

Patient Information			
▶ Last Name	▶ First Name	▶ M.I	▶ Date of Birth
			▶ Gender <input type="checkbox"/> M <input type="checkbox"/> F
▶ Street Address, City, State, ZIP and Phone Number		▶ ICD-9	▶ Indication for Testing <input type="checkbox"/> Diagnostic <input type="checkbox"/> Carrier Screen <input type="checkbox"/> Family History <input type="checkbox"/> Other: _____
Insurance Information			
▶ Name of Insured		▶ Member ID#	
▶ Insurance Company Name, Address and Phone Number			▶ Policy Type <input type="checkbox"/> HMO <input type="checkbox"/> Medicare <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> EPO <input type="checkbox"/> POS <input type="checkbox"/> Other: _____
Family History	Patient History		
Please list any family history	Please list any patient history		
Test(s) Requested			
Select a test from the next page(s) or write in the test code/test name here. Test codes can be found at www.ambrygen.com/test-codes.html			
Test Code: _____ Test Name: _____			
Test Code: _____ Test Name: _____			
Test Code: _____ Test Name: _____			
Contact and Organization Information		Contact Preference	
		<input type="checkbox"/> Fax	<input type="checkbox"/> Email
		<input type="checkbox"/> Phone	
▶ Client / Institutional Name	▶ Form Completed By	▶ Return Fax #	▶ Return Phone #
▶ Authorized Ordering Physician		▶ E-Mail	▶ NPI#
Please complete this form and fax to 949-900-5501 with a copy of the patient's insurance card. We will respond to you as soon as possible. For any assistance, please call 949-900-5500 ext# 362 or email preverification@ambrygen.com			
A completed Advance Beneficiary Notice of coverage (ABN) is required for Medicare patients. Ambry will pre-verify patient insurance coverage and if estimated patient out-of-pocket costs exceed \$350, patient is notified. Ambry Genetics will no longer perform Preverification for tests priced under \$200.			



► Carrier Screen and Prenatal Test Directory

Preverification Form - (EDTA TUBE) unless otherwise indicated

- 8640 AmbrySCREEN™
- 4544 Fragile X DNA Analysis
- 3664 Routine Chromosome Analysis/Karyotype (1 Na Heparin Grn)
- 1808 Ashkenazi Jewish Panel™ with all 16 conditions
- 1804 Ashkenazi Jewish FlexPanel™ as marked below
 - Bloom (*BLM*)
 - Canavan (*ASPA*)
 - Cystic Fibrosis (*CFTR*)
 - Familial Dysautonomia (*IKBKAP*)
 - Fanconi Anemia Type C (*FANCC*)
 - Gaucher (*GBA*)
 - Glycogen Storage Disease 1a (*GSD1a*)
 - Joubert Syndrome (*TMEM216*)
 - Maple Syrup Urine Disease Type 1a and 1b (*BCKDHA/BCKDHB*)
 - Maple Syrup Urine Disease Type 3 (*DLD*)
 - Mucopolipidosis Type IV (*MLDV*)
 - Nemaline Myopathy (*NEB*)
 - Niemann-Pick A (*SMPD1*)
 - Tay-Sachs (*HEXA*)
 - Usher Syndrome Type 1F (*PCDH15*)
 - Usher Syndrome Type III (*CLRN1*)
- 1007 *CFTR* Amplified (*CFTR* gene sequence and deletion/duplication concurrent)
- 1006 *CFTR* Amplified (*CFTR* gene sequence reflex deletion/duplication)
- 1018 *CFTR* Screening Panel (CF102)
- 2000 *CFTR* Screening Panel (CF33)
- 5240 Tay-Sachs Enzyme Assay (*HEXA* Leukocytes)
- 5220 Y Chromosome Microdeletion Analysis

- 3753 Spinal Muscular Atrophy (SMA) Carrier Test (Deletion Analysis)
1 Extra EDTA Tube Required (3-5cc)

Thrombophilia (5140) (1 EDTA Lavender Top)

- 5141 Factor II (Prothrombin G20210A)
- 5143 Factor V (Leiden)
- 5145 *MTHFR* (C677T and A1298C)

Prenatal Studies

- 3686 Amniotic Fluid (AF) Chromosome Analysis/Karyotype with AF- AFP Analysis (AChE according to Protocol)
- 3744 Aneuploidy Screen by FISH (13, 18, 21, X, Y)
- CALL Other Prenatal FISH (Specify): _____
- 3700 CVS Chromosome Analysis/Karyotype

Maternal Cell Contamination

- 1260 MCC for amniotic fluid culture or CVS (run concurrently with test)

Additional History:

SPECIFIC MUTATION / GENE ANALYSIS

- Gene Sequence Analysis (GSA)
- Single Site-Mutation Analysis (SMA)
- Single Site-Del/Dup Analysis

Gene Name: _____ Mutation(s): _____

Gene Name: _____ Mutation(s): _____

- Positive Control Not Available
- Positive Control Sent / To Be Sent

The following will be requested when ordering known mutation analysis for a mutation identified in an outside laboratory: 1) Proband report (mandatory) and 2) Positive Control (recommended).

ACMG guidelines, CAP, and CLIA regulatory provisions recommend use of a positive control to provide evidence of amplification when interrogating a specific sequence alteration. It is recommended that individuals for a known genotype for the locus tested be included as a positive control to ensure assay performance.

Reporting Options Report Amino Acid changing polymorphisms (silent polymorphisms available on request)

REVERSE SIDE MUST BE COMPLETED FOR PROCESSING