GENETICS CENTER
211 South Main Street, Orange, CA 92868

PHONE: 714-288-3500
FAX: 714-288-3510
www.geneticscenter.com

Highlighted fields are required

MOLECULAR GENETICS REQUISITION

PATIENT INFORMATION

Patient Name: (Last, First)_____
Date of Birth: MM_____/DD_____/YY_____
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnic Background (Select all that apply):

☐ African American ☐ Hispanic
☐ Asian ☐ Native American Indian
☐ Ashkenazi Jewish ☐ Other Jewish
☐ European Caucasian ☐ Other (please specify):_____

REFERRING PHYSICIAN

Physician: _____
Phone: _____
Fax:_____
Email: _____

ADDITIONAL REPORT RECIPIENTS

Physician: _____
Phone:_____
Fax:_____
Email: _____

SAMPLE INFORMATION

Date of Collection: MM_____/DD_____/YY_____
Hospital: _____
Accession #: _____
Sample Type: (Please select one)

☐ Blood ☐ Bone Marrow ☐ Other:_____
☐ Cord Blood ☐ Amniotic Fluid
☐ Tissue (specify source): _____
☐ DNA (specify source): _____
(DNA concentration): _____ ug/ul
☐ Tumor section:_____

INDICATION FOR STUDY

☐ Autism spectrum disorder ☐ Cognitive impairment
☐ Developmental delay ☐ Dysmorphic features
☐ Failure to thrive ☐ Short stature
☐ Family history of cognitive impairment
☐ Suspected thrombophilia
☐ Carrier screening for _____
☐ Congenital malformation (specify) _____
☐ Other _____

TARGETED ANALYSIS

Gene Name:_____ Mutation: _____
Name of Proband:_____ GC Lab #:_____

☐ **Angelman Syndrome Methylation Analysis**
☐ **Angelman Syndrome Methylation w/ reflex to FISH for 15q11 microdeletion**

Array CGH (Microarray):

- ☐ 180K Oligonucleotide/SNP Array
- ☐ Prenatal Targeted Oligo/SNP Array
- ☐ Targeted Parental Array (please include child's results)
- ☐ Chromosome Analysis with reflex to Array CGH

☐ **Ashkenazi Jewish Mutation Panel: (Canavan, Gaucher, Cystic Fibrosis, Tay-Sachs, Familial Dysautonomia)**

Ataxia Telangiectasia *(ATM)*

- ☐ *ATM* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *ATM* Sequence Analysis
- ☐ *ATM* Deletion/Duplication Analysis

Bannayan-Riley-Ruvalcaba Syndrome *(PTEN)*

- ☐ *PTEN* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *PTEN* Sequence Analysis
- ☐ *PTEN* Deletion/Duplication Analysis

Bloom Syndrome *(BLM)*

- ☐ *BLM* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *BLM* Sequence Analysis
- ☐ *BLM* Deletion/Duplication Analysis

☐ **Canavan Disease**

CFTR-related Disorders:

- ☐ Cystic Fibrosis Targeted Mutation Panel
- ☐ Cystic Fibrosis *CFTR* gene sequence analysis
- ☐ Cystic Fibrosis Targeted with reflex to *CFTR* full gene sequencing
- ☐ Cystic Fibrosis *CFTR* gene deletion & duplication analysis

Congenital Central Hypoventilation Syndrome *(PHOX2B)*

- ☐ *PHOX2B* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *PHOX2B* Sequence Analysis
- ☐ *PHOX2B* Deletion/Duplication Analysis

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Last:_____ **First:**_____ **DOB:**_____

MOLECULAR GENETICS REQUISITION *(page 2)*

Costello Syndrome *(HRAS)*
- ☐ *HRAS* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *HRAS* Sequence Analysis
- ☐ *HRAS* Deletion/Duplication Analysis

Craniosynostosis Syndromes:
- ☐ Craniosynostosis Comprehensive Panel (*FGFR1, FGFR2, FGFR3, TWIST)*
- ☐ Apert Syndrome
- ☐ Crouzon Syndrome
- ☐ Crouzon Syndrome Acanthosis Nigricans
- ☐ *FGFR1* gene sequencing
- ☐ *FGFR2* gene sequencing
- ☐ *FGFR3* gene sequencing
- ☐ Muenke Syndrome
- ☐ Non-Syndromic Craniosynostosis
- ☐ Pfeiffer Syndrome
- ☐ Saethre-Chotzen Syndrome

Denys-Drash Syndrome *(WT1)*
- ☐ *WT1* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *WT1* Sequence Analysis
- ☐ *WT1* Deletion/Duplication Analysis

☐ **DNA Extraction**

Duchenne Muscular Dystrophy
- ☐ DMD Deletion analysis
- ☐ DMD Deletion analysis with reflex to duplication analysis
- ☐ DMD Deletion & duplication analysis
- ☐ DMD Gene sequence analysis

Exome Sequencing (please use our separate Exome Sequencing Requisition Form)

☐ **Familial Dysautonomia**

☐ **Fragile X DNA Analysis**

☐ **Gaucher Disease**

Hearing Loss:
- ☐ Comprehensive Hearing Loss Panel (Connexin 26 and 30, *mt-RNR1* and *mt-TS1*)
- ☐ Connexin 26 and 30 Targeted Mutation Analysis
- ☐ Connexin 26 Targeted Mutation Analysis
- ☐ Connexin 26 – *GJB2* Full Gene Sequence Analysis
- ☐ Connexin 30 Targeted Mutation Analysis
- ☐ Mitochondrial DNA Hearing Loss Panel (*mt-RNR1, mt-TS1*)

☐ **Hereditary Hemochromatosis**

☐ **Huntington Disease**

☐ **JAK2 V617F Mutation Analysis**

☐ **MECP2 gene sequencing (Rett syndrome)**

Mitochondrial Disorders
- ☐ Mitochondrial DNA Targeted Mutation Analysis
- ☐ Mitochondrial Whole Genome Sequencing
- ☐ Mitochondrial DNA Hearing Loss Panel (*mt-RNR1, mt-TS1*)

☐ **Myotonic Dystrophy DNA Analysis**

☐ **Osteogenesis Imperfecta (*COL1A1, COL1A2*)**

☐ **Paternity/Identity Testing**

☐ **Prader-Willi Methylation Analysis**

☐ **Prader-Willi Methylation Analysis with reflex to FISH for 15q11 microdeletion**

Rett Syndrome
- ☐ Rett Comprehensive Panel (MECP2, CDKL5, FOXG1)
- ☐ MECP2 gene sequencing
- ☐ CDKL5 gene sequencing
- ☐ FOXG1 gene sequencing

Skeletal Dysplasias:
- ☐ Achondroplasia
- ☐ Hypochondroplasia
- ☐ Comprehensive Achondroplasia/Hypochondroplasia Panel
- ☐ Thanatophoric Dysplasia (types I and II)

Shwachman-Diamond Syndrome *(SBDS)*
- ☐ *SBDS* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *SBDS* Sequence Analysis
- ☐ *SBDS* Deletion/Duplication Analysis

Simpson-Golabi-Behmel Syndrome (*GPC3*)
- ☐ *GPC3* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *GPC3* Sequence Analysis
- ☐ *GPC3* Deletion/Duplication Analysis

Sotos Syndrome *(NSD1)*
- ☐ *NSD1* Comprehensive (Seq & Del/Dup Analysis)
- ☐ *NSD1* Sequence Analysis
- ☐ *NSD1* Deletion/Duplication Analysis

Spinal Muscular Atrophy (SMA):
- ☐ Carrier Testing
- ☐ Diagnostic Testing

☐ **Tay-Sachs Disease**

Thrombophilia/Obstetric Complication Panel:
- ☐ Comprehensive Thrombophilia Panel (Factor II, Factor V and MTHFR)
- ☐ Prothrombin (Factor II) Mutation Analysis
- ☐ Factor V Leiden Mutation Analysis
- ☐ MTHFR Mutation Analysis

Tuberous Sclerosis *(TSC1 & TSC2)*
- ☐ *TSC1 & TSC2* Comprehensive (Seq & Del/Dup Analysis)

Tumor Molecular Testing (please provide H&E slide):
- ☐ BRAF Mutation Analysis
- ☐ KRAS Mutation Analysis
- ☐ Combined BRAF and KRAS Mutation Analysis
- ☐ Colorectal Cancer Mutation Screening

☐ **Twin Zygosity**

☐ **Other** (please specify):_____