

## CustomNext-Cardio (9520) or Reaccessioning (9520-A) SUPPLEMENTAL ORDERING FORM

PATIENT INFORMATION			
Last Name	First Name	Middle Initial	DOB (MM/DD/YY)

CUSTOMIZE YOUR PANEL
<p>To create your own panel, add all desired genes below <b>OR</b> select a multi-gene test option as a base and add or remove all desired genes below:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> ARVCNext: 9 gene ARVC test</p> <p><input type="checkbox"/> CardioNext with <i>TTN</i>: 85 gene cardiomyopathy test</p> <p><input type="checkbox"/> CMNNext with <i>TTN</i>: 55 gene cardiomyopathy test</p> <p><input type="checkbox"/> CPVTNext: 6 gene CPVT test</p> <p><input type="checkbox"/> DCMNext: 36 gene DCM test</p> <p><input type="checkbox"/> HCMFirst: 2 gene HCM test</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> HCMNext: 27 gene HCM Test</p> <p><input type="checkbox"/> LVNCNext: 8 gene LVNC test</p> <p><input type="checkbox"/> RhythmFirst: 12 gene inherited arrhythmia test</p> <p><input type="checkbox"/> RhythmNext: 36 gene inherited arrhythmia test</p> <p><input type="checkbox"/> TAADNext: 22 genes for thoracic aortic aneurysms/dissections</p> <p><i>A list of genes for each multi-gene test is available on <a href="http://ambrygen.com">ambrygen.com</a>.</i></p> </div> </div>

CUSTOM GENE SELECTION
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<input type="checkbox"/> ADD	AKAP9, ANK2, CACNA1C, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, SCN4B, SCN5A, SNTA1 <small>(These genes are included in RhythmFirst. All 12 genes must be ordered as a bundle.)</small>										
ADD	GENE	REMOVE	ADD	GENE	REMOVE	ADD	GENE	REMOVE	ADD	GENE	REMOVE
<input type="checkbox"/>	ABCC9	<input type="checkbox"/>	<input type="checkbox"/>	FKTN	<input type="checkbox"/>	<input type="checkbox"/>	MYL3	<input type="checkbox"/>	<input type="checkbox"/>	SMAD4	<input type="checkbox"/>
<input type="checkbox"/>	ACTA2	<input type="checkbox"/>	<input type="checkbox"/>	FLNA	<input type="checkbox"/>	<input type="checkbox"/>	MYLK	<input type="checkbox"/>	<input type="checkbox"/>	TAZ	<input type="checkbox"/>
<input type="checkbox"/>	ACTC1	<input type="checkbox"/>	<input type="checkbox"/>	FXN	<input type="checkbox"/>	<input type="checkbox"/>	MYPN	<input type="checkbox"/>	<input type="checkbox"/>	TBX1	<input type="checkbox"/>
<input type="checkbox"/>	ACTN2	<input type="checkbox"/>	<input type="checkbox"/>	GATAD1	<input type="checkbox"/>	<input type="checkbox"/>	MYOZ2	<input type="checkbox"/>	<input type="checkbox"/>	TBX5	<input type="checkbox"/>
<input type="checkbox"/>	ANKRD1	<input type="checkbox"/>	<input type="checkbox"/>	GATA4	<input type="checkbox"/>	<input type="checkbox"/>	NEXN	<input type="checkbox"/>	<input type="checkbox"/>	TBX20	<input type="checkbox"/>
<input type="checkbox"/>	BAG3	<input type="checkbox"/>	<input type="checkbox"/>	GLA	<input type="checkbox"/>	<input type="checkbox"/>	NKX2.5	<input type="checkbox"/>	<input type="checkbox"/>	TCAP	<input type="checkbox"/>
<input type="checkbox"/>	CACNA2D1	<input type="checkbox"/>	<input type="checkbox"/>	GPD1L	<input type="checkbox"/>	<input type="checkbox"/>	NOTCH1	<input type="checkbox"/>	<input type="checkbox"/>	TGFB2	<input type="checkbox"/>
<input type="checkbox"/>	CACNB2	<input type="checkbox"/>	<input type="checkbox"/>	HCN4	<input type="checkbox"/>	<input type="checkbox"/>	PKP2	<input type="checkbox"/>	<input type="checkbox"/>	TGFB3	<input type="checkbox"/>
<input type="checkbox"/>	CALM1	<input type="checkbox"/>	<input type="checkbox"/>	JAG1	<input type="checkbox"/>	<input type="checkbox"/>	PLN	<input type="checkbox"/>	<input type="checkbox"/>	TGFB1	<input type="checkbox"/>
<input type="checkbox"/>	CASQ2	<input type="checkbox"/>	<input type="checkbox"/>	JPH2	<input type="checkbox"/>	<input type="checkbox"/>	PRKG1	<input type="checkbox"/>	<input type="checkbox"/>	TGFB2	<input type="checkbox"/>
<input type="checkbox"/>	CBS	<input type="checkbox"/>	<input type="checkbox"/>	JUP	<input type="checkbox"/>	<input type="checkbox"/>	PRKAG2	<input type="checkbox"/>	<input type="checkbox"/>	TMEM43	<input type="checkbox"/>
<input type="checkbox"/>	COL3A1	<input type="checkbox"/>	<input type="checkbox"/>	KCND3	<input type="checkbox"/>	<input type="checkbox"/>	PLOD1	<input type="checkbox"/>	<input type="checkbox"/>	TMPO	<input type="checkbox"/>
<input type="checkbox"/>	COL5A1	<input type="checkbox"/>	<input type="checkbox"/>	KCNE3	<input type="checkbox"/>	<input type="checkbox"/>	PTPN11	<input type="checkbox"/>	<input type="checkbox"/>	TNNC1	<input type="checkbox"/>
<input type="checkbox"/>	COL5A2	<input type="checkbox"/>	<input type="checkbox"/>	KCNJ5	<input type="checkbox"/>	<input type="checkbox"/>	RAF1	<input type="checkbox"/>	<input type="checkbox"/>	TNNI3	<input type="checkbox"/>
<input type="checkbox"/>	CRYAB	<input type="checkbox"/>	<input type="checkbox"/>	KCNJ8	<input type="checkbox"/>	<input type="checkbox"/>	RBM20	<input type="checkbox"/>	<input type="checkbox"/>	TNNT2	<input type="checkbox"/>
<input type="checkbox"/>	CSRP3	<input type="checkbox"/>	<input type="checkbox"/>	LAMA4	<input type="checkbox"/>	<input type="checkbox"/>	RYR2	<input type="checkbox"/>	<input type="checkbox"/>	TPM1	<input type="checkbox"/>
<input type="checkbox"/>	DES	<input type="checkbox"/>	<input type="checkbox"/>	LAMP2	<input type="checkbox"/>	<input type="checkbox"/>	SCN1B	<input type="checkbox"/>	<input type="checkbox"/>	TRDN	<input type="checkbox"/>
<input type="checkbox"/>	DMD	<input type="checkbox"/>	<input type="checkbox"/>	LDB3/ZASP	<input type="checkbox"/>	<input type="checkbox"/>	SCN2B	<input type="checkbox"/>	<input type="checkbox"/>	TRPM4	<input type="checkbox"/>
<input type="checkbox"/>	DSC2	<input type="checkbox"/>	<input type="checkbox"/>	LMNA	<input type="checkbox"/>	<input type="checkbox"/>	SCN3B	<input type="checkbox"/>	<input type="checkbox"/>	TTN	<input type="checkbox"/>
<input type="checkbox"/>	EMD	<input type="checkbox"/>	<input type="checkbox"/>	MED12	<input type="checkbox"/>	<input type="checkbox"/>	SKI	<input type="checkbox"/>	<input type="checkbox"/>	TTR	<input type="checkbox"/>
<input type="checkbox"/>	EYA4	<input type="checkbox"/>	<input type="checkbox"/>	MYBPC3	<input type="checkbox"/>	<input type="checkbox"/>	SLC2A10	<input type="checkbox"/>	<input type="checkbox"/>	TXNRD2	<input type="checkbox"/>
<input type="checkbox"/>	DSG2	<input type="checkbox"/>	<input type="checkbox"/>	MYH11	<input type="checkbox"/>	<input type="checkbox"/>	SMAD3	<input type="checkbox"/>	<input type="checkbox"/>	VCL	<input type="checkbox"/>
<input type="checkbox"/>	DSP	<input type="checkbox"/>	<input type="checkbox"/>	MYH6	<input type="checkbox"/>	Total Gene Count (REQUIRED: include total number of genes on your CustomNext-Cardio panel): _____					
<input type="checkbox"/>	FBN1	<input type="checkbox"/>	<input type="checkbox"/>	MYH7	<input type="checkbox"/>						
<input type="checkbox"/>	FBN2	<input type="checkbox"/>	<input type="checkbox"/>	MYL2	<input type="checkbox"/>						

REFLEX OPTIONS
<input type="checkbox"/> CustomNext-Cardio (9520) reflex to Test Code: _____ Test Name: _____ <b>OR</b> <input type="checkbox"/> Gene Panel Test Code: _____ Test Name: _____ reflex to CustomNext-Cardio (9520)

RE-REQUISITIONING ORDERS (Available within 30 days of original report date for any of the multi-gene panels listed above)
Accession #: _____ Previously reported hereditary cardiovascular panel: _____ <input type="checkbox"/> (9520-A) Add the gene(s) selected above to the previously-reported panel for this patient
Medical Professional Signature: _____ Date: _____ Medical Professional Name (Print): _____