quadrant laboratories

GENETIC TEST REQUISITION FORM

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CLIA #33D2218809

For Quadrant Laboratories Use Only

Accession ID #

Place accession ID sticker here >>>

Date of sample collection

PATIENT INFORMATION (complete form for each person tested)

MRN/REF ID#	**Date of Request**
Legal Last Name	**Legal First Name**
Date of Birth *(MM/DD/YYYY)*	**Biological Sex** ☐ Male ☐ Female

Gender *(if differs from biological sex at birth)* ☐ Male ☐ Female ☐ Non-binary ☐ Self-described

Ancestry

☐ African/Black ☐ Asian ☐ Hispanic ☐ Sephardic Jewish
☐ American/White/Caucasian ☐ Canadian ☐ Native American ☐ Other
☐ Ashkenazi Jewish ☐ French ☐ Pacific Islander

Patient Sample Type ☐ Saliva ☐ Blood ☐ Other

Date of Collection *(MM/DD/YYYY)*

Clinical Indication

☐ Diagnostic/Affected ☐ Presymptomatic/At Risk ☐ Carrier Testing/Unaffected

Patient has had a blood transfusion ☐ Yes ☐ No	**See treatment related rush** ☐ Yes ☐ No	**Patient has had an allogenic bone marrow transplant** ☐ Yes ☐ No
Date of Transfusion *(MM/DD/YYYY)*	**Date of Treatment** *(MM/DD/YYYY)*	**Date of Transplant** *(MM/DD/YYYY)*
A wait time of 2-4 weeks is required for some testing.		*Fibroblasts are recommended for patients who had an allogenic bone marrow transplant.*

BIOLOGICAL MOTHER

Legal Last Name	**Legal First Name**	**Date of Birth** *(MM/DD/YYYY)*

BIOLOGICAL FATHER

Legal Last Name	**Legal First Name**	**Date of Birth** *(MM/DD/YYYY)*

Parental samples will be used as needed in follow-up to patient testing. Please submit a separate signed informed consent form for each sample submitted (including parents).

Please provide ICD-10 code(s) and complete all clinical questions on the below pages (required).

TESTING MENU - please select test(s) ordered from below menu (REQUIRED)

Neurodevelopmental Tests

- ☐ **1001** Autism/XL-Intellectual Disability Panel (NGS)
- ☐ **1002** Fragile X Testing (FMR1 Repeat Analyses)*
- ☐ **1003** Chromosomal Microarray Testing*

** Blood sample may be required for additional testing.*

Individual Gene Tests

(any gene on the panel may be ordered individually)

- ☐ **1004** Single Gene Order
  - Known familial variant(s) in a single gene
  - Confirmation of variant identified in lab

CLINICAL HISTORY

The accurate interpretation and reporting of genetic results relies on the provision of pertinent clinical and family history information. To help ensure the most clinically appropriate interpretation of results, complete the clinical phenotype details below. Select all that apply.

Indicate any family relatives with a clinical history of disease below:

- ☐ Cognitive impairment **HP: 0100543**
- ☐ Global developmental delay **HP:001263**
- ☐ Spontaneous abortion **HP: 0005268**
- ☐ Stillbirth **HP: 003826**
- ☐ Unknown
- ☐ No relatives with a clinical history of disease
- ☐ Other

Additional Details

ICD-10 Codes

☐	F84.0	Autistic disorder **HP:0000717**
☐	Q04.9	Congenital malformation of brain unspecified
☐	F80.9	Developmental disorder of speech and language unspecified
☐	Z00.121	Encounter for routine child health examination with abnormal findings
☐	Z13.42	Encounter for screening for global developmental delays (milestones)
☐	G40	Epilepsy and recurrent seizures **HP: 0001250**
☐	F84.9	Pervasive developmental disorder unspecified
☐	F82	Specific developmental disorder of motor function
☐	F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
☐	F70-F79	Intellectual Disability HP:0001249
☐	Other	

History of consanguinity, if yes please submit pedigree if available.

- ☐ Paternal ancestry
- ☐ Maternal ancestry
- ☐ Unknown
- ☐ No history of consanguinity

History of previous testing, if yes please provide details below.

- ☐ Chromosomal Microarray
- ☐ Fragile X Test
- ☐ Karyotype
- ☐ Sequencing Studies
- ☐ Unknown
- ☐ No history of previous testing
- ☐ Other

HUMAN PHENOTYPES AND OTHER FACTORS (please select all that apply)

AGE OF ONSET

- ☐ Adult onset **HP:0003581**
- ☐ Childhood onset **HP:0011463**
- ☐ Congenital onset **HP:0003577**
- ☐ Infantile onset **HP:0003593**
- ☐ Neonatal onset **HP:0003623**
- ☐ Young Adult onset **HP:0011462**
- ☐ Other

PERINATAL OR PRENATAL HISTORY

- ☐ Hydrocephalus **HP:0000238**
- ☐ Intrauterine growth retardation **HP:0001511**
- ☐ Macrocephaly at birth **HP:0004488**
- ☐ Oligohydramnios **HP:0001562**
- ☐ Polyhydramnios **HP:0001561**
- ☐ Preeclampsia **HP:0100602**
- ☐ Premature birth **HP:0001622**
- ☐ Seizures **HP:0001250**
- ☐ Other
- ☐ No perinatal or prenatal history
- ☐ Unknown

HEENT

- ☐ Cataract **HP:0000518**
- ☐ Cleft palate **HP:0000175**
- ☐ Cystic hygroma **HP:0000476**
- ☐ Downslanted palpebral fissures **HP:0000494**
- ☐ Epicanthus **HP:0000286**
- ☐ High palate **HP:0000218**
- ☐ Hypertelorism **HP:0000316**
- ☐ Lisch nodules **HP:0009737**
- ☐ Long philtrum **HP:0000343**
- ☐ Low-set ears **HP:0000369**
- ☐ Macrocephaly **HP:0000256**
- ☐ Macrotia **HP:0000400**
- ☐ Micrognathia **HP:0000347**

OTHER FACTORS

If yes, please provide details below

- ☐ Alcohol withdrawal
- ☐ Drug/toxin-induced *(list below if known)*
- ☐ Head injury
- ☐ Known environmental risk factors
- ☐ Maternal teratogenic exposure **HP:0011438**
- ☐ Metabolic or electrolyte imbalance **HP:0032180**
- ☐ Systemic infection **HP:0005429**
- ☐ Condition triggered by sleep deprivation **HP:0025222**
- ☐ Condition triggered by stress **HP:0025226**
- ☐ Other

BEHAVIORAL FINDINGS

- ☐ Abnormal aggressive, impulsive or violent behavior **HP:0006919**
- ☐ Attention deficit hyperactivity disorder **HP:0007018**
- ☐ Autism **HP:0000717**
- ☐ Autistic behavior **HP:0000729**
- ☐ Hyperactivity **HP:0000752**
- ☐ Obsessive-compulsive behavior **HP:0000722**
- ☐ Psychiatric abnormalities **HP:0000708**
- ☐ Psychosis **HP:0000709**
- ☐ Short attention span **HP:0000736**
- ☐ Specific learning disability **HP:0001328**
- ☐ Stereotypy **HP:0000733**
- ☐ Aggressive behavior **HP:0000718**
- ☐ Other
- ☐ No behavioral findings
- ☐ Unknown

ENDO

- ☐ Cryptorchidism **HP:0000028**
- ☐ Micropenis **HP:0000054**
- ☐ Short stature **HP:0004322**

HEENT CONTINUED

- ☐ Myopia **HP:0000545**
- ☐ Nystagmus **HP:0000639**
- ☐ Optic atrophy **HP:0000648**
- ☐ Posteriorly rotated ears **HP:0000358**
- ☐ Prominent nasal bridge **HP:0000426**
- ☐ Ptosis **HP:0000508**
- ☐ Short neck **HP:0000470**
- ☐ Sloping forehead **HP:0000340**
- ☐ Strabismus **HP:0000486**
- ☐ Webbed neck **HP:0000465**

SKIN

- ☐ Axillary freckling **HP:0000997**
- ☐ Eczema **HP:0000964**
- ☐ Inguinal freckling **HP:0030052**
- ☐ Multiple lentigines **HP:0001003**

CARDIAC

- ☐ Atrial septal defect **HP:0001631**
- ☐ Hypertrophic cardiomyopathy **HP:0001639**
- ☐ Pulmonic stenosis **HP:0001642**
- ☐ Ventricular septal defect **HP:0001629**

MUSCULOSKELETAL

- ☐ Club foot **HP:0001762**
- ☐ Joint flexibility **HP:0005692**
- ☐ Lymphedema **HP:0001004**
- ☐ Pectus excavatum **HP:0000767**
- ☐ Pes planus **HP:0001763**
- ☐ Scoliosis **HP:0002650**
- ☐ Syndactyly **HP:0001159**

HEME

- ☐ Abnormal bleeding **HP:0001892**

GI

- ☐ Gastroesophageal reflux **HP:0002020**
- ☐ Failure to thrive **HP:0001508**
- ☐ Feeding difficulties **HP:0011968**

NEUROLOGICAL

- ☐ Absent speech **HP:0001344**
- ☐ Agenesis of corpus callosum **HP:0001274**
- ☐ Atonic seizures **HP:0010819**
- ☐ Cerebellar hypoplasia **HP:0001321**
- ☐ Cerebral atrophy **HP:0002059**
- ☐ Delayed speech and language development **HP:0000750**
- ☐ EEG abnormality **HP:0002353**
- ☐ Elevated serum creatine phosphokinase **HP:0003236**
- ☐ Epileptic encephalopathy **HP:0200134**
- ☐ Febrile seizures **HP:0002373**
- ☐ Flexion contracture **HP:0001371**
- ☐ Focal clonic seizures **HP:0002266**
- ☐ Focal seizures **HP:0007359**
- ☐ Generalized hypotonia **HP:0001290**
- ☐ Generalized myoclonic seizures **HP:0002123**
- ☐ Generalized seizures **HP:0002197**
- ☐ Generalized tonic-clonic seizures **HP:0002069**
- ☐ Global developmental delay **HP:0001263**
- ☐ Hydrocephalus **HP:0000238**
- ☐ Hyperreflexia **HP:0001347**
- ☐ Hypoplasia of the brainstem **HP:0002365**
- ☐ Hypoplasia of the corpus callosum **HP:0002079**
- ☐ Intellectual disability **HP:0001249**
- ☐ Lissencephaly **HP:0001339**
- ☐ Microcephaly **HP:0000252**
- ☐ Microphthalmia **HP:0000568**
- ☐ Migraine **HP:0002076**
- ☐ Motor delay **HP:0001270**
- ☐ Muscular hypotonia **HP:0001252**
- ☐ Neurofibromas **HP:0001067**
- ☐ Pachygyria **HP:0001302**
- ☐ Seizures **HP:0001250**
- ☐ Sensorineural hearing impairment **HP:0000407**
- ☐ Ventriculomegaly **HP:0002119**

ORDERING PROVIDER INFORMATION

Clinic Name	Clinic NPI Number

Ordering Provider Name	Provider NPI Number	Genetic Counselor Name

Clinic Street Address	

City	State/Province

Zip/Postal Code	Country

Clinic Phone Number	Clinic Fax Number

Clinic Email Address	Preferred Report Delivery Method
	☐ Fax ☐ Email

ORDERING PROVIDER CERTIFICATION

I am authorized by law to order the test(s) requested herein. I certify that this is medically necessary for the diagnosis and detection of a disease/illness/impairment/syndrome/disorder and that the result will be used to inform the patient's medical management and treatment. I authorize such testing for the reasons stated above and have explained it to the parent/guardian who has provided consent (an informed consent form is available, for my convenience). I agree to cooperate with Quadrant Laboratories LLC in providing treatment records for purposes of optimized test interpretation and insurance correspondence, if applicable.

SIGN

Provider Signature of Consent ***(required)*** Date *(MM/DD/YYYY)*

SHIPPING INFORMATION

☐ Ship a sample collection kit to the patient at the address provided below

☐ Sample was collected at an inpatient clinic or other facility

Patient Name	Ship Care Of

Street Address	

City	State	Zip

Patient Phone Number	Patient Email

BILLING SELECTION

☐ Patient Pay ☐ Bill Insurance ☐ Institutional

I acknowledge that I have received and completed the Financial Responsibility and Informed Consent forms.

SIGN

Parent/Guardian Signature ***(required)*** Date *(MM/DD/YYYY)*