

GENERAL TEST REQUISITION

Arrows "▶" Mandatory for Processing

Patient Information	
▶ DOB MM - DD - YEAR	▶ Last Name ▶ First Name M Initial
▶ Gender <input type="checkbox"/> F <input type="checkbox"/> M	▶ Street Address, City, State, Zip
▶ Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Specify: _____	▶ Home Phone Work/Cell
▶ Specimen Collection Date: _____ Specimen ID: _____ MR#: _____ Specimen Type (See Requirements) <input type="checkbox"/> Blood <input type="checkbox"/> Blood Spot <input type="checkbox"/> DNA <input type="checkbox"/> Cultured Amniocytes <input type="checkbox"/> Cultured CVS <input type="checkbox"/> CVS Tissue <input type="checkbox"/> Other: _____	▶ Previous Test History Previously Detected Mutations: _____ Testing Lab: _____ Patient previously tested at Ambry? <input type="checkbox"/> Yes <input type="checkbox"/> No Family previously tested at Ambry? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relation: _____ Name: _____ Relation: _____ Name: _____ Relation: _____ Name: _____ Relation: _____

Contact and Organization Information	
▶ Authorized Ordering Physician NPI#	▶ Ph ▶ FX
▶ Facility Name and Address	ID#
Additional Results Recipient	
Medical Professional Name:	
Facility Name and Address	<input type="checkbox"/> Same As Above
Ph	Fx
▶ Form Completed by	▶ Phone
By ordering testing, the medical professional or authorized person acknowledges the patient has been supplied information regarding genetic Testing and the patient has given consent for genetic testing to be performed. Does this patient give consent to the use of their sample for research? <input type="checkbox"/> Yes <input type="checkbox"/> No Consent is implied if a box is not marked Medical Professional Signature Mandatory for New York State X _____ Date	

▶ Indication for Testing <i>(please list clinical findings)</i> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Carrier Screening <input type="checkbox"/> Research <input type="checkbox"/> Positive Newborn Screen <input type="checkbox"/> Family History <input type="checkbox"/> Other _____	List Clinical Findings:
ICD-9 Codes: _____	Sweat Chloride:

Billing Information - Mandatory For Processing			
AMBRY GENETICS provides a selection of convenient billing options. Please choose an option below and supply all requested information for your billing option. Keep in mind that patient testing will be delayed until all of the billing requirements have been met. Choose an option below.			
<input type="checkbox"/> Bill Facility <input type="checkbox"/> same as ordering facility	<input type="checkbox"/> Bill Insurance Include card copy (both sides)	<input type="checkbox"/> Pre-Payment	
Facility Name	Name of Insured	Relation to patient? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	Payment Type <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Address, City, State, Zip	Insurance Company Name and Address		Card Number Exp Date
Contact Person	Insurance Phone		Cardholder Name Amount \$
Contact Person Phone	Member ID #	Group #	Signature X _____ Date
	Authorization #	Date	Patient Acknowledgement I hereby authorize my insurance benefits to be paid directly to Ambry Genetics Corporation and authorize them to release medical information concerning my testing to my insurer. I hereby acknowledge I am financially responsible for any amounts not paid by insurer. X _____ Date

MARK A TEST ON SUBSEQUENT PAGES FOR PROCESSING

Thank You for Choosing Ambry Genetics

► Test Directory
Gene Sequence Analysis (unless otherwise indicated)

CANCER	DYSKERATOSIS CONGENITA (DC)
<p>Lynch Syndrome (HNPCC)</p> <input type="checkbox"/> 8500 Ambry SEQUENCE™: HNPCC/Lynch Syndrome (Complete pathway, steps 1 and 2) Step 1 <i>MLH1</i> & <i>MSH2</i> sequence, Step 2 <i>MLH1MSH2/MSH6</i> del/dup, <i>MSH6</i> sequence <input type="checkbox"/> 8508 HNPCC/Lynch Syndrome, <i>MLH1</i> -Related (sequence and deletion/duplication) <input type="checkbox"/> 8510 HNPCC/Lynch Syndrome, <i>MSH2</i> -Related (sequence and deletion/duplication) <input type="checkbox"/> 8512 HNPCC/Lynch Syndrome, <i>MSH6</i> -Related (sequence and deletion/duplication) <input type="checkbox"/> 4640 HNPCC/Lynch Syndrome, <i>PMS2</i> -Related (Gene Sequence Analysis) <input type="checkbox"/> 2240 HNPCC/Lynch Syndrome, <i>TACSTD1/EPCAM</i> related (deletion/duplication) Call HNPCC/Lynch Syndrome (single gene deletion/duplication) GENE _____	<input type="checkbox"/> 8160 Ambry SEQUENCE™: DC (All Genes, steps 1-3) <input type="checkbox"/> 1960 <i>DKC1</i> - Related DC <input type="checkbox"/> 1980 <i>TINF2</i> - Related DC <input type="checkbox"/> 2120 <i>TERC</i> - Related DC Step 1 <input type="checkbox"/> 2060 <i>NHP2</i> - Related DC <input type="checkbox"/> 2080 <i>NOPT10</i> - Related DC <input type="checkbox"/> 2140 <i>TERT</i> - Related DC Step 2 Step 3
<p>Juvenile Polyposis Syndrome (JPS)</p> <input type="checkbox"/> 8602 JPS AMPLIFIED (<i>BMPR1A</i> , <i>SMAD4</i> , Del/Dup) <input type="checkbox"/> 8600 JPS Deletion/Duplication (<i>BMPR1A</i> , <i>SMAD4</i>) <input type="checkbox"/> 2820 <i>BMPR1A</i> Gene Sequence Analysis <input type="checkbox"/> 1685 <i>SMAD4</i> Gene Sequence Analysis Call JPS (single gene deletion/duplication) GENE _____	<p style="text-align: center;">FAMILIAL HYPERCHOLESTEROLEMIA</p> <input type="checkbox"/> 8680 Familial Hypercholesterolemia Comprehensive Evaluation (<i>LDLR</i> , <i>PCSK9</i> , and partial <i>APOB</i> Sequence + <i>LDLR</i> Del/Dup) <input type="checkbox"/> 8582 Familial Hypercholesterolemia AMPLIFIED™ (<i>LDL</i> and partial <i>APOB</i> Sequence reflex to <i>LDLR</i> Del/Dup) <input type="checkbox"/> 2780 <i>LDLR</i> Related FH Gene Sequence Analysis <input type="checkbox"/> 2784 <i>LDLR</i> Related FH Deletion/Duplication <input type="checkbox"/> 2800 <i>APOB</i> Related FH Partial Gene Analysis <input type="checkbox"/> 2804 <i>PCSK9</i> Related FH Gene Sequence Analysis
<p>Other Genes and Syndromes</p> <input type="checkbox"/> 3040 APC Amplified (FAP)(APC sequence and deletion/duplication) <input type="checkbox"/> 2866 <i>TP53</i> AMPLIFIED™ (sequence and deletion/duplication)(Li-Fraumeni Syndrome) <input type="checkbox"/> 2864 <i>TP53</i> deletion/duplication only <input type="checkbox"/> 2640 Multiple Endocrine Neoplasia Type 1 (<i>MEN1</i>) <input type="checkbox"/> 2680 Ambry SEQUENCE™: Multiple Endocrine Neoplasia Type 2 (<i>MEN2</i>)(<i>RET</i>) <input type="checkbox"/> 2684 Step 1only: exons 10,11,13-16 <input type="checkbox"/> 2360 <i>PALB2</i> -Related Pancreatic Cancer <input type="checkbox"/> 2100 <i>PTEN</i> -Related Disorders Gene Sequence Analysis <input type="checkbox"/> 2104 <i>PTEN</i> Deletion/Duplication <input type="checkbox"/> 2766 Peutz-Jeghers AMPLIFIED (<i>STK11</i> sequence and deletion/duplication) <input type="checkbox"/> 2600 Von Hippel-Lindau Disease (<i>VHL</i>)	<p style="text-align: center;">GASTROENTEROLOGY</p> <input type="checkbox"/> 8022 Pancreatitis Panel Plus (<i>CFTR</i> , <i>PRSS1</i> , <i>SPINK1</i> , <i>CTRC</i>) <input type="checkbox"/> 8020 Pancreatitis Panel (<i>CFTR</i> , <i>PRSS1</i> , <i>SPINK1</i>) <input type="checkbox"/> 8040 Pancreatitis Amplified Panel (<i>CFTR</i> , <i>PRSS1</i> , <i>SPINK1</i> , <i>CFTR</i> del/dup) <input type="checkbox"/> 1100 <i>PRSS1</i> <input type="checkbox"/> 1120 <i>SPINK1</i> <input type="checkbox"/> 1660 <i>CTRC</i> —Chymotrypsin C-Related Pancreatitis <input type="checkbox"/> 1840 Wilson Disease (<i>ATP7B</i>) <input type="checkbox"/> 1440 Shwachman-Diamond Syndrome (<i>SBDS</i>)
<p style="text-align: center;">NOTES OR CLINICAL FINDINGS</p>	<p style="text-align: center;">GENETICS</p> <input type="checkbox"/> 1640 Alagille AMPLIFIED™ (<i>JAG1</i>) <input type="checkbox"/> 1641 Alagille Deletion/Duplication (<i>JAG1</i>) <input type="checkbox"/> 8620 Ambry SEQUENCE™: ALS (<i>SOD1</i> , reflex to <i>ANG</i> , <i>FIG4</i> , <i>FUS</i> , <i>TARDBP</i>) <input type="checkbox"/> 8622 ALS (<i>SOD1</i> only) <input type="checkbox"/> 1320 Aminoglycoside-Related Hearing Loss (<i>MT-RNR1</i>) <input type="checkbox"/> 8520 Ambry SEQUENCE™: Angelman Syndrome (<i>SNRPN</i> , <i>UBE3A</i>) <input type="checkbox"/> 2400 Angelman Syndrome, <i>UBE3A</i> -Related <input type="checkbox"/> 2420 Angelman-like Syndrome (<i>SLC9A6</i>) <input type="checkbox"/> 2440 Angelman/Prader-Willi Syndrome (<i>SNRPN</i>) <input type="checkbox"/> 1800 Ashkenazi Jewish FlexPanel™ with all 11 conditions <input type="checkbox"/> 1804 Ashkenazi Jewish FlexPanel™ as marked below <input type="checkbox"/> Bloom <input type="checkbox"/> GSD1a <input type="checkbox"/> Canavan <input type="checkbox"/> MSUD <input type="checkbox"/> CF <input type="checkbox"/> MLIV <input type="checkbox"/> Fam. Dysaut. <input type="checkbox"/> Niemann-Pick A <input type="checkbox"/> Fanconi An.-C <input type="checkbox"/> Tay-Sachs <input type="checkbox"/> Gaucher <input type="checkbox"/> 1040 Beta Thalassemia Plus (<i>HBB</i>) <input type="checkbox"/> 1220 Canavan AMPLIFIED™ (<i>ASPA</i>) <input type="checkbox"/> 1344 Congenital Hyperinsulinism related <i>GCK</i> <input type="checkbox"/> 1370 Congenital Hyperinsulinism <i>GLUD1</i> (Hyperinsulinism-Hyperammonemia) <input type="checkbox"/> 1364 Congenital Hyperinsulinism <i>KCNJ11</i> <input type="checkbox"/> 2380 CHARGE Syndrome (<i>CHD7</i>) <input type="checkbox"/> 1720 Fabry Disease (<i>GLA</i>) <input type="checkbox"/> 1820 Gaucher Disease (<i>GBA</i>) <input type="checkbox"/> 1600 Glutaric Acidemia Type 1 (<i>GCDH</i>) <input type="checkbox"/> 1880 Glycogen Storage Disease Type Ia (<i>G6PC</i>) <input type="checkbox"/> 1900 Glycogen Storage Disease Type Ib (<i>SLC37A4</i>) <input type="checkbox"/> 2746 HAE AMPLIFIED™ (<i>SERPING1</i> Sequence and Deletion/Duplication Analysis) <input type="checkbox"/> 2700 <i>RET</i> -Related Hirschsprung Disease (Steps 1 and 2) Step 1: exons 2,3,5,6,9,10,12,13,17, Step 2: rest of gene <input type="checkbox"/> 1940 Hunter Syndrome (<i>IDS</i>) <input type="checkbox"/> 2160 Hurler Syndrome (<i>IDUA</i>) <input type="checkbox"/> 2040 Infantile Spasms (<i>CDKL5</i>) <input type="checkbox"/> 1360 Neonatal Diabetes Related <i>KCNJ11</i> <input type="checkbox"/> 1620 Neonatal Diabetes Related <i>INS</i> <input type="checkbox"/> 1860 Niemann-Pick Disease Types A & B (<i>SMPD1</i>)
<p style="text-align: center;">CHROMOSOMAL MICROARRAY ANALYSIS (aCGH)</p> <input type="checkbox"/> 3002 Ambry CMA: 180K Oligo Array	
<p style="text-align: center;">CHROMOSOME STUDIES</p> <input type="checkbox"/> 3660 High Resolution Chromosomes <input type="checkbox"/> 3662 High Resolution Chromosomes, Rule Out Mosaic <input type="checkbox"/> 3664 Routine Blood Chromosomes <input type="checkbox"/> 3666 Routine Blood Chromosomes, Rule Out Mosaic <input type="checkbox"/> 3668 Solid Tissue Chromosomes	
<p style="text-align: center;">CYSTIC FIBROSIS (CFTR) & PULMONOLOGY</p> <input type="checkbox"/> 1002 508 FIRST™ (deltaF508 screen, reflex to CF AMPLIFIED™) <input type="checkbox"/> 1012 508 ONLY™ (deltaF508 mutation only) <input type="checkbox"/> 1006 CF AMPLIFIED™ <input type="checkbox"/> Report PolyT / TG Repeat Status <input type="checkbox"/> 1000 CF Gene Sequence Analysis <input type="checkbox"/> 1004 CF Deletion/Duplication <input type="checkbox"/> 1010 CF TG Repeat Analysis (Poly T Variant & TG Repeat) <input type="checkbox"/> 1140 Alpha-1 Antitrypsin Deficiency (<i>SERPINA1</i>) <input type="checkbox"/> 1580 Congenital Central Hypoventilation Syndrome (<i>PHOX2B</i>) <input type="checkbox"/> 8140 IPF Telomerase (<i>TERT</i> , <i>TERC</i>) <input type="checkbox"/> 8120 PCD 61 (<i>DNAH5</i> & <i>DNAI1</i> Mutation Panel) <input type="checkbox"/> 1540 PAH AMPLIFIED™ – <i>BMPR2</i> related Pulmonary Arterial Hypertension) <input type="checkbox"/> 1541 PAH Deletion/Duplication (<i>BMPR2</i>) <input type="checkbox"/> 1300 <i>ABCA3</i> Related Surfactant Deficiency <input type="checkbox"/> 1160 Surfactant Protein B (<i>SFTPB</i>) <input type="checkbox"/> 1180 Surfactant Protein C (<i>SFTPC</i>)	
<p style="text-align: center;">DIAMOND-BLACKFAN ANEMIA (DBA)</p> <input type="checkbox"/> 8540 Ambry SEQUENCE™: DBA (All Genes, steps 1-3) <input type="checkbox"/> 2560 <i>RPS19</i> -Related DBA — Step 1 <input type="checkbox"/> 2460 <i>RPL5</i> -Related DBA — Step 2 <input type="checkbox"/> 2480 <i>RPL11</i> -Related DBA — Step 2 <input type="checkbox"/> 2500 <i>RPL35A</i> -Related DBA — Step 2 <input type="checkbox"/> 2588 <i>RPS26</i> -Related DBA — Step 2 <input type="checkbox"/> 2584 <i>RPS10</i> -Related DBA — Step 3 <input type="checkbox"/> 2580 <i>RPS24</i> -Related DBA — Step 3 <input type="checkbox"/> 2540 <i>RPS17</i> -Related DBA — Step 3 <input type="checkbox"/> 2520 <i>RPS7</i> -Related DBA — Step 3	

