AUDENTES THERAPEUTICS

Ambry Genetics
A Konica Minolta Company

Test Requisition Form - Page 1 of 1

Aliso Viejo, CA 92656 USA
Toll Free: 866.262.7943 | Fax: 949.900.5501 | ambrygen.com

UNCOVERING CASQ2 - CPVT

PATIENT INFORMATION

Name (Last, First, MI)	Date of Birth (MM/DD/YY)	Phone Number	Email

Address City State Zip	Biological Sex ☐F ☐M	Ethnicity: ☐African American ☐Asian ☐Caucasian ☐Hispanic ☐Jewish (Ashkenazi) ☐Portuguese ☐Other:

SPECIMEN INFORMATION*

Type(s) ☐Blood (EDTA preferred) ☐Saliva ☐DNA ☐Other: ☐Personal history of allogenic bone marrow or peripheral stem cell transplant

Collection Date	Specimen ID	Medical Record #

**Blood or saliva from patients with active/recent hematological disease will undergo additional review and may not be accepted in some cases. For these, cultured fibroblasts or fresh/fresh frozen normal tissue are preferred. See ambrygen.com/specimen-requirements for details.*

ORDERING PHYSICIAN/SENDING FACILITY (Each listed person will receive a copy of the report)

Facility Name (Facility Code)	Address	City	State /Country	Zip	Phone

Ordering Licensed Provider Name (Last, First)(Code)	NPI#	Phone	Fax	Email

ADDITIONAL RESULTS RECIPIENTS

Genetic Counselor or Other Medical Provider Name (Last, First) (Code)	Phone/Fax/Email

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING
The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has given appropriate consent. I confirm that testing is medically necessary and that test results may impact medical management for the patient. Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity (unless this box is checked ☐).

Signature Required for Processing Medical Professional Signature: Date:

TO BE ELIGIBLE FOR A GENETIC TEST AT NO COST, A CANDIDATE MUST MEET AT LEAST 3 OF THE FOLLOWING CRITERIA.

ELIGIBILITY CRITERIA CHECKLIST*

Please check all that apply (must check at least 3). Patient must:

☐ Have a family history of sudden cardiac death or CPVT

☐ Have a normal resting electrocardiogram (ECG) and structurally normal heart

☐ Register a positive stress test (e.g., exhibit bigeminy, couplets, nonsustained ventricular tachycardia [VT], or sustained VT)

☐ Display an irregular heartbeat on a cardiac monitoring device (e.g., polymorphic bidirectional VT)

☐ Experience 1 or more episodes of fainting or loss of consciousness (exertional syncope) brought on by physical or emotional stress (thought to be adrenergic in origin)

☐ Have been previously diagnosed with CPVT based on symptoms, without having received a confirmed genetic diagnosis

**Patients having undergone a previous genetic test for CASQ2-CPVT are ineligible for a sponsored test.*

CHECK TO ORDER	TEST NAME	TEST CODE	# OF GENES	GENE LIST
☐	RhythmNext	8900	36	*AKAP9, ANK2, CACNA1C, CACNA2D1, CACNB2, CALM1, CASQ2, CAV3, DSC2, DSG2, DSP, GPD1L, HCN4, JUP, KCND3, KCNE1, KCNE2, KCNE3, KCNH2, KCNJ2, KCNJ8, KCNQ1, LMNA, NKX2-5, PKP2, RYR2, SCN1B, SCN3B, SCN4B, SCN5A, SNTA1, TBX5, TGFB3, TMEM43, TRDN, TRPM4*

AMBRY STUDY CODE: CAS

To request a complimentary specimen collection kit visit
ambrygen.com/clinician/order-sample-kit