Test Requisition for Tissue Culturing (Comprehensive)

Ambry Genetics | BAYLOR GENETICS

COMPLETE ENTIRE FORM TO AVOID DELAYS

Baylor Genetics
2450 Holcombe Blvd, Houston, TX 77021-2024 | CLIA# 45D0660090

PATIENT INFORMATION

Legal Name (Last, First, MI)	Date of Birth (MM/DD/YY)	Sex Assigned at Birth ☐F ☐M	Gender (optional) ☐Man ☐Woman ☐Nonbinary ☐Self-described

Genetic Ancestry: ☐Ashkenazi Jewish ☐Asian ☐Black/African American ☐French Canadian/Cajun ☐Hispanic/Latino ☐Mediterranean ☐Middle Eastern ☐Native American ☐Pacific Islander ☐Portuguese ☐White ☐Unknown ☐Other: | MRN

Address	City	State	Zip

Mobile #	Email	Preferred Billing ☐Insurance ☐Self-pay ☐Institutional

**Copy of front/back of insurance card and additional payer-specific authorization forms are required.*

SPECIMEN TRANSPORT ☑ Room Temperature

Collection Date (MM/DD/YY): _____ Time: _____ ☐AM ☐PM
Collection date is required for testing to proceed. Failure to provide may result in delays and/or test cancellation.

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 Ambry 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 Facility Type: ☐Physician/Physician Group ☐Referral Lab

Name (Last, First, Degree)	Facility Name	NPI#	
Kit Shipment Street Address	City	State	Zip
Phone	Fax	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 ☐Yes ☐No	Age of Dx	Diagnosis Notes	ICD-10 Code(s)	
Family History ☐Yes ☐No	Family History Details			
Prior Genetic Testing ☐Yes ☐No	Patient		Family	
Known Familial Variant ☐Family ☐Self	Gene	Variant (c. and/or p.)	Testing Lab	Ambry ID

TEST ORDER

Order Code: 8814 Tissue Culture Baylor Genetics (AG: 7030) ☑ Grow and Send Ambry Billing ID: AGAC

Please include the desired Ambry Genetics' test name and test code.

Test Name: _____ Test Code: _____

Will patient management be changed depending on the test results? ☐Yes ☐No

Notes:

Patient Signature (I agree to terms below): Date:

Medical Professional Signature (I agree to terms below): Date:

TERMS AND CONDITIONS

Patient Acknowledgement: 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 Ambry Genetics Corporation (Ambry), authorize Ambry 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 Ambry money received from my health insurance company.

For NY residents: ☐I understand that New York State law requires Ambry Genetics to destroy my sample at the end of the testing process or not more than sixty days after the sample was taken. By checking this box, I agree that Ambry Genetics will instead retain my sample for at least 6 months after the testing above has been completed, and may (a) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (b) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.

Medical Professional: Confirmation of Informed Consent, Pre-test Genetic Counseling, and Medical Necessity for Genetic Testing.
I confirm that the genetic test ordered is medically appropriate. All information on this TRF is true to the best of my knowledge. I also confirm that the patient has consented to proceed with genetic testing, including the transfer and processing of their sample and personal/sensitive information in the United States. I agree to allow Ambry Genetics to facilitate the provision of pre-test genetic counseling services by a third-party service, as required by the patient's insurance provider.

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Patient Name: _____ DOB: _____

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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.
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.
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.

POSITIVE CONTROL

Specific site analysis for variants identified at an external laboratory must be accompanied by a copy of the original testing report. A positive control from a known positive family member is recommended (required for prenatal testing).

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) 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 T25s 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.

7 Argonaut, Aliso Viejo, CA 92656 USA Toll Free +1.866.262.7943 Fax +1.949.900.5501 **ambrygen.com**

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