

PATIENT INFORMATION			
Name (Last, First, MI)		Sex at Birth <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (MM/DD/YY)
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Portuguese <input type="checkbox"/> Other:			MRN
Address		City	State
Phone		Email	Zip
		Preferred Billing <input type="checkbox"/> Insurance* <input type="checkbox"/> Cash <input type="checkbox"/> Institutional	
*Copy of front/back of insurance card and additional payer-specific authorization forms are required.			
SPECIMEN TRANSPORT <input type="checkbox"/> Room Temperature			
Collection Date (MM/DD/YY): _____		Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Specimens Submitted: _____
Specimen Details: Tissue Type (e.g. skin): _____ Site (e.g. left arm): _____ Sample Type (e.g. punch biopsy): _____			
Testing laboratory handling instructions: Sample will be cultured at Baylor Genetics; 2 (two) T-25 flasks will be sent to Ambyr Genetics for testing. Sample will not be frozen for long-term storage.			
FedEx tracking number: _____		Comments and Special Instructions:	
ORDERING PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL			
Name (Last, First, Degree)		Facility Name	
Kit Shipment Street Address		City	State
Phone		Fax	Zip
		E-mail	
ADDITIONAL RESULTS RECIPIENTS			
Genetic Counselor or Other Medical Provider Name (Last, First) (Code)		Phone/Fax/Email	
PATIENT CLINICAL HISTORY			
Describe (attach clinical notes, family notes)			
Personal History <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Dx	Diagnosis Notes	ICD-10 Code(s)
Family History <input type="checkbox"/> Yes <input type="checkbox"/> No	Family History Details		
Prior Genetic Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient	Family	
TEST ORDER			
Order Code: 8814 Tissue Culture Baylor Genetics (AG: 7030) <input type="checkbox"/> Grow and Send    Ambry Billing ID: AGAC			
<b>Please include the desired Ambyr Genetics' test name and test code.</b>			
Test Name: _____		Test Code: _____	
Will patient management be changed depending on the test results? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes:			
Patient Signature (I agree to terms below):		Date:	
Medical Professional Signature (I agree to terms below):		Date:	
TERMS AND CONDITIONS			
<b>Patient Acknowledgement:</b> I acknowledge that the information provided by me is true and correct. For direct insurance billing: I authorize my insurance benefits to be paid directly to Ambyr Genetics Corporation (Ambyr), authorize Ambyr to release medical information concerning my testing to my insurer, to be my designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. I understand that I am responsible for sending Ambyr money received from my health insurance company.			
<b>For NY residents:</b> <input type="checkbox"/> I am a New York resident and I give Ambyr Genetics permission to store my sample for longer than 60 days. <b>NOTE:</b> If left blank, consent is interpreted as "NO".			
<b>Medical Professional:</b> Confirmation of Informed Consent, Pre-test Genetic Counseling, 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. I agree to allow Ambyr Genetics to facilitate the provision of pre-test genetic counseling services by a third-party service, as required by the patient's insurance provider. Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity.			

## Test Requisition for Tissue Culturing

### INSTRUCTIONS FOR SUBMITTING SAMPLE TO BAYLOR GENETICS :

#### KIT REQUEST

1. 7-10 days prior to patient's procedure, please place an order for a Baylor Genetics' CVS Transport Media Kit through their website at [baylorgenetics.com/supplies](http://baylorgenetics.com/supplies).
2. On step 3 select "custom options". On step 4 enter TC 8814 at the top and enter the desired qty of 15ml Conical Tube(s) CVS Transport Media.
3. For any questions, please contact Baylor Genetics' Client Services at 1-800-411-4363 or email [help@baylorgenetics.com](mailto:help@baylorgenetics.com).
4. Upon receipt of the online kit request, Baylor Genetics will ship a CVS Transport Media Kit to the requested address, which should arrive within 3-5 business days. For urgent kit requests, expedited shipping options are available.

#### PREPARING SAMPLE

Upon receiving the kit, place tube with media in the refrigerator until ready for use.

**Specimen preparation:** Collect 5 cubic millimeters of skin from a central location (e.g. buttock or upper thigh) rather than from a distal location (e.g. foot) to enhance cell viability. Place sample in a separate sterile container with RPMI media (included in the Baylor Genetics' CVS Transport Media Kit). In the absence of RPMI media, place sample along with a small amount of sterile saline in a sterile container with a cap that can be tightened to prevent leakage. Never place samples in formalin or other fixative.

**Storage/transport temperature:** Ship at room temperature in an insulated container by overnight courier. Do NOT heat or freeze.

**Stability:** Sample must arrive at culture lab within 48 hrs. of collection.

*For questions related to tissue culturing, please contact Baylor Genetics' Client Services at 1-800-411-4363 or email [help@baylorgenetics.com](mailto:help@baylorgenetics.com).*

#### SHIPPING

1. Include completed Test Requisition Form with the CVS Transport Media Kit and provide FedEx tracking number.
2. Fax (949-900-5501) or email ([CulturedSamples@ambrygen.com](mailto:CulturedSamples@ambrygen.com)) completed Test Requisition Form to Ambry Genetics.
3. Ship sample to Baylor Genetics at 2450 Holcombe Blvd, Grand Blvd. Receiving Dock, Houston, TX 77021-2024.

*Please note that fibroblast cultures typically take 2-3 weeks to complete.*

*If multiple skin biopsy specimens are collected, only one biopsy specimen will be cultured and sent to Ambry. If you require an exception to the standard specimen processing, please notify Baylor upon sample submission (additional charges may apply). Remaining cultures at Baylor Genetics will be discarded 14 days after sending initial 2 T2Ss to Ambry, unless additional cultures are requested prior to discard.*

For questions related to acceptable specimens, test status, or results, please contact Ambry Genetics at 949-900-5500.