLC25A20 Deletion/Duplication Analysis	
Carnitine Deficiency, Systemic		SLC22A5
<input type="checkbox"/>	3364 SLC22A5 (OCTN2) Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3360 SLC22A5 (OCTN2) Sequence Analysis	
<input type="checkbox"/>	3363 SLC22A5 (OCTN2) Deletion/Duplication Analysis	
Carnitine Palmitoyltransferase IA Deficiency		CPT1A
<input type="checkbox"/>	3369 CPT1A Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3365 CPT1A Sequence Analysis	
<input type="checkbox"/>	3368 CPT1A Deletion/Duplication Analysis	
Carnitine Palmitoyltransferase IB (CPT1B-Related Disorders)		CPT1B
<input type="checkbox"/>	3374 CPT1B Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3370 CPT1B Sequence Analysis	
<input type="checkbox"/>	3373 CPT1B Deletion/Duplication Analysis	
Carnitine Palmitoyltransferase II Deficiency		CPT2
<input type="checkbox"/>	3164 CPT2 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3160 CPT2 Sequence Analysis	
<input type="checkbox"/>	3163 CPT2 Deletion/Duplication Analysis	
Cartilage Hair Hypoplasia (RMRP-Related Disorders)		RMRP
<input type="checkbox"/>	6125 RMRP Sequence Analysis	
CDH23-Related Disorders		CDH23
	See Hearing Loss	
CDKL5-Related Disorders		CDKL5
<input type="checkbox"/>	6733 CDKL5 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	6126 CDKL5 Sequence Analysis	
<input type="checkbox"/>	6734 CDKL5 Deletion/Duplication Analysis	

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

² Reflex testing at no additional charge: 5T/TG Haplotype analysis if 5T variant is present.

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

CFTR-Related Disorders (Cystic Fibrosis)		<i>CFTR</i>	Congenital Adrenal Hyperplasia		
<input type="checkbox"/>	6376	<i>CFTR</i> Comprehensive Analysis (Seq, Del/Dup & 5T)	<input type="checkbox"/>	2060	<i>CYP11B1</i> Sequence Analysis <i>CYP11B1</i>
<input type="checkbox"/>	7600	Mutation Panel ¹	<input type="checkbox"/>	2069	<i>CYP17A1</i> Comprehensive (Seq & Del/Dup Analysis) <i>CYP17A1</i>
<input type="checkbox"/>	6370	<i>CFTR</i> Sequence Analysis	<input type="checkbox"/>	2065	<i>CYP17A1</i> Sequence Analysis <i>CYP17A1</i>
<input type="checkbox"/>	6373	<i>CFTR</i> Deletion/Duplication Analysis	<input type="checkbox"/>	2068	<i>CYP17A1</i> Deletion/Duplication Analysis <i>CYP17A1</i>
<input type="checkbox"/>	6017	5T Variant Analysis (with 5T/TG reflex ²)	Congenital Disorders of Glycosylation		
<input type="checkbox"/>	6942	Ashkenazic Genetic Disease Screen w/ CF ¹	See Panels 5095, 5098, and 5099 ³		
CHD7-Related Disorders (CHARGE Syndrome)		<i>CHD7</i>	<input type="checkbox"/>	5170	<i>ALG1</i> Sequence Analysis <i>ALG1</i>
<input type="checkbox"/>	6174	<i>CHD7</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	5109	<i>ALG2</i> Comprehensive (Seq & Del/Dup Analysis) <i>ALG2</i>
<input type="checkbox"/>	6165	<i>CHD7</i> Sequence Analysis	<input type="checkbox"/>	5105	<i>ALG2</i> Sequence Analysis <i>ALG2</i>
<input type="checkbox"/>	6166	<i>CHD7</i> Deletion/Duplication Analysis	<input type="checkbox"/>	5108	<i>ALG2</i> Deletion/Duplication Analysis <i>ALG2</i>
CHRNA7-Related Disorders		<i>CHRNA7</i>	<input type="checkbox"/>	5119	<i>DOLK</i> Comprehensive (Seq & Del/Dup Analysis) <i>DOLK</i>
<input type="checkbox"/>	6680	<i>CHRNA7</i> Sequence Analysis	<input type="checkbox"/>	5115	<i>DOLK</i> Sequence Analysis <i>DOLK</i>
<input type="checkbox"/>	6683	<i>CHRNA7</i> Deletion/Duplication Analysis	<input type="checkbox"/>	5118	<i>DOLK</i> Deletion/Duplication Analysis <i>DOLK</i>
Citrin Deficiency		<i>SLC25A13</i>	<input type="checkbox"/>	3454	<i>MPI</i> Comprehensive (Seq & Del/Dup Analysis) <i>MPI</i>
<input type="checkbox"/>	3159	<i>SLC25A13</i> Comprehensive (Seq & Del/Dup Analysis)	<input type="checkbox"/>	3450	<i>MPI</i> Sequence Analysis <i>MPI</i>
<input type="checkbox"/>	3155	<i>SLC25A13</i> Sequence Analysis	<input type="checkbox"/>	3453	<i>MPI</i> Deletion/Duplication Analysis <i>MPI</i>
<input type="checkbox"/>	3158	<i>SLC25A13</i> Deletion/Duplication Analysis	<input type="checkbox"/>	3259	<i>PMM2</i> Comprehensive (Seq & Del/Dup Analysis) <i>PMM2</i>
Citrullinemia Type 1		<i>ASS1</i>	<input type="checkbox"/>	3255	<i>PMM2</i> Sequence Analysis <i>PMM2</i>
<input type="checkbox"/>	6180	<i>ASS1</i> Sequence Analysis	<input type="checkbox"/>	3258	<i>PMM2</i> Deletion/Duplication Analysis <i>PMM2</i>
Cleidocranial Dysplasia		<i>RUNX2</i>	COL1A2-Related Disorders		
<input type="checkbox"/>	6150	<i>RUNX2</i> Sequence Analysis	See Panel 2625 ³		
Coenzyme Q10 Deficiency			<input type="checkbox"/>	2639	<i>COL1A2</i> Comprehensive (Seq & Del/Dup Analysis)
See also Panels 2100, 2104, and 2103 ³			<input type="checkbox"/>	2635	<i>COL1A2</i> Sequence Analysis
<input type="checkbox"/>	3854	<i>ADCK3(CABC1)</i> Comprehensive (Seq & Del/Dup Analysis) <i>ADCK3</i>	<input type="checkbox"/>	2638	<i>COL1A2</i> Deletion/Duplication Analysis
<input type="checkbox"/>	3850	<i>ADCK3(CABC1)</i> Sequence Analysis <i>ADCK3</i>	COL2A1-Related Disorders		
<input type="checkbox"/>	3853	<i>ADCK3(CABC1)</i> Deletion/Duplication Analysis <i>ADCK3</i>	See Panel 2625 ³		
<input type="checkbox"/>	3419	<i>COQ2</i> Comprehensive (Seq & Del/Dup Analysis) <i>COQ2</i>	<input type="checkbox"/>	7521	<i>COL2A1</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	3415	<i>COQ2</i> Sequence Analysis <i>COQ2</i>	<input type="checkbox"/>	6580	<i>COL2A1</i> Sequence Analysis
<input type="checkbox"/>	3418	<i>COQ2</i> Deletion/Duplication Analysis <i>COQ2</i>	<input type="checkbox"/>	6583	<i>COL2A1</i> Deletion/Duplication Analysis
<input type="checkbox"/>	3779	<i>COQ9</i> Comprehensive (Seq & Del/Dup Analysis) <i>COQ9</i>	Complex II Deficiency		
<input type="checkbox"/>	3775	<i>COQ9</i> Sequence Analysis <i>COQ9</i>	<input type="checkbox"/>	3180	<i>SDHA</i> Sequence Analysis <i>SDHA</i>
<input type="checkbox"/>	3778	<i>COQ9</i> Deletion/Duplication Analysis <i>COQ9</i>	<input type="checkbox"/>	93185	<i>SDHB</i> Sequence Analysis <i>SDHB</i>
<input type="checkbox"/>	3409	<i>PDSS1</i> Comprehensive (Seq & Del/Dup Analysis) <i>PDSS1</i>	<input type="checkbox"/>	93190	<i>SDHC</i> Sequence Analysis <i>SDHC</i>
<input type="checkbox"/>	3405	<i>PDSS1</i> Sequence Analysis <i>PDSS1</i>	<input type="checkbox"/>	93195	<i>SDHD</i> Sequence Analysis <i>SDHD</i>
<input type="checkbox"/>	3408	<i>PDSS1</i> Deletion/Duplication Analysis <i>PDSS1</i>	Coronary Heart Disease Risk Factor (9p21 rs10757278)		
<input type="checkbox"/>	3414	<i>PDSS2</i> Comprehensive (Seq & Del/Dup Analysis) <i>PDSS2</i>	<input type="checkbox"/>	6805	Genotyping
<input type="checkbox"/>	3410	<i>PDSS2</i> Sequence Analysis <i>PDSS2</i>	Costello Syndrome		
<input type="checkbox"/>	3413	<i>PDSS2</i> Deletion/Duplication Analysis <i>PDSS2</i>	<input type="checkbox"/>	6910	<i>BRAF</i> Sequence Analysis <i>BRAF</i>
<input type="checkbox"/>	4800	Coenzyme Q10 Analyte Analysis - Skeletal Muscle	<input type="checkbox"/>	6545	<i>HRAS</i> Sequence Analysis <i>HRAS</i>
Cobalamin Metabolism Disorders			<input type="checkbox"/>	6445	<i>KRAS</i> Sequence Analysis <i>KRAS</i>
See Panels 2120, 2124, and 2123 ³			Creatine Transporter (CRTR) Deficiency		
			<input type="checkbox"/>	3150	<i>SLC6A8</i> Sequence Analysis <i>SLC6A8</i>

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

² Reflex testing at no additional charge: 5T/TG Haplotype analysis if 5T variant is present.

³ Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGSSM) PANELS

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Cytochrome P450 2C19 (CYP2C19)		
<input type="checkbox"/>	6870 Genotyping	
Cytochrome P450 2D6 (CYP2D6)		
<input type="checkbox"/>	6875 Genotyping	
Dentatorubral Pallidoluysian Atrophy (DRPLA)		
<input type="checkbox"/>	6027 Repeat Expansion Analysis	
Diamond Blackfan Anemia, RPS19 Related		<i>RPS19</i>
<input type="checkbox"/>	6949 <i>RPS19</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	6255 <i>RPS19</i> Sequence Analysis	
<input type="checkbox"/>	6258 <i>RPS19</i> Deletion/Duplication Analysis	
Dyskeratosis Congenita		<i>TINF2</i>
<input type="checkbox"/>	6645 <i>TINF2</i> Sequence Analysis	
Dystrophinopathies		<i>DMD</i>
<input type="checkbox"/>	6084 <i>DMD</i> Sequence Analysis	
<input type="checkbox"/>	6350 <i>DMD</i> Deletion/Duplication Analysis	
Ehlers-Danlos Syndrome		
<input type="checkbox"/>	6585 Classic Type, <i>COL5A1</i> Sequence Analysis	<i>COL5A1</i>
<input type="checkbox"/>	6590 Classic Type, <i>COL5A2</i> Sequence Analysis	<i>COL5A2</i>
<input type="checkbox"/>	6575 Kyphoscoliotic Form, <i>PLOD1</i> Sequence Analysis	<i>PLOD1</i>
<input type="checkbox"/>	2754 Type IV, <i>COL3A1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>COL3A1</i>
<input type="checkbox"/>	2750 Type IV, <i>COL3A1</i> Sequence Analysis	<i>COL3A1</i>
<input type="checkbox"/>	2753 Type IV, <i>COL3A1</i> Deletion/Duplication Analysis	<i>COL3A1</i>
<input type="checkbox"/>	2634 Spondylocheiro dysplastic Form, <i>SLC39A13</i> Comprehensive (Seq & Del/Dup Analysis)	<i>SLC39A13</i>
<input type="checkbox"/>	2630 Spondylocheirodysplastic Form, <i>SLC39A13</i> Sequence Analysis	<i>SLC39A13</i>
<input type="checkbox"/>	2633 Spondylocheirodysplastic Form, <i>SLC39A13</i> Deletion/Duplication Analysis	<i>SLC39A13</i>
Epileptic Encephalopathy, Early Infantile		
<input type="checkbox"/>	6930 Type 4, <i>STXBP1</i> Sequence Analysis	<i>STXBP1</i>
Ethylmalonic Encephalopathy		<i>ETHE1</i>
<input type="checkbox"/>	3749 <i>ETHE1</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3745 <i>ETHE1</i> Sequence Analysis	
<input type="checkbox"/>	3748 <i>ETHE1</i> Deletion/Duplication Analysis	
Fabry Disease		<i>GLA</i>
<input type="checkbox"/>	6011 <i>GLA</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	6063 <i>GLA</i> Sequence Analysis	
<input type="checkbox"/>	7525 <i>GLA</i> Deletion/Duplication Analysis	
Factor V Leiden		
<input type="checkbox"/>	6028 Mutation Panel	
FAM20C-Related Disorders		<i>FAM20C</i>
<input type="checkbox"/>	2579 <i>FAM20C</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2575 <i>FAM20C</i> Sequence Analysis	
<input type="checkbox"/>	2578 <i>FAM20C</i> Deletion/Duplication Analysis	
Familial Dysautonomia		
<input type="checkbox"/>	6030 Ashkenazic Mutation Panel	
<input type="checkbox"/>	6942 Ashkenazic Genetic Disease Screen w/ CF ¹	
<input type="checkbox"/>	6944 Ashkenazic Genetic Disease Screen w/o CF	
Familial Hypercholesterolemia		<i>LDLR</i>
<input type="checkbox"/>	6740 <i>LDLR</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	6225 <i>LDLR</i> Sequence Analysis	
<input type="checkbox"/>	6741 <i>LDLR</i> Deletion/Duplication Analysis	
Familial Platelet Disorder w Associated Myeloid Malignancy		<i>RUNX1</i>
<input type="checkbox"/>	6520 <i>RUNX1</i> Sequence Analysis	
Fanconi Anemia		
<input type="checkbox"/>	6942 Ashkenazic Genetic Disease Screen w/ CF ¹	
<input type="checkbox"/>	6944 Ashkenazic Genetic Disease Screen w/o CF	
Fatty Acid Oxidation		
	See Panel 2095 ³	
FBN1-Related Disorders		<i>FBN1</i>
<input type="checkbox"/>	2339 <i>FBN1</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2335 <i>FBN1</i> Sequence Analysis	
<input type="checkbox"/>	2338 <i>FBN1</i> Deletion/Duplication Analysis	
FMR1-Related Disorders (Fragile X Syndrome)		<i>FMR1</i>
<input type="checkbox"/>	6573 CGG Repeat Expansion Analysis	
<input type="checkbox"/>	6570 <i>FMR1</i> Sequence Analysis	
Focal Dermal Hypoplasia		<i>PORCN</i>
<input type="checkbox"/>	6345 <i>PORCN</i> Sequence Analysis	
FOXF1-Related Disorders		<i>FOXF1</i>
<input type="checkbox"/>	6690 <i>FOXF1</i> Sequence Analysis	
Friedreich Ataxia Syndrome		<i>FXN</i>
<input type="checkbox"/>	6031 Repeat Expansion Analysis	
<input type="checkbox"/>	6365 <i>FXN</i> Sequence Analysis	
Fructose 1,6 Bisphosphatase Deficiency		<i>FBP1</i>
<input type="checkbox"/>	3939 <i>FBP1</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3935 <i>FBP1</i> Sequence Analysis	
<input type="checkbox"/>	3938 <i>FBP1</i> Deletion/Duplication Analysis	
Fumarate Hydratase Deficiency (FH-Related Disorders)		<i>FH</i>
<input type="checkbox"/>	93740 <i>FH</i> Sequence Analysis	
Galactosemia		
<input type="checkbox"/>	3279 <i>GALE</i> Comprehensive (Seq & Del/Dup Analysis)	<i>GALE</i>
<input type="checkbox"/>	3275 <i>GALE</i> Sequence Analysis	<i>GALE</i>
<input type="checkbox"/>	3278 <i>GALE</i> Deletion/Duplication Analysis	<i>GALE</i>
<input type="checkbox"/>	3249 <i>GALT</i> Comprehensive (Seq & Del/Dup Analysis)	<i>GALT</i>
<input type="checkbox"/>	3245 <i>GALT</i> Sequence Analysis	<i>GALT</i>
<input type="checkbox"/>	3248 <i>GALT</i> Deletion/Duplication Analysis	<i>GALT</i>

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

³ Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGSSM) PANELS

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Galactokinase Deficiency	<i>GALK1</i>	Glycogen Storage Disease Type II	<i>GAA</i>
<input type="checkbox"/> 3799 <i>GALK1</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3404 <i>GAA</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 3795 <i>GALK1</i> Sequence Analysis		<input type="checkbox"/> 3400 <i>GAA</i> Sequence Analysis	
<input type="checkbox"/> 3798 <i>GALK1</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3403 <i>GAA</i> Deletion/Duplication Analysis	
Gaucher Disease		Glycogen Storage Disease Type III	<i>AGL</i>
<input type="checkbox"/> 6033 Ashkenazic Mutation Panel		<input type="checkbox"/> 3674 <i>AGL</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 6942 Ashkenazic Genetic Disease Screen w/ CF ¹		<input type="checkbox"/> 3670 <i>AGL</i> Sequence Analysis	
<input type="checkbox"/> 6944 Ashkenazic Genetic Disease Screen w/o CF		<input type="checkbox"/> 3673 <i>AGL</i> Deletion/Duplication Analysis	
Glucose Transporter Type 1 Deficiency Syndrome	<i>SLC2A1</i>	Glycogen Storage Disease Type IV (GSDIV)	<i>GBE1</i>
<input type="checkbox"/> 6955 <i>SLC2A1</i> Sequence Analysis		<input type="checkbox"/> 3829 <i>GBE1</i> Comprehensive (Seq & Del/Dup Analysis)	
Glutaric Acidemia		<input type="checkbox"/> 3825 <i>GBE1</i> Sequence Analysis	
<input type="checkbox"/> 3689 Type 1, <i>GCDH</i> Comprehensive (Seq & Del/Dup Analysis)	<i>GCDH</i>	<input type="checkbox"/> 3828 <i>GBE1</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 3685 Type 1, <i>GCDH</i> Sequence Analysis	<i>GCDH</i>	Glycogen Storage Disease Type V (GSDV)	<i>PYGM</i>
<input type="checkbox"/> 3688 Type 1, <i>GCDH</i> Deletion/Duplication Analysis	<i>GCDH</i>	<input type="checkbox"/> 3804 <i>PYGM</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 2044 Type 3, <i>C7orf10</i> Comprehensive (Seq & Del/Dup Analysis)	<i>C7orf10</i>	<input type="checkbox"/> 3800 <i>PYGM</i> Sequence Analysis	
<input type="checkbox"/> 2040 Type 3, <i>C7orf10</i> Sequence Analysis	<i>C7orf10</i>	<input type="checkbox"/> 3803 <i>PYGM</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 2043 Type 3, <i>C7orf10</i> Deletion/Duplication Analysis	<i>C7orf10</i>	Glycogen Storage Disease Type VI (GSDVI)	<i>PYGL</i>
Glycine Encephalopathy	<i>AMT</i>	<input type="checkbox"/> 3794 <i>PYGL</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 5034 <i>AMT</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3790 <i>PYGL</i> Sequence Analysis	
<input type="checkbox"/> 5030 <i>AMT</i> Sequence Analysis		<input type="checkbox"/> 3793 <i>PYGL</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 5033 <i>AMT</i> Deletion/Duplication Analysis		Glycogen Storage Disease Type VII (GSDVII)	<i>PFKM</i>
Glycogen Metabolism Disorder		<input type="checkbox"/> 3824 <i>PFKM</i> Comprehensive (Seq & Del/Dup Analysis)	
See Panel 2125 ³		<input type="checkbox"/> 3820 <i>PFKM</i> Sequence Analysis	
Glycogen Storage Disease, Liver		<input type="checkbox"/> 3823 <i>PFKM</i> Deletion/Duplication Analysis	
See Panel 2127 ³		Glycogen Storage Disease Type IX (GSDIX)	
Glycogen Storage Disease, Muscle		<input type="checkbox"/> 3979 <i>PHKB</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PHKB</i>
See Panel 2126 ³		<input type="checkbox"/> 3975 <i>PHKB</i> Sequence Analysis	<i>PHKB</i>
Glycogen Storage Disease Type 0, Liver Isoform	<i>GYS2</i>	<input type="checkbox"/> 3978 <i>PHKB</i> Deletion/Duplication Analysis	<i>PHKB</i>
<input type="checkbox"/> 3534 <i>GYS2</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3984 <i>PHKG2</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PHKG2</i>
<input type="checkbox"/> 3530 <i>GYS2</i> Sequence Analysis		<input type="checkbox"/> 3980 <i>PHKG2</i> Sequence Analysis	<i>PHKG2</i>
<input type="checkbox"/> 3533 <i>GYS2</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3983 <i>PHKG2</i> Deletion/Duplication Analysis	<i>PHKG2</i>
Glycogen Storage Disease Type 0, Muscle Isoform	<i>GYS1</i>	<input type="checkbox"/> 3989 <i>PHKA1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PHKA1</i>
<input type="checkbox"/> 3839 <i>GYS1</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3985 <i>PHKA1</i> Sequence Analysis	<i>PHKA1</i>
<input type="checkbox"/> 3835 <i>GYS1</i> Sequence Analysis		<input type="checkbox"/> 3988 <i>PHKA1</i> Deletion/Duplication Analysis	<i>PHKA1</i>
<input type="checkbox"/> 3838 <i>GYS1</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3994 <i>PHKA2</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PHKA2</i>
Glycogen Storage Disease Type 1a (GSD1A)	<i>G6PC</i>	<input type="checkbox"/> 3990 <i>PHKA2</i> Sequence Analysis	<i>PHKA2</i>
<input type="checkbox"/> 3134 <i>G6PC</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3993 <i>PHKA2</i> Deletion/Duplication Analysis	<i>PHKA2</i>
<input type="checkbox"/> 3130 <i>G6PC</i> Sequence Analysis		Glycogen Storage Disease Type X (GSDX)	<i>PGAM2</i>
<input type="checkbox"/> 3133 <i>G6PC</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3809 <i>PGAM2</i> Comprehensive (Seq & Del/Dup Analysis)	
Glycogen Storage Disease Type 1 (b, c, d)	<i>SLC37A4</i>	<input type="checkbox"/> 3805 <i>PGAM2</i> Sequence Analysis	
<input type="checkbox"/> 3834 <i>SLC37A4</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3808 <i>PGAM2</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 3830 <i>SLC37A4</i> Sequence Analysis		Glycogen Storage Disease Type XI (GSDXI)	<i>LDHA</i>
<input type="checkbox"/> 3833 <i>SLC37A4</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3789 <i>LDHA</i> Comprehensive (Seq & Del/Dup Analysis)	
		<input type="checkbox"/> 3785 <i>LDHA</i> Sequence Analysis	
		<input type="checkbox"/> 3788 <i>LDHA</i> Deletion/Duplication Analysis	

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

³ Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGSSM) PANELS

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Glycogen Storage Disease Type XII (GSDXII)	ALDOA	HMG-CoA Lyase Deficiency	HMGCL
<input type="checkbox"/> 2519 ALDOA Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 5064 HMGCL Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 2515 ALDOA Sequence Analysis		<input type="checkbox"/> 5060 HMGCL Sequence Analysis	
<input type="checkbox"/> 2518 ALDOA Deletion/Duplication Analysis		<input type="checkbox"/> 5063 HMGCL Deletion/Duplication Analysis	
Glycogen Storage Disease Type XIII (GSDXIII)	ENO3	Holocarboxylase Synthetase Deficiency	HLCS
<input type="checkbox"/> 2529 ENO3 Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3544 HLCS Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 2525 ENO3 Sequence Analysis		<input type="checkbox"/> 3540 HLCS Sequence Analysis	
<input type="checkbox"/> 2528 ENO3 Deletion/Duplication Analysis		<input type="checkbox"/> 3543 HLCS Deletion/Duplication Analysis	
Glycogen Storage Disease Type XIV (GSDXIV)	PGM1	HPD-Related Disorders	HPD
<input type="checkbox"/> 2524 PGM1 Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2075 HPD Sequence Analysis	
<input type="checkbox"/> 2520 PGM1 Sequence Analysis		Homocystinuria Caused by Cystathionine Beta-Synthase Deficiency	CBS
<input type="checkbox"/> 2523 PGM1 Deletion/Duplication Analysis		<input type="checkbox"/> 3974 CBS Comprehensive (Seq & Del/Dup Analysis)	
Guanidinoacetate Methyltransferase Deficiency	GAMT	<input type="checkbox"/> 3970 CBS Sequence Analysis	
<input type="checkbox"/> 3149 GAMT Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3973 CBS Deletion/Duplication Analysis	
<input type="checkbox"/> 3145 GAMT Sequence Analysis		Huntington Disease (Disease Specific Consent Required)	
<input type="checkbox"/> 3148 GAMT Deletion/Duplication Analysis		<input type="checkbox"/> 6034 Repeat Expansion Analysis	
Hearing Loss		Hypoglycemia	
<input type="checkbox"/> 6655 CDH23 Sequence Analysis	CDH23	<input type="checkbox"/> 3784 Panel Sequence Analysis (includes tests: 3125, 3935, 3530 & 3750)	
<input type="checkbox"/> 6660 CLRN1 Sequence Analysis	CLRN1	Hypermethioninemia	GNMT
<input type="checkbox"/> 6019 Connexin 26 - GJB2 Sequence Analysis	GJB2	<input type="checkbox"/> 2070 GNMT Sequence Analysis	
<input type="checkbox"/> 6271 Connexin 26 - GJB2 Deletion/Duplication Analysis	GJB2	Hypermethioninemia with S-Adenosylhomocysteine Hydrolase Deficiency	AHCY
<input type="checkbox"/> 6355 Connexin 30 - GJB6 Deletion Analysis	GJB6	<input type="checkbox"/> 2135 AHCY Sequence Analysis	
<input type="checkbox"/> 3030 mtDNA Maternally Inherited Mutation Panel		Hyperprolinemia Type II	ALDH4A1
<input type="checkbox"/> 6395 MYO7A Sequence Analysis	MYO7A	<input type="checkbox"/> 5139 ALDH4A1 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 6670 POU3F4 Sequence Analysis	POU3F4	<input type="checkbox"/> 5135 ALDH4A1 Sequence Analysis	
<input type="checkbox"/> 3344 TIMM8A Comprehensive (Seq & Del/Dup Analysis)	TIMM8A	<input type="checkbox"/> 5138 ALDH4A1 Deletion/Duplication Analysis	
<input type="checkbox"/> 3340 TIMM8A Sequence Analysis	TIMM8A	Hypophosphatemic Nephrolithiasis/Osteoporosis, 1	SLC34A1
<input type="checkbox"/> 3343 TIMM8A Deletion/Duplication Analysis	TIMM8A	<input type="checkbox"/> 2654 SLC34A1 Comprehensive (Seq & Del/Dup Analysis)	
Hereditary Fructose Intolerance	ALDOB	<input type="checkbox"/> 2650 SLC34A1 Sequence Analysis	
<input type="checkbox"/> 3129 ALDOB Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2653 SLC34A1 Deletion/Duplication Analysis	
<input type="checkbox"/> 3125 ALDOB Sequence Analysis		Hypothyroidism, Congenital	IYD
<input type="checkbox"/> 3128 ALDOB Deletion/Duplication Analysis		<input type="checkbox"/> 5045 IYD Sequence Analysis	
Hereditary Neuralgic Amyotrophy (HNA)	SEPT9	Hypothyroidism, Nongoitrous Congenital, Type 1	TSHR
<input type="checkbox"/> 2145 SEPT9 Mutation Panel Analysis		<input type="checkbox"/> 5005 TSHR Sequence Analysis	
<input type="checkbox"/> 2148 SEPT9 Deletion/Duplication Analysis		Incontinentia Pigmenti (IKBKG-Related Disorders)	IKBKG
Hexosaminidase A Deficiency	HEXA	<input type="checkbox"/> 6036 Common Deletion Analysis	
<input type="checkbox"/> 6925 HEXA Sequence Analysis		<input type="checkbox"/> 7100 IKBKG Sequence Analysis	
HFE-Associated Hereditary Hemochromatosis		Intrahepatic Cholestasis	
<input type="checkbox"/> 6035 Mutation Panel		See also Panel 2105 ³	
HHH Syndrome	SLC25A15	<input type="checkbox"/> 3314 ABCB11 Comprehensive (Seq & Del/Dup Analysis)	ABCB11
<input type="checkbox"/> 3239 SLC25A15 Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3310 ABCB11 Sequence Analysis	ABCB11
<input type="checkbox"/> 3235 SLC25A15 Sequence Analysis		<input type="checkbox"/> 3313 ABCB11 Deletion/Duplication Analysis	ABCB11
<input type="checkbox"/> 3238 SLC25A15 Deletion/Duplication Analysis		<input type="checkbox"/> 3319 ABCB4 Comprehensive (Seq & Del/Dup Analysis)	ABCB4
High Bone Mass			
See Panel 2200 ³			

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Intrahepatic Cholestasis (cont.)			
<input type="checkbox"/>	3315	ABCB4 Sequence Analysis	ABCB4
<input type="checkbox"/>	3318	ABCB4 Deletion/Duplication Analysis	ABCB4
<input type="checkbox"/>	3309	ATP8B1 Comprehensive (Seq & Del/Dup Analysis)	ATP8B1
<input type="checkbox"/>	3305	ATP8B1 Sequence Analysis	ATP8B1
<input type="checkbox"/>	3308	ATP8B1 Deletion/Duplication Analysis	ATP8B1
Isobutyryl-CoA Dehydrogenase Deficiency			ACAD8
<input type="checkbox"/>	2029	ACAD8 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2025	ACAD8 Sequence Analysis	
<input type="checkbox"/>	2028	ACAD8 Deletion/Duplication Analysis	
Isovaleric Acidemia			IVD
<input type="checkbox"/>	3684	IVD Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3680	IVD Sequence Analysis	
<input type="checkbox"/>	3683	IVD Deletion/Duplication Analysis	
Kennedy Disease			
<input type="checkbox"/>	6037	Repeat Expansion Analysis	
Krabbe Disease			GALC
<input type="checkbox"/>	6415	GALC Sequence Analysis	
LEOPARD Syndrome			
<input type="checkbox"/>	6065	PTPN11 Sequence Analysis	PTPN11
<input type="checkbox"/>	6475	RAF1 Sequence Analysis	RAF1
Lesch-Nyhan Syndrome			HPRT
<input type="checkbox"/>	6240	HPRT Sequence Analysis	
Leukoencephalopathy (LBSL), DARS2 Related			DARS2
<input type="checkbox"/>	3719	DARS2 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3715	DARS2 Sequence Analysis	
<input type="checkbox"/>	3718	DARS2 Deletion/Duplication Analysis	
Leukoencephalopathy, EIF2B5 Related			EIF2B5
<input type="checkbox"/>	6210	EIF2B5 Sequence Analysis	
Liver Failure, Acute Infantile			TRMU
<input type="checkbox"/>	3819	TRMU Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3815	TRMU Sequence Analysis	
<input type="checkbox"/>	3818	TRMU Deletion/Duplication Analysis	
LCHAD Deficiency (HADHA-Related Disorders)			HADHA
<input type="checkbox"/>	3124	HADHA Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3120	HADHA Sequence Analysis	
<input type="checkbox"/>	3783	HADHA Deletion/Duplication Analysis	
<input type="checkbox"/>	3122	Common Mutation Analysis (1528G>C & 1132C>T)	
LCAD Deficiency			ACADL
<input type="checkbox"/>	3389	ACADL Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3385	ACADL Sequence Analysis	
<input type="checkbox"/>	3388	ACADL Deletion/Duplication Analysis	
Low Bone Mass			
		See Panel 2090 ³	
Lowe Syndrome			OCRL
<input type="checkbox"/>	6039	OCRL Sequence Analysis	
Malonic & Methylmalonic Aciduria, Combined			ACSF3
<input type="checkbox"/>	2039	ACSF3 Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2035	ACSF3 Sequence Analysis	
<input type="checkbox"/>	2038	ACSF3 Deletion/Duplication Analysis	
Maple Syrup Urine Disease			
<input type="checkbox"/>	2870	Panel Sequence Analysis (includes tests: 2770, 2880, 3460, and 3865)	
<input type="checkbox"/>	2774	Type 1A, BCKDHA Comprehensive (Seq & Del/Dup Analysis)	BCKDHA
<input type="checkbox"/>	2770	Type 1A, BCKDHA Sequence Analysis	BCKDHA
<input type="checkbox"/>	2773	Type 1A, BCKDHA Deletion/Duplication Analysis	BCKDHA
<input type="checkbox"/>	2884	Type 1B, BCKDHB Comprehensive (Seq & Del/Dup Analysis)	BCKDHB
<input type="checkbox"/>	2880	Type 1B, BCKDHB Sequence Analysis	BCKDHB
<input type="checkbox"/>	2883	Type 1B, BCKDHB Deletion/Duplication Analysis	BCKDHB
<input type="checkbox"/>	3869	Type 2, DBT Comprehensive (Seq & Del/Dup Analysis)	DBT
<input type="checkbox"/>	3865	Type 2, DBT Sequence Analysis	DBT
<input type="checkbox"/>	3868	Type 2, DBT Deletion/Duplication Analysis	DBT
<input type="checkbox"/>	3464	Type 3, DLD Comprehensive (Seq & Del/Dup Analysis)	DLD
<input type="checkbox"/>	3460	Type 3, DLD Sequence Analysis	DLD
<input type="checkbox"/>	3463	Type 3, DLD Deletion/Duplication Analysis	DLD
MCAD Deficiency			ACADM
<input type="checkbox"/>	3119	ACADM Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	3115	ACADM Sequence Analysis	
<input type="checkbox"/>	2348	ACADM Deletion/Duplication Analysis	
<input type="checkbox"/>	3117	Common Mutation Analysis (K329E/Lys304Glu)	
MEF2C-Related Disorders			MEF2C
<input type="checkbox"/>	6695	MEF2C Sequence Analysis	
Menkes Disease			ATP7A
<input type="checkbox"/>	2549	ATP7A Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2545	ATP7A Sequence Analysis	
<input type="checkbox"/>	2548	ATP7A Deletion/Duplication Analysis	
Metachromatic Leukodystrophy			ARSA
<input type="checkbox"/>	6380	ARSA Sequence Analysis	
Methylcobalamin Deficiency, cblE Type			MTRR
<input type="checkbox"/>	2569	MTRR Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2565	MTRR Sequence Analysis	
<input type="checkbox"/>	2568	MTRR Deletion/Duplication Analysis	
Methylcobalamin Deficiency, cblG Type			MTR
<input type="checkbox"/>	2054	MTR Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/>	2050	MTR Sequence Analysis	
<input type="checkbox"/>	2053	MTR Deletion/Duplication Analysis	

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Methylmalonic Acidemia				MTHFR Deficiency				
<input type="checkbox"/>	3602	Panel Comprehensive (Seq & Del/Dup Analysis) (incl. tests: 3575, 3578, 3580, 3583, 3585, and 3588)		<input type="checkbox"/>	6045	MTHFR 677 C-T Variant Analysis		
<input type="checkbox"/>	3780	Panel Sequence Analysis (includes tests: 3575, 3580, and 3585)		Mucopolipidosis IV				
<input type="checkbox"/>	3601	Panel Deletion/Duplication Analysis (includes tests: 3578, 3583, and 3588)		<input type="checkbox"/>	6942	Ashkenazic Genetic Disease Screen w/ CF ¹		
<input type="checkbox"/>	3399	MCEE Comprehensive (Seq & Del/Dup Analysis)	MCEE	<input type="checkbox"/>	6944	Ashkenazic Genetic Disease Screen w/o CF		
<input type="checkbox"/>	3395	MCEE Sequence Analysis	MCEE	Mucopolysaccharidosis Type I (MPS I)				IDUA
<input type="checkbox"/>	3398	MCEE Deletion/Duplication Analysis	MCEE	<input type="checkbox"/>	6385	IDUA Sequence Analysis		
<input type="checkbox"/>	3579	MMAA Comprehensive (Seq & Del/Dup Analysis)	MMAA	Mucopolysaccharidosis Type II (MPS II)				IDS
<input type="checkbox"/>	3575	MMAA Sequence Analysis	MMAA	<input type="checkbox"/>	6814	IDS Comprehensive (Seq & Del/Dup w/Inv Analysis)		
<input type="checkbox"/>	3578	MMAA Deletion/Duplication Analysis	MMAA	<input type="checkbox"/>	6390	IDS Sequence Analysis		
<input type="checkbox"/>	3584	MMAB Comprehensive (Seq & Del/Dup Analysis)	MMAB	<input type="checkbox"/>	6815	IDS Deletion/Duplication w/Inversion Analysis		
<input type="checkbox"/>	3580	MMAB Sequence Analysis	MMAB	<input type="checkbox"/>	6813	IDS Deletion/Duplication Analysis		
<input type="checkbox"/>	3583	MMAB Deletion/Duplication Analysis	MMAB	<input type="checkbox"/>	6817	IDS Inversion Analysis		
<input type="checkbox"/>	3444	MMACHC Comprehensive (Seq & Del/Dup Analysis)	MMACHC	Mucopolysaccharidosis Type IVA (MPS IVA)				GALNS
<input type="checkbox"/>	3440	MMACHC Sequence Analysis	MMACHC	<input type="checkbox"/>	6400	GALNS Sequence Analysis		
<input type="checkbox"/>	3443	MMACHC Deletion/Duplication Analysis	MMACHC	Mucopolysaccharidosis Type VI				ARSB
<input type="checkbox"/>	3889	MMADHC Comprehensive (Seq & Del/Dup Analysis)	MMADHC	<input type="checkbox"/>	5015	ARSB Sequence Analysis		
<input type="checkbox"/>	3885	MMADHC Sequence Analysis	MMADHC	Multiple Acyl-CoA Dehydrogenase Deficiency (MADD)				
<input type="checkbox"/>	3888	MMADHC Deletion/Duplication Analysis	MMADHC	<input type="checkbox"/>	3604	Panel Comprehensive (Seq & Del/Dup Analysis) (includes tests: 3855, 3858, 3860, 3863, 3840, and 3843)		
<input type="checkbox"/>	3589	MUT Comprehensive (Seq & Del/Dup Analysis)	MUT	<input type="checkbox"/>	2349	Panel Sequence Analysis (includes tests: 3855, 3860, and 3840)		
<input type="checkbox"/>	3585	MUT Sequence Analysis	MUT	<input type="checkbox"/>	3603	Panel Deletion/Duplication Analysis (includes tests: 3858, 3863, and 3843)		
<input type="checkbox"/>	3588	MUT Deletion/Duplication Analysis	MUT	<input type="checkbox"/>	3859	ETFA Comprehensive (Seq & Del/Dup Analysis)		
Methylmalonic Aciduria and Homocystinuria, cblF Type		LMBRD1		<input type="checkbox"/>	3855	ETFA Sequence Analysis	ETFA	
<input type="checkbox"/>	2564	LMBRD1 Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/>	3858	ETFA Deletion/Duplication Analysis	ETFA	
<input type="checkbox"/>	2560	LMBRD1 Sequence Analysis		<input type="checkbox"/>	3864	ETFB Comprehensive (Seq & Del/Dup Analysis)	ETFB	
<input type="checkbox"/>	2563	LMBRD1 Deletion/Duplication Analysis		<input type="checkbox"/>	3860	ETFB Sequence Analysis	ETFB	
Methylmalonic Aciduria and Homocystinuria, cblJ Type		ABCD4		<input type="checkbox"/>	3863	ETFB Deletion/Duplication Analysis	ETFB	
<input type="checkbox"/>	5134	ABCD4 Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/>	3844	ETFDH Comprehensive (Seq & Del/Dup Analysis)	ETFDH	
<input type="checkbox"/>	5130	ABCD4 Sequence Analysis		<input type="checkbox"/>	3840	ETFDH Sequence Analysis	ETFDH	
<input type="checkbox"/>	5133	ABCD4 Deletion/Duplication Analysis		<input type="checkbox"/>	3843	ETFDH Deletion/Duplication Analysis	ETFDH	
MNGIE Syndrome		TYMP		Myopathy/Rhabdomyolysis				
<input type="checkbox"/>	3064	TYMP Comprehensive (Seq & Del/Dup Analysis)		See Panel 2300 ³				
<input type="checkbox"/>	3060	TYMP Sequence Analysis		Myotonic Dystrophy Type 1				
<input type="checkbox"/>	3063	TYMP Deletion/Duplication Analysis		<input type="checkbox"/>	6041	Repeat Expansion Analysis		
Molybdenum Cofactor Deficiency				N-Acetylglutamate Synthase (NAGS) Deficiency				NAGS
<input type="checkbox"/>	3599	MOCS1 Comprehensive (Seq & Del/Dup Analysis)	MOCS1	<input type="checkbox"/>	3354	NAGS Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/>	3595	MOCS1 Sequence Analysis	MOCS1	<input type="checkbox"/>	3350	NAGS Sequence Analysis		
<input type="checkbox"/>	3598	MOCS1 Deletion/Duplication Analysis	MOCS1	<input type="checkbox"/>	3353	NAGS Deletion/Duplication Analysis		
<input type="checkbox"/>	3619	MOCS2 Comprehensive (Seq & Del/Dup Analysis)	MOCS2					
<input type="checkbox"/>	3615	MOCS2 Sequence Analysis	MOCS2					
<input type="checkbox"/>	3618	MOCS2 Deletion/Duplication Analysis	MOCS2					

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

³ Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGSSM) PANELS

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Nail-Patella Syndrome	<i>LMX1B</i>	Ornithine Transcarbamylase (OTC) Deficiency	<i>OTC</i>
<input type="checkbox"/> 7523 <i>LMX1B</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 3144 <i>OTC</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 6270 <i>LMX1B</i> Sequence Analysis		<input type="checkbox"/> 3140 <i>OTC</i> Sequence Analysis	
<input type="checkbox"/> 6273 <i>LMX1B</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3143 <i>OTC</i> Deletion/Duplication Analysis	
Niemann-Pick Disease Type A		Osteogenesis Imperfecta (OI)	
<input type="checkbox"/> 6047 Ashkenazic Mutation Panel		<input type="checkbox"/> 6310 <i>CRTAP</i> Sequence Analysis	<i>CRTAP</i>
<input type="checkbox"/> 6942 Ashkenazic Genetic Disease Screen w/ CF ¹		<input type="checkbox"/> 2344 <i>FKBP10</i> Comprehensive (Seq & Del/Dup Analysis)	<i>FKBP10</i>
<input type="checkbox"/> 6944 Ashkenazic Genetic Disease Screen w/o CF		<input type="checkbox"/> 2340 <i>FKBP10</i> Sequence Analysis	<i>FKBP10</i>
Niemann-Pick Disease Type C		<input type="checkbox"/> 2343 <i>FKBP10</i> Deletion/Duplication Analysis	<i>FKBP10</i>
<input type="checkbox"/> 6555 <i>NPC1</i> Sequence Analysis	<i>NPC1</i>	<input type="checkbox"/> 2045 <i>IFITM5</i> Sequence Analysis	<i>IFITM5</i>
<input type="checkbox"/> 6560 <i>NPC2</i> Sequence Analysis	<i>NPC2</i>	<input type="checkbox"/> 6325 <i>LEPRE1</i> Sequence Analysis	<i>LEPRE1</i>
Noonan Syndrome		<input type="checkbox"/> 2619 <i>PPIB</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PPIB</i>
<input type="checkbox"/> 6445 <i>KRAS</i> Sequence Analysis	<i>KRAS</i>	<input type="checkbox"/> 2615 <i>PPIB</i> Sequence Analysis	<i>PPIB</i>
<input type="checkbox"/> 6675 <i>NRAS</i> Sequence Analysis	<i>NRAS</i>	<input type="checkbox"/> 2618 <i>PPIB</i> Deletion/Duplication Analysis	<i>PPIB</i>
<input type="checkbox"/> 6065 <i>PTPN11</i> Sequence Analysis	<i>PTPN11</i>	<input type="checkbox"/> 2244 <i>SERPINF1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>SERPINF1</i>
<input type="checkbox"/> 6475 <i>RAF1</i> Sequence Analysis	<i>RAF1</i>	<input type="checkbox"/> 2240 <i>SERPINF1</i> Sequence Analysis	<i>SERPINF1</i>
<input type="checkbox"/> 6460 <i>SOS1</i> Sequence Analysis	<i>SOS1</i>	<input type="checkbox"/> 2243 <i>SERPINF1</i> Deletion/Duplication Analysis	<i>SERPINF1</i>
Noonan-like Syndrome	<i>SHOC2</i>	<input type="checkbox"/> 2699 <i>SP7</i> Comprehensive (Seq & Del/Dup Analysis)	<i>SP7</i>
<input type="checkbox"/> 6900 <i>SHOC2</i> Sequence Analysis		<input type="checkbox"/> 2695 <i>SP7</i> Sequence Analysis	<i>SP7</i>
Obesity, Monogenic Nonsyndromic		<input type="checkbox"/> 2698 <i>SP7</i> Deletion/Duplication Analysis	<i>SP7</i>
<input type="checkbox"/> 6845 <i>LEP</i> Sequence Analysis	<i>LEP</i>	Osteopathia Striata with Cranial Sclerosis	<i>FAM123B</i>
<input type="checkbox"/> 6850 <i>LEPR</i> Sequence Analysis	<i>LEPR</i>	<input type="checkbox"/> 2574 <i>FAM123B</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 6855 <i>PCSK1</i> Sequence Analysis	<i>PCSK1</i>	<input type="checkbox"/> 2570 <i>FAM123B</i> Sequence Analysis	
<input type="checkbox"/> 6860 <i>POMC</i> Sequence Analysis	<i>POMC</i>	<input type="checkbox"/> 2573 <i>FAM123B</i> Deletion/Duplication Analysis	
Oculocutaneous Albinism, X-Linked	<i>GPR143</i>	Osteopetrosis	
<input type="checkbox"/> 6083 <i>GPR143</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2614 <i>CLCN7</i> Comprehensive (Seq & Del/Dup Analysis)	<i>CLCN7</i>
<input type="checkbox"/> 6123 <i>GPR143</i> Sequence Analysis		<input type="checkbox"/> 2610 <i>CLCN7</i> Sequence Analysis	<i>CLCN7</i>
<input type="checkbox"/> 6042 <i>GPR143</i> Deletion/Duplication Analysis		<input type="checkbox"/> 2613 <i>CLCN7</i> Deletion/Duplication Analysis	<i>CLCN7</i>
Oculocutaneous Albinism Type 1	<i>TYR</i>	<input type="checkbox"/> 2609 <i>OSTM1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>OSTM1</i>
<input type="checkbox"/> 6825 <i>TYR</i> Sequence Analysis		<input type="checkbox"/> 2605 <i>OSTM1</i> Sequence Analysis	<i>OSTM1</i>
Oculocutaneous Albinism Type 2	<i>OCA2</i>	<input type="checkbox"/> 2608 <i>OSTM1</i> Deletion/Duplication Analysis	<i>OSTM1</i>
<input type="checkbox"/> 6830 <i>OCA2</i> Sequence Analysis		<input type="checkbox"/> 2624 <i>TCIRG1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>TCIRG1</i>
<input type="checkbox"/> 6833 <i>OCA2</i> Targeted Deletion Analysis		<input type="checkbox"/> 2620 <i>TCIRG1</i> Sequence Analysis	<i>TCIRG1</i>
Oculocutaneous Albinism Type 3	<i>TYRP1</i>	<input type="checkbox"/> 2623 <i>TCIRG1</i> Deletion/Duplication Analysis	<i>TCIRG1</i>
<input type="checkbox"/> 6835 <i>TYRP1</i> Sequence Analysis		<input type="checkbox"/> 2649 <i>TNFSF11</i> Comprehensive (Seq & Del/Dup Analysis)	<i>TNFSF11</i>
Oculocutaneous Albinism Type 4	<i>SLC45A2</i>	<input type="checkbox"/> 2645 <i>TNFSF11</i> Sequence Analysis	<i>TNFSF11</i>
<input type="checkbox"/> 6840 <i>SLC45A2</i> Sequence Analysis		<input type="checkbox"/> 2648 <i>TNFSF11</i> Deletion/Duplication Analysis	<i>TNFSF11</i>
Optic Atrophy Type 1	<i>OPA1</i>	Osteopetrosis with Renal Tubular Acidosis	<i>CA2</i>
<input type="checkbox"/> 3469 <i>OPA1</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2604 <i>CA2</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 3465 <i>OPA1</i> Sequence Analysis		<input type="checkbox"/> 2600 <i>CA2</i> Sequence Analysis	
<input type="checkbox"/> 3468 <i>OPA1</i> Deletion/Duplication Analysis		<input type="checkbox"/> 2603 <i>CA2</i> Deletion/Duplication Analysis	
Optic Atrophy Type 3 (OPA3-Related Disorders)	<i>OPA3</i>	Paget Disease, Juvenile	<i>TNFRSF11B</i>
<input type="checkbox"/> 3529 <i>OPA3</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2559 <i>TNFRSF11B</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 3525 <i>OPA3</i> Sequence Analysis		<input type="checkbox"/> 2555 <i>TNFRSF11B</i> Sequence Analysis	
<input type="checkbox"/> 3528 <i>OPA3</i> Deletion/Duplication Analysis		<input type="checkbox"/> 2558 <i>TNFRSF11B</i> Deletion/Duplication Analysis	

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
Baylor College of Medicine
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
For Familial Mutation/Variant Analysis, complete indication information on page 1.

PCDH19-Related X Linked Female-Limited Epilepsy w/MR	<i>PCDH19</i>	Prader-Willi Syndrome	
<input type="checkbox"/> 6885 <i>PCDH19</i> Sequence Analysis		<input type="checkbox"/> 6050 Methylation Analysis	
PDH Complex Deficiency		Prader-Willi-like Syndrome; Intellectual Disability; Autism	<i>MAGEL2</i>
<input type="checkbox"/> 3169 <i>PDHA1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PDHA1</i>	<input type="checkbox"/> 7105 <i>MAGEL2</i> Sequence Analysis	
<input type="checkbox"/> 3165 <i>PDHA1</i> Sequence Analysis	<i>PDHA1</i>	Propionic Acidemia	
<input type="checkbox"/> 3168 <i>PDHA1</i> Deletion/Duplication Analysis	<i>PDHA1</i>	<input type="checkbox"/> 3622 Panel Comprehensive (Seq & Del/Dup Analysis) (includes tests: 3765, 3768, 3770, and 3773)	
<input type="checkbox"/> 3899 <i>PDHB</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PDHB</i>	<input type="checkbox"/> 2347 Panel Sequence Analysis (includes tests: 3765 and 3770)	
<input type="checkbox"/> 3895 <i>PDHB</i> Sequence Analysis	<i>PDHB</i>	<input type="checkbox"/> 3621 Panel Deletion/Duplication Analysis (includes tests: 3768 and 3773)	
<input type="checkbox"/> 3898 <i>PDHB</i> Deletion/Duplication Analysis	<i>PDHB</i>	<input type="checkbox"/> 3769 <i>PCCA</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PCCA</i>
<input type="checkbox"/> 3924 <i>PDHX</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PDHX</i>	<input type="checkbox"/> 3765 <i>PCCA</i> Sequence Analysis	<i>PCCA</i>
<input type="checkbox"/> 3920 <i>PDHX</i> Sequence Analysis	<i>PDHX</i>	<input type="checkbox"/> 3768 <i>PCCA</i> Deletion/Duplication Analysis	<i>PCCA</i>
<input type="checkbox"/> 3923 <i>PDHX</i> Deletion/Duplication Analysis	<i>PDHX</i>	<input type="checkbox"/> 3774 <i>PCCB</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PCCB</i>
<input type="checkbox"/> 3894 <i>PDP1</i> Comprehensive (Seq & Del/Dup Analysis)	<i>PDP1</i>	<input type="checkbox"/> 3770 <i>PCCB</i> Sequence Analysis	<i>PCCB</i>
<input type="checkbox"/> 3890 <i>PDP1</i> Sequence Analysis	<i>PDP1</i>	<input type="checkbox"/> 3773 <i>PCCB</i> Deletion/Duplication Analysis	<i>PCCB</i>
<input type="checkbox"/> 3893 <i>PDP1</i> Deletion/Duplication Analysis	<i>PDP1</i>	Prothrombin	
<input type="checkbox"/> 3464 <i>DLD</i> Comprehensive (Seq & Del/Dup Analysis)	<i>DLD</i>	<input type="checkbox"/> 6048 Mutation Panel	
<input type="checkbox"/> 3460 <i>DLD</i> Sequence Analysis	<i>DLD</i>	PTEN-Related Disorders	<i>PTEN</i>
<input type="checkbox"/> 3463 <i>DLD</i> Deletion/Duplication Analysis	<i>DLD</i>	<input type="checkbox"/> 6790 <i>PTEN</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 3919 <i>DLAT</i> Comprehensive (Seq & Del/Dup Analysis)	<i>DLAT</i>	<input type="checkbox"/> 6505 <i>PTEN</i> Sequence Analysis	
<input type="checkbox"/> 3915 <i>DLAT</i> Sequence Analysis	<i>DLAT</i>	<input type="checkbox"/> 6785 <i>PTEN</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 3918 <i>DLAT</i> Deletion/Duplication Analysis	<i>DLAT</i>	Purine Nucleoside Phosphorylase Deficiency	<i>PNP</i>
Pelizaeus-Merzbacher-Like Disease	<i>GJC2</i>	<input type="checkbox"/> 5025 <i>PNP</i> Sequence Analysis	
<input type="checkbox"/> 6550 <i>GJC2</i> Sequence Analysis		Pycnodysostosis	<i>CTSK</i>
Phenylalanine Hydroxylase Deficiency (PKU)	<i>PAH</i>	<input type="checkbox"/> 2444 <i>CTSK</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 3139 <i>PAH</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 2440 <i>CTSK</i> Sequence Analysis	
<input type="checkbox"/> 3135 <i>PAH</i> Sequence Analysis		<input type="checkbox"/> 2443 <i>CTSK</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 3138 <i>PAH</i> Deletion/Duplication Analysis		Pyridoxine-Dependent Seizures	<i>ALDH7A1</i>
PLOD3-Related Disorders	<i>PLOD3</i>	<input type="checkbox"/> 6950 <i>ALDH7A1</i> Sequence Analysis	
<input type="checkbox"/> 2334 <i>PLOD3</i> Comprehensive (Seq & Del/Dup Analysis)		Pyruvate Carboxylase Deficiency	<i>PC</i>
<input type="checkbox"/> 2330 <i>PLOD3</i> Sequence Analysis		<input type="checkbox"/> 3754 <i>PC</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 2333 <i>PLOD3</i> Deletion/Duplication Analysis		<input type="checkbox"/> 3750 <i>PC</i> Sequence Analysis	
PLP1-Related Disorders	<i>PLP1</i>	<input type="checkbox"/> 3753 <i>PC</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 6149 <i>PLP1</i> Comprehensive (Seq & Del/Dup Analysis)		Retinitis Pigmentosa	
<input type="checkbox"/> 6127 <i>PLP1</i> Sequence Analysis		See Panel 2190 ³	
<input type="checkbox"/> 6161 <i>PLP1</i> Deletion/Duplication Analysis		Rett Syndrome (MECP2-Related Disorders)	<i>MECP2</i>
Pontocerebellar Hypoplasia	<i>LARS2</i>	<input type="checkbox"/> 6736 <i>MECP2</i> Comprehensive (Seq & Del/Dup Analysis)	
<input type="checkbox"/> 2539 <i>LARS2</i> Comprehensive (Seq & Del/Dup Analysis)		<input type="checkbox"/> 6068 <i>MECP2</i> Sequence Analysis	
<input type="checkbox"/> 2535 <i>LARS2</i> Sequence Analysis		<input type="checkbox"/> 6069 <i>MECP2</i> Deletion/Duplication Analysis	
<input type="checkbox"/> 2538 <i>LARS2</i> Deletion/Duplication Analysis		Rett Syndrome, Congenital Variant	<i>FOXG1</i>
Pontocerebellar Hypoplasia Type 6	<i>RARS2</i>	<input type="checkbox"/> 6635 <i>FOXG1</i> Sequence Analysis	
<input type="checkbox"/> 3729 <i>RARS2</i> Comprehensive (Seq & Del/Dup Analysis)			
<input type="checkbox"/> 3725 <i>RARS2</i> Sequence Analysis			
<input type="checkbox"/> 3728 <i>RARS2</i> Deletion/Duplication Analysis			

³ Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGSSM) PANELS

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Rickets-Alopecia Syndrome	<i>VDR</i>		
<input type="checkbox"/> 6565	<i>VDR</i> Sequence Analysis		
RMRP-Related Disorders	<i>RMRP</i>		
<input type="checkbox"/> 6125	<i>RMRP</i> Sequence Analysis		
Rubinstein-Taybi Syndrome	<i>CREBBP</i>		
<input type="checkbox"/> 6758	<i>CREBBP</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 6755	<i>CREBBP</i> Sequence Analysis		
<input type="checkbox"/> 6665	<i>CREBBP</i> Deletion/Duplication by MPLA		
SCAD Deficiency	<i>ACADS</i>		
<input type="checkbox"/> 3929	<i>ACADS</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 3925	<i>ACADS</i> Sequence Analysis		
<input type="checkbox"/> 3928	<i>ACADS</i> Deletion/Duplication Analysis		
Schmid Metaphyseal Chondrodysplasia (SMCD)	<i>COL10A1</i>		
<input type="checkbox"/> 6285	<i>COL10A1</i> Sequence Analysis		
SLC9A3R1-Related Disorders	<i>SLC9A3R1</i>		
<input type="checkbox"/> 2759	<i>SLC9A3R1</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 2755	<i>SLC9A3R1</i> Sequence Analysis		
<input type="checkbox"/> 2758	<i>SLC9A3R1</i> Deletion/Duplication Analysis		
Sclerosing Bone Dysplasias, SOST-Related	<i>SOST</i>		
<input type="checkbox"/> 2594	<i>SOST</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 2590	<i>SOST</i> Sequence Analysis		
<input type="checkbox"/> 2593	<i>SOST</i> Deletion/Duplication Analysis		
Sickle Cell Disease			
<input type="checkbox"/> 6053	Mutation Analysis		
Smith-Lemli-Opitz Syndrome	<i>DHCR7</i>		
<input type="checkbox"/> 6745	<i>DHCR7</i> Sequence Analysis		
Smith-Magenis Syndrome	<i>RAI1</i>		
<input type="checkbox"/> 6760	<i>RAI1</i> Sequence Analysis		
Spinal Muscular Atrophy (SMA) Diagnostic Test	<i>SMN1</i>		
<input type="checkbox"/> 6059	<i>SMN1</i> Deletion Analysis		
Spinocerebellar Ataxia 1 (SCA1)			
<input type="checkbox"/> 6054	Repeat Expansion Analysis		
Spinocerebellar Ataxia 10 (SCA10)			
<input type="checkbox"/> 6055	Repeat Expansion Analysis		
Spinocerebellar Ataxia 14 (SCA14)	<i>PRKCG</i>		
<input type="checkbox"/> 2899	<i>PRKCG</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 2895	<i>PRKCG</i> Sequence Analysis		
<input type="checkbox"/> 2898	<i>PRKCG</i> Deletion/Duplication Analysis		
SRY-Related Phenotypes			
<input type="checkbox"/> 6060	DNA Analysis		
Succinic Semialdehyde Dehydrogenase Deficiency	<i>ALDH5A1</i>		
<input type="checkbox"/> 5024	<i>ALDH5A1</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 5020	<i>ALDH5A1</i> Sequence Analysis		
<input type="checkbox"/> 5023	<i>ALDH5A1</i> Deletion/Duplication Analysis		
Tay-Sachs Disease			
<input type="checkbox"/> 6066	Ashkenazic Mutation Panel		
<input type="checkbox"/> 6942	Ashkenazic Genetic Disease Screen w/ CF ¹		
<input type="checkbox"/> 6944	Ashkenazic Genetic Disease Screen w/o CF		
<input type="checkbox"/> 6925	<i>HEXA</i> Sequence Analysis		<i>HEXA</i>
Thiopurine S-Methyltransferase (TPMT) Deficiency	<i>TPMT</i>		
<input type="checkbox"/> 6685	<i>TPMT</i> Sequence Analysis		
Thrombophilia			
<input type="checkbox"/> 6062	Mutation Panel (Factor V, Prothombin & MTHFR)		
TMLHE Deficiency	<i>TMLHE</i>		
<input type="checkbox"/> 2510	<i>TMLHE</i> Sequence Analysis		
<input type="checkbox"/> 2513	<i>TMLHE</i> Exon 2 Deletion Analysis		
TNFRSF11A-Related Disorders	<i>TNFRSF11A</i>		
<input type="checkbox"/> 2599	<i>TNFRSF11A</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 2595	<i>TNFRSF11A</i> Sequence Analysis		
<input type="checkbox"/> 2598	<i>TNFRSF11A</i> Deletion/Duplication Analysis		
Transcobalamin II Deficiency	<i>TCN2</i>		
<input type="checkbox"/> 3969	<i>TCN2</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 3965	<i>TCN2</i> Sequence Analysis		
<input type="checkbox"/> 3968	<i>TCN2</i> Deletion/Duplication Analysis		
Trifunctional Protein Deficiency			
<input type="checkbox"/> 3624	Panel Comprehensive (Seq & Del/Dup Analysis) (includes tests: 3120, 3783, 3630, and 3633)		
<input type="checkbox"/> 2345	Panel Sequence Analysis (includes tests: 3120 and 3630)		
<input type="checkbox"/> 3623	Panel Deletion/Duplication Analysis (includes tests: 3783 and 3633)		
<input type="checkbox"/> 3124	<i>HADHA</i> Comprehensive (Seq & Del/Dup Analysis)		<i>HADHA</i>
<input type="checkbox"/> 3120	<i>HADHA</i> Sequence Analysis		<i>HADHA</i>
<input type="checkbox"/> 3783	<i>HADHA</i> Deletion/Duplication Analysis		<i>HADHA</i>
<input type="checkbox"/> 3634	<i>HADHB</i> Comprehensive (Seq & Del/Dup Analysis)		<i>HADHB</i>
<input type="checkbox"/> 3630	<i>HADHB</i> Sequence Analysis		<i>HADHB</i>
<input type="checkbox"/> 3633	<i>HADHB</i> Deletion/Duplication Analysis		<i>HADHB</i>
TYROBP-Related Disorders	<i>TYROBP</i>		
<input type="checkbox"/> 2259	<i>TYROBP</i> Comprehensive (Seq & Del/Dup Analysis)		
<input type="checkbox"/> 2255	<i>TYROBP</i> Sequence Analysis		
<input type="checkbox"/> 2258	<i>TYROBP</i> Deletion/Duplication Analysis		

¹ Reflex testing at no additional charge: CF5T when R117H CF mutation is present and 5T/TG Haplotype analysis if 5T variant is present.

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
 Baylor College of Medicine
 2450 Holcombe, Grand Blvd. -Receiving Dock
 Houston, TX 77021-2024
 Phone: 713-798-6555

MOLECULAR DIAGNOSTIC REQUISITION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER (Please select one): FEMALE
LAST NAME FIRST NAME MI MM DD YY MALE
 UNKNOWN

AVAILABLE TESTS LISTED BY DISORDER

Please see the Mitochondrial, Biochemical, Cancer-CYTO, Cancer-DNA, Cytogenetics, PMGP, Prenatal-CMA, or Prenatal Requisition Form for other available tests.
 For Familial Mutation/Variant Analysis, complete indication information on page 1.

Tyrosinemia		
<input type="checkbox"/>	3449	Type I, <i>FAH</i> Comprehensive (Seq & Del/Dup Analysis) <i>FAH</i>
<input type="checkbox"/>	3445	Type I, <i>FAH</i> Sequence Analysis <i>FAH</i>
<input type="checkbox"/>	3448	Type I, <i>FAH</i> Deletion/Duplication Analysis <i>FAH</i>
<input type="checkbox"/>	2084	Type II, <i>TAT</i> Comprehensive (Seq & Del/Dup Analysis) <i>TAT</i>
<input type="checkbox"/>	2080	Type II, <i>TAT</i> Sequence Analysis <i>TAT</i>
<input type="checkbox"/>	2083	Type II, <i>TAT</i> Deletion/Duplication Analysis <i>TAT</i>
Usher Syndrome 1B		<i>MYO7A</i>
See Hearing Loss		
Usher Syndrome 1D		<i>CDH23</i>
See Hearing Loss		
Usher Syndrome 2A		<i>USH2A</i>
<input type="checkbox"/>	6650	<i>USH2A</i> Sequence Analysis
VLCAD Deficiency		<i>ACADVL</i>
<input type="checkbox"/>	3359	<i>ACADVL</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	3355	<i>ACADVL</i> Sequence Analysis
<input type="checkbox"/>	3358	<i>ACADVL</i> Deletion/Duplication Analysis

Warfarin Sensitivity		
<input type="checkbox"/>	6880	Genotyping
Wilson Disease		<i>ATP7A</i>
<input type="checkbox"/>	2554	<i>ATP7B</i> Comprehensive (Seq & Del/Dup Analysis)
<input type="checkbox"/>	2550	<i>ATP7B</i> Sequence Analysis
<input type="checkbox"/>	2553	<i>ATP7B</i> Deletion/Duplication Analysis
Wolman Disease		<i>LIPA</i>
<input type="checkbox"/>	6430	<i>LIPA</i> Sequence Analysis
X-Linked Severe Combined Immunodeficiency		<i>IL2RG</i>
<input type="checkbox"/>	5050	<i>IL2RG</i> Sequence Analysis

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
Baylor College of Medicine
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

MOLECULAR DIAGNOSTIC REQUISITION

BILLING INFORMATION

IMPORTANT NOTICE: ONE OF THE THREE FOLLOWING BILLING OPTIONS MUST BE INDICATED BELOW.
PLEASE FORWARD ALL BILLING QUESTIONS TO: MEDGENBILLING@BCM.EDU

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, MI): _____ PATIENT DATE OF BIRTH (MM/DD/YY): _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____

PAYMENT OPTION 1 - INSTITUTION

INSTITUTION NAME: _____ INSTITUTION CODE: _____
CONTACT NAME: _____ EMAIL (REQUIRED): _____
BILLING ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____

PAYMENT OPTION 2 - SELF-PAY (PAYMENT MUST ACCOMPANY SAMPLE)

CREDIT CARD (PLEASE SELECT ONE): AMEX DISCOVER MC VISA
VALID CARD #: _____ EXPIRATION DATE (MM/YY): _____ CVC CODE: _____
BILLING ADDRESS: _____ CITY, STATE, ZIP: _____
CARDHOLDER PRINTED NAME: _____ CARDHOLDER SIGNATURE: _____
 CHECK/MONEY ORDER: CHECK/MONEY ORDER #: _____ AMOUNT ENCLOSED: _____

PAYMENT OPTION 3 - INSURANCE

PROVIDE A LEGIBLE PHOTOCOPY OF THE FRONT & BACK OF THE INSURANCE CARD OR HMO/MEDICAID HMO AUTHORIZATION/REFERRAL.

Please refer to the Financial Policy at www.bcmgeneticlabs.org for complete insurance filing information and managed care contract list. Insurance is filed to our contracted carriers as a client service courtesy. Patients are responsible for non-covered services, deductibles, co-insurance, contract exclusions, non-authorized services, and remaining balances after insurance reimbursement. HMO policies must have required approved authorizations. BCM-Medical Genetic Laboratories cannot bill out-of-state welfare programs. We accept authorized Texas Medicaid HMO covered charges for genetic testing. Please contact our office prior to submitting a Texas Medicaid sample. Contact medgenbilling@bcm.edu with questions.

ICD9 Diagnosis Code(s) - must be provided or insurance cannot be filed: _____

- PPO, POS, Commercial Insurance - Provide complete member information with legible front & back photocopy of insurance card.
- HMO - Provide approved authorization #: _____ and attach legible front & back photocopy of insurance card.
- Texas Medicaid HMO - Provide approved authorization #: _____ and contact Billing at 713-798-6555.

INSURED MEMBER'S INFORMATION

MEMBER NAME (Last, First, MI): _____ MEMBER DATE OF BIRTH (MM/DD/YY): _____ GENDER: FEMALE MALE
MEMBER POLICY #: _____ MEMBER SS #: _____ MEMBER GROUP #: _____
INSURANCE CO. NAME: _____ PHONE: _____
INSURANCE CO. ADDRESS: _____ CITY, STATE, ZIP: _____

I AUTHORIZE BCM-MEDICAL GENETICS LABORATORIES TO FURNISH ANY MEDICAL INFORMATION REQUESTED ON MYSELF, OR MY COVERED DEPENDENTS. IN CONSIDERATION OF SERVICES RENDERED, I TRANSFER AND ASSIGN ANY BENEFITS OF INSURANCE TO BCM-MEDICAL GENETICS LABORATORIES. I UNDERSTAND I AM RESPONSIBLE FOR ANY CO-PAY, DEDUCTIBLES, OR NON-AUTHORIZED SERVICES AND REMAINING BALANCES AFTER INSURANCE REIMBURSEMENT. I UNDERSTAND I AM FULLY RESPONSIBLE FOR PAYMENT OF MY ACCOUNT IF THE BCM-MEDICAL GENETICS LABORATORIES IS NOT A PARTICIPANT WITH MY HEALTH PLAN, AND MY HEALTH PLAN DOES NOT FULLY REIMBURSE MY MEDICAL SERVICES DUE TO LACK OF AUTHORIZATION OR MEDICAL NECESSITY.

PRINTED NAME: _____ SIGNATURE: _____ DATE (MM/YY): _____