



Connective Tissue Gene Tests
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 (CLIA # 39D1027912 · CAP# 7190738 · NPI# 1891864997)
 www.ctgt.net

LABORATORY TEST REQUISITION FORM I (Please print clearly)

PATIENT INFORMATION				
PATIENT NAME – LAST, FIRST, MI		<input type="checkbox"/> M <input type="checkbox"/> F	MRN	DATE OF BIRTH
ADDRESS		PHONE		
CITY, STATE, ZIP		NAME OF LEGAL GUARDIAN IF PATIENT IS A MINOR		
REPORTING INFORMATION				
REFERRAL SOURCE				
REFERRED BY		GENETIC COUNSELOR		
INSTITUTION		PHONE	FAX	
ADDRESS		E-MAIL		
CITY, STATE, ZIP		SIGNATURE (REQUIRED – By signing, you agree to the Terms on page 3 of this form)		
ADDITIONAL REPORTS				
REFERRING LAB		CONTACT PERSON		
ADDRESS		PHONE	FAX	
CITY, STATE, ZIP		REFERRING LAB ID#		
PAYMENT INFORMATION				
<input type="checkbox"/> INSTITUTIONAL BILLING				
FACILITY NAME		CONTACT PERSON		
ADDRESS		PHONE	FAX	
CITY, STATE, ZIP		E-MAIL		
<input type="checkbox"/> INSURANCE (FILED AS A COURTESY - CREDIT CARD INFORMATION MUST BE PROVIDED BELOW) A CLEAR COPY OF THE FRONT AND BACK OF INSURANCE CARD <i>MUST</i> BE PROVIDED				
NAME OF INSURED		RELATIONSHIP TO PATIENT		
INSURANCE ID NUMBER		GROUP NUMBER		
PRE-AUTHORIZATION NUMBER	DATE(S) AUTHORIZATION VALID	INSURANCE COMPANY PHONE NUMBER		
<p>In consideration of services rendered I hereby transfer and assign to Connective Tissue Gene Tests any benefits of insurance that I may have. I assume responsibility for any balance not covered by my insurance up to the full cost of testing. The total cost of testing ordered for me or my dependent is \$_____. I understand that Connective Tissue Gene Tests does not participate with my health plan and that I am fully responsible should payment be denied due to lack of authorization or medical necessity. I have provided the above credit card information to be charged in the event that a balance is due on my account once my insurance claim has been finalized.</p>				
SIGNATURE OF INSURED (REQUIRED)				
<input type="checkbox"/> SELF PAY (REQUIRED FOR ALL CASES IN WHICH INSURANCE IS TO BE BILLED)				
<input type="checkbox"/> CHECK <input type="checkbox"/> M.O. Please make check or money order payable to Connective Tissue Gene Tests.				
<input type="checkbox"/> MC <input type="checkbox"/> VISA		ACCOUNT NUMBER	EXPIRATION DATE	3 DIGIT SECURITY CODE (on back of card)
Please bill my credit card in the amount of \$_____ for services provided by Connective Tissue Gene Tests, LLC.			SIGNATURE (REQUIRED)	
CREDIT CARD INFORMATION MUST BE PROVIDED FOR ALL INSURANCE BILLED CASES – TESTING WILL NOT BEGIN IF PAYMENT INFORMATION IS NOT COMPLETED CORRECTLY. PLEASE CONTACT OUR OFFICE PRIOR TO SENDING SPECIMEN IF THERE ARE ANY QUESTIONS.				

TEST SELECTION

Achondrogenesis, type IB (ACG1B)	Campomelic dysplasia (CMPD)
<input type="checkbox"/> DTDST Sequencing	<input type="checkbox"/> SOX9 Sequencing
<input type="checkbox"/> DTDST Deletion/Duplication test (HDT array)	<input type="checkbox"/> SOX9 Deletion/Duplication test (HDT array)
Achondrogenesis, type II (ACG2) / Hypochondrogenesis	Camurati-Engelmann disease (CED)
<input type="checkbox"/> COL2A1 Sequencing	<input type="checkbox"/> TGFB1 Sequencing
<input type="checkbox"/> COL2A1 Deletion/Duplication test (HDT array)	Capillary malformation arteriovenous malformation (CMAVM)
Achondroplasia (ACH) / Hypochondroplasia (HCH)	<input type="checkbox"/> RASA1 Sequencing
<input type="checkbox"/> FGFR3 Sequencing	<input type="checkbox"/> RASA1 Deletion/Duplication test (HDT array)
Anauxetic dysplasia	Cardiac valvular dystrophy, X-linked (CVD1)
<input type="checkbox"/> RMRP Sequencing	<input type="checkbox"/> FLNA Sequencing
Aortic aneurysm, familial thoracic 3/4/5/6 (AAT3/4/5/6)	<input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Sequencing	Cartilage-hair hypoplasia (CHH)
<input type="checkbox"/> TGFBR2 (AAT3)	<input type="checkbox"/> RMRP Sequencing
<input type="checkbox"/> MYH11 (AAT4)	Cleidocranial dysplasia (CCD)
<input type="checkbox"/> TGFBR1 (AAT5)	<input type="checkbox"/> RUNX2 Sequencing
<input type="checkbox"/> ACTA2 (AAT6)	<input type="checkbox"/> RUNX2 Deletion/Duplication test (HDT array)
Panels (Sequencing only)	Contractural congenital arachnodactyly (CCA)
<input type="checkbox"/> TGFBR2 & TGFBR1 (AAT3/5)	<input type="checkbox"/> FBN2 Sequencing
<input type="checkbox"/> TGFBR2, MYH11, TGFBR1 & ACTA2 (AAT3/4/5/6)	<input type="checkbox"/> FBN2 Deletion/Duplication test (HDT array)
Deletion/Duplication test (HDT array)	Diastrophic dysplasia (DTD)
<input type="checkbox"/> TGFBR2 (AAT3)	<input type="checkbox"/> DTDST Sequencing
<input type="checkbox"/> MYH11 (AAT4)	<input type="checkbox"/> DTDST Deletion/Duplication test (HDT array)
<input type="checkbox"/> TGFBR1 (AAT5)	Dyssegmental dysplasia, Silverman-Handmaker type (DDSH)
<input type="checkbox"/> ACTA2 (AAT6)	<input type="checkbox"/> HSPG2 Sequencing
Arterial tortuosity syndrome (ATS)	<input type="checkbox"/> HSPG2 Deletion/Duplication test (HDT array)
<input type="checkbox"/> SLC2A10 Sequencing	Ectopia lentis
<input type="checkbox"/> SLC2A10 Deletion/Duplication test (HDT array)	<input type="checkbox"/> FBN1 Sequencing
Asphyxiating thoracic dystrophy 2 (ATD2)	<input type="checkbox"/> FBN1 TaqMan Quantitative Real Time PCR assay
<input type="checkbox"/> IFT80 Sequencing	<input type="checkbox"/> FBN1 Deletion/Duplication test (HDT array)
<input type="checkbox"/> IFT80 Deletion/Duplication test (HDT array)	Ehlers-Danlos syndrome, spondylocheiro dysplastic form
Asphyxiating thoracic dystrophy 3 (ATD3)	<input type="checkbox"/> SLC39A13 Sequencing
<input type="checkbox"/> DYNC2H1 Sequencing	Ehlers-Danlos syndrome, type I / II (EDS I / II)
<input type="checkbox"/> DYNC2H1 Deletion/Duplication test (HDT array)	Sequencing
Atelosteogenesis, type I & III (AOI & AOIII)	<input type="checkbox"/> COL5A1 (EDS I/II)
<input type="checkbox"/> FLNB Full Gene Sequencing	<input type="checkbox"/> COL5A2 (EDS I/II)
<input type="checkbox"/> FLNB Exons 2,3,4,27,28,29 Sequencing	Panels (Sequencing only)
<input type="checkbox"/> Reflex to remaining exons Sequencing	<input type="checkbox"/> COL5A1 & COL5A2 (EDS I/II)
Atelosteogenesis, type II (AOII)	Deletion/Duplication test (HDT array)
<input type="checkbox"/> DTDST Sequencing	<input type="checkbox"/> COL5A1 (EDS I/II)
<input type="checkbox"/> DTDST Deletion/Duplication test (HDT array)	<input type="checkbox"/> COL5A2 (EDS I/II)
Avascular necrosis of femoral head, primary (ANFH)	Ehlers-Danlos syndrome, type IV (EDS IV)
<input type="checkbox"/> COL2A1 Sequencing	<input type="checkbox"/> COL3A1 Sequencing
Bethlem myopathy	<input type="checkbox"/> COL3A1 Deletion/Duplication test (HDT array)
<input type="checkbox"/> COL6A1, COL6A2 & COL6A3 Sequencing	Ehlers-Danlos syndrome, type VI (EDS VI)
<input type="checkbox"/> COL6A1 Deletion/Duplication test (HDT array)	<input type="checkbox"/> PLOD1 Sequencing
<input type="checkbox"/> COL6A2 Deletion/Duplication test (HDT array)	Ehlers-Danlos syndrome, type VIIA / VIIB (EDS VIIA / VIIB)
<input type="checkbox"/> COL6A3 Deletion/Duplication test (HDT array)	<input type="checkbox"/> COL1A1 & COL1A2 Sequencing
Boomerang dysplasia (BD)	<input type="checkbox"/> COL1A1 & COL1A2 Deletion/Duplication test (HDT array)
<input type="checkbox"/> FLNB Full Gene Sequencing	Frontometaphyseal dysplasia (FMD)
<input type="checkbox"/> FLNB Exons 2,3,4,27,28,29 Sequencing	<input type="checkbox"/> FLNA Sequencing
<input type="checkbox"/> Reflex to remaining exons Sequencing	<input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Brachyolmia type 2	Glomovenous malformations (GMV)
<input type="checkbox"/> TRPV4 Sequencing	<input type="checkbox"/> GLMN Sequencing
Brachyolmia type 3	Hereditary motor and sensory neuropathy, type IIC (HMSN2C)
<input type="checkbox"/> TRPV4 Sequencing	<input type="checkbox"/> TRPV4 Sequencing
Bruck syndrome 2 (BRKS2)	
<input type="checkbox"/> PLOD2 Sequencing	

TEST SELECTION

Homocystinuria	<input type="checkbox"/> CBS Sequencing <input type="checkbox"/> CBS Deletion/Duplication test (HDT array)
Hypophosphatasia, infantile, childhood, or adult type	<input type="checkbox"/> ALPL Sequencing <input type="checkbox"/> ALPL Deletion/Duplication test (HDT array)
Kniest dysplasia	<input type="checkbox"/> COL2A1 Sequencing <input type="checkbox"/> COL2A1 Deletion/Duplication test (HDT array)
Larsen syndrome, autosomal dominant (LRS1)	<input type="checkbox"/> FLNB Full Gene Sequencing <input type="checkbox"/> FLNB Exons 2,3,4,27,28,29 Sequencing <input type="checkbox"/> Reflex to remaining exons Sequencing
Loeys-Dietz syndrome, type 1A /1B	Sequencing <input type="checkbox"/> TGFBR1 (LDS1A) <input type="checkbox"/> TGFBR2 (LDS1B) Panels (Sequencing only) <input type="checkbox"/> TGFBR2 & TGFBR1 (LDS1A/1B) Deletion/Duplication test (HDT array) <input type="checkbox"/> TGFBR1 (LDS1A) <input type="checkbox"/> TGFBR2 (LDS1B)
Marfan syndrome, type I / II	Sequencing <input type="checkbox"/> FBN1 (MFS1) <input type="checkbox"/> TGFBR2 (MFS2) Panels (Sequencing only) <input type="checkbox"/> FBN1 & TGFBR2 (MFS1/2) Deletion/Duplication test <input type="checkbox"/> FBN1 (MFS1) (HDT array) <input type="checkbox"/> FBN1 (MFS1) TaqMan Quantitative Real Time PCR assay <input type="checkbox"/> TGFBR2 (MFS2) (HDT array)
Marshall syndrome	<input type="checkbox"/> COL11A1 Sequencing <input type="checkbox"/> COL11A1 Deletion/Duplication test (HDT array)
Melnick-Needles syndrome (MNS)	<input type="checkbox"/> FLNA Sequencing <input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Metaphyseal chondrodysplasia, Schmid type (MCDS)	<input type="checkbox"/> COL10A1 Sequencing
Metaphyseal dysplasia without hypotrichosis (CHHV)	<input type="checkbox"/> RMRP Sequencing
Metatropic dysplasia	<input type="checkbox"/> TRPV4 Sequencing
Multiple epiphyseal dysplasia (MED)	<input type="checkbox"/> COMP Sequencing Panels (Sequencing only) <input type="checkbox"/> COMP, COL9A1, COL9A2, COL9A3, MATN3, & DTDST
Nail-Patella syndrome (NPS)	<input type="checkbox"/> LMX1B Sequencing
Omodysplasia 1 (OMOD1)	<input type="checkbox"/> GPC6 Sequencing <input type="checkbox"/> GPC6 Deletion/Duplication test (HDT array)
Osteoarthritis with mild chondrodysplasia	<input type="checkbox"/> COL2A1 Sequencing
Osteogenesis imperfecta, autosomal recessive	Sequencing <input type="checkbox"/> CRTAP <input type="checkbox"/> LEPRE1 Panels (Sequencing only) <input type="checkbox"/> CRTAP & LEPRE1 Deletion/Duplication test (HDT array) <input type="checkbox"/> CRTAP <input type="checkbox"/> LEPRE1
Osteopetrosis, autosomal dominant (OPTA2)	<input type="checkbox"/> CLCN7 Sequencing <input type="checkbox"/> CLCN7 Deletion/Duplication test (HDT array)
Osteopetrosis, autosomal recessive (OPTB1/2/4/5/6/7)	Sequencing <input type="checkbox"/> TCIRG1 (OPTB1) <input type="checkbox"/> TNFSF11 (OPTB2) <input type="checkbox"/> CLCN7 (OPTB4) <input type="checkbox"/> OSTM1 (OPTB5) <input type="checkbox"/> PLEKHM1 (OPTB6) <input type="checkbox"/> TNFRSF11A (OPTB7) Panels (Sequencing only) <input type="checkbox"/> TCIRG1, CLCN7, & OSTM1 (OPTB1/4/5) Deletion/Duplication test (HDT array) <input type="checkbox"/> TCIRG1 (OPTB1) <input type="checkbox"/> TNFSF11 (OPTB2) <input type="checkbox"/> CLCN7 (OPTB4) <input type="checkbox"/> OSTM1 (OPTB5) <input type="checkbox"/> TNFRSF11A (OPTB7)
Osteopetrosis with renal tubular acidosis (OPTB3)	<input type="checkbox"/> CA2 Sequencing <input type="checkbox"/> CA2 Deletion/Duplication test (HDT array)
Otopalatodigital syndrome, type I /II (OPD1/OPD2)	<input type="checkbox"/> FLNA Sequencing <input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Otospondylomegaepiphyseal dysplasia (OSMED)	<input type="checkbox"/> COL11A2 Sequencing <input type="checkbox"/> COL11A2 Deletion/Duplication test (HDT array)
Parkes Weber syndrome (PKWS)	<input type="checkbox"/> RASA1 Sequencing <input type="checkbox"/> RASA1 Deletion/Duplication test (HDT array)
Periventricular heterotopia, Ehlers-Danlos variant (PVNH4)	<input type="checkbox"/> FLNA Sequencing <input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Periventricular heterotopia, X-linked dominant (PVNH1)	<input type="checkbox"/> FLNA Sequencing <input type="checkbox"/> FLNA Deletion/Duplication test (HDT array)
Platyspondylic lethal skeletal dysplasia, Torrence type (PLSDT)	Sequencing <input type="checkbox"/> COL2A1 Full Gene Sequencing <input type="checkbox"/> COL2A1 Exons 49, 50, 51, & 52 Sequencing <input type="checkbox"/> Reflex to remaining exons Sequencing Deletion/Duplication test (HDT array) <input type="checkbox"/> COL2A1

TEST SELECTION

Progressive pseudorheumatoid arthropathy of childhood (PPAC)
<input type="checkbox"/> WISP3 <i>Sequencing</i>
<input type="checkbox"/> WISP3 <i>Deletion/Duplication test (HDT array)</i>
Pseudoachondroplasia (PSACH)
<input type="checkbox"/> COMP <i>Sequencing</i>
Rickets, hypophosphatemic, autosomal dominant (ADHR)
<input type="checkbox"/> FGF23 <i>Sequencing</i>
Rickets, hypophosphatemic, autosomal recessive (ARHP)
<input type="checkbox"/> DMP1 <i>Sequencing</i>
<input type="checkbox"/> DMP1 <i>Deletion/Duplication test (HDT array)</i>
Rickets, hypophosphatemic, X-linked dominant (XLH)
<input type="checkbox"/> PHEX <i>Sequencing</i>
<input type="checkbox"/> PHEX <i>Deletion/Duplication test (HDT array)</i>
Rickets, vitamin D-dependent type I (VDDR I)
<input type="checkbox"/> CYP27B1 <i>Sequencing</i>
<input type="checkbox"/> CYP27B1 <i>Deletion/Duplication test (HDT array)</i>
Scapuloperoneal spinal muscular atrophy (SPSMA)
<input type="checkbox"/> TRPV4 <i>Sequencing</i>
Schwartz-Jampel syndrome, type 1 (SJS1)
<input type="checkbox"/> HSPG2 <i>Sequencing</i>
<input type="checkbox"/> HSPG2 <i>Deletion/Duplication test (HDT array)</i>
Severe achondroplasia with developmental delay & acanthosis nigricans (SADDAN)
<input type="checkbox"/> FGFR3 <i>Sequencing</i>
Short rib-polydactyly syndrome, type III (SRPS)
<input type="checkbox"/> DYNC2H1 <i>Sequencing</i>
<input type="checkbox"/> DYNC2H1 <i>Deletion/Duplication test (HDT array)</i>
Spinal muscular atrophy, distal, congenital nonprogressive
<input type="checkbox"/> TRPV4 <i>Sequencing</i>
Spondylometatarsal synostosis syndrome (SCT)
<input type="checkbox"/> FLNB <i>Sequencing</i>
<input type="checkbox"/> FLNB <i>Deletion/Duplication test (HDT array)</i>
Spondyloepimetaphyseal dysplasia, Strudwick type (SEMD)
<input type="checkbox"/> COL2A1 <i>Sequencing</i>
<input type="checkbox"/> COL2A1 <i>Deletion/Duplication test (HDT array)</i>
Spondyloepiphyseal dysplasia congenital (SEDC)
<input type="checkbox"/> COL2A1 <i>Sequencing</i>
<input type="checkbox"/> COL2A1 <i>Deletion/Duplication test (HDT array)</i>
Spondyloepiphyseal dysplasia tarda, X-linked (SEDT)
<input type="checkbox"/> SEDL <i>Sequencing</i>
<input type="checkbox"/> SEDL <i>Deletion/Duplication test (HDT array)</i>
Spondylometaphyseal dysplasia, Kozlowski type (SMDK)
<input type="checkbox"/> TRPV4 <i>Sequencing</i>
Spondyloperipheral dysplasia
<i>Sequencing</i>
<input type="checkbox"/> COL2A1 <i>Full Gene Sequencing</i>
<input type="checkbox"/> COL2A1 <i>Exons 49, 50, 51, & 52 Sequencing</i>
<input type="checkbox"/> <i>Reflex to remaining exons Sequencing</i>
<i>Deletion/Duplication test (HDT array)</i>
<input type="checkbox"/> COL2A1

Stickler syndrome, type I/II/III
<i>Sequencing</i>
<input type="checkbox"/> COL2A1 (STL1)
<input type="checkbox"/> COL11A1 (STL2)
<input type="checkbox"/> COL11A2 (STL3)
<i>Panels (Sequencing only)</i>
<input type="checkbox"/> COL2A1 & COL11A1 (STL1/2)
<i>Deletion/Duplication test (HDT array)</i>
<input type="checkbox"/> COL2A1 (STL1)
<input type="checkbox"/> COL11A1 (STL2)
<input type="checkbox"/> COL11A2 (STL3)
Thanatophoric dysplasia, type I/II (TD1/2)
<input type="checkbox"/> FGFR3 <i>Sequencing</i>
Three M syndrome 1 (3M1)
<input type="checkbox"/> CUL7 <i>Sequencing</i>
Three M syndrome 2 (3M2)
<input type="checkbox"/> OBSL1 <i>Sequencing</i>
Tooth agenesis, selective, 1 (STHAG1)
<input type="checkbox"/> MSX1 <i>Sequencing</i>
<input type="checkbox"/> MSX1 <i>Deletion/Duplication test (HDT array)</i>
Treacher Collins syndrome (TCS)
<input type="checkbox"/> TCOF1 <i>Sequencing</i>
<input type="checkbox"/> TCOF1 <i>Deletion/Duplication test (HDT array)</i>
Ullrich congenital muscular dystrophy
<input type="checkbox"/> COL6A1, COL6A2 & COL6A3 <i>Sequencing</i>
<input type="checkbox"/> COL6A1 <i>Deletion/Duplication test (HDT array)</i>
<input type="checkbox"/> COL6A2 <i>Deletion/Duplication test (HDT array)</i>
<input type="checkbox"/> COL6A3 <i>Deletion/Duplication test (HDT array)</i>
Wagner syndrome (WGN1)
<input type="checkbox"/> CSPG2 <i>Sequencing</i>
<input type="checkbox"/> CSPG2 <i>Deletion/Duplication test (HDT array)</i>
Weill-Marchesani syndrome (WMS), autosomal dominant
<input type="checkbox"/> FBN1 <i>Sequencing</i>
<input type="checkbox"/> FBN1 <i>TaqMan Quantitative Real Time PCR assay</i>
<input type="checkbox"/> FBN1 <i>Deletion/Duplication test (HDT array)</i>
Weill-Marchesani syndrome (WMS), autosomal recessive
<input type="checkbox"/> ADAMTS10 <i>Sequencing</i>
Weissenbacher-Zwemuller syndrome (WZS)
<input type="checkbox"/> COL11A2 <i>Sequencing</i>
<input type="checkbox"/> COL11A2 <i>Deletion/Duplication test (HDT array)</i>
Witkop syndrome
<input type="checkbox"/> MSX1 <i>Sequencing</i>
<input type="checkbox"/> MSX1 <i>Deletion/Duplication test (HDT array)</i>
Wolcott-Rallison syndrome
<input type="checkbox"/> EIF2AK3 <i>Sequencing</i>
<input type="checkbox"/> EIF2AK3 <i>Deletion/Duplication test (HDT array)</i>

SPECIAL TEST INSTRUCTIONS

Test Instructions: If you have selected more than one test on page 2, please provide any special instructions on order of tests here:

OTHER INFORMATION

Known Familial Mutation: Please indicate mutation in the space below. Also, if applicable, please reference the CTGT ID# or name of patient in which the mutation was found.

Is this a prenatal test? Yes No If yes, what is the anticipated delivery date?

Check here for maternal cell contamination testing (Recommended for all prenatal testing)

CLINICAL HISTORY

Please use the space below to provide any relevant clinical history (attach additional pages if necessary)

TERMS OF SERVICE

CTGT is not responsible for obtaining or submitting blood, tissue or other samples from patients for testing, nor is it responsible for communicating test results to patients. CTGT, therefore, assumes no liability for:

- Any injury or illness incurred from obtaining a blood sample, biopsy or other specimen.
- Mislabeling or misidentification of submitted samples.
- Incorrect or incomplete information provided in test requisition forms.
- Information provided to CTGT outside of its requisition forms or order process.
- Any loss incurred as a result of communicating the outcome of any genetic tests to patients or their representatives.

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