KNIGHT CANCER INSTITUTE
Oregon Health & Science University
KNIGHT DIAGNOSTIC LABORATORIES

Laboratory Shipping Address: 2525 SW 3rd. Avenue
Suite 350 Portland, OR 97201
Correspondence Address: 3181 SW Sam Jackson Park Road
Mailstop MP-350 Portland, OR 97239
Phone: 855-KDL-1LAB (535-1522) - Fax: 855-KDL-1FAX (535-1329)

Molecular Genetics Requisition

Patient Information		Client Information	
Name (Last, First, MI):		Ordering Physician Name:	
Address:		Ordering Physician NPI:	
City, State, Zip:		Office/Facility Name:	
Patient Phone:	Fax:	Client Address:	
Patient DOB:	Sex:	City, State, Zip:	
Patient ID/MRN #:		Client Phone:	Fax:
Notes:		Account #:	

Additional Physicians To Receive Report Copy

CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

Billing Information

☐ Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) ☐ Bill Client (Invoice will be sent to Client Address Listed Above) ☐ Bill Patient

Primary Insurance Company Name: _____ Group # _____ Policy# _____

☐ Medicaid ☐ Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature:_____

Relation to Insured : ☐ Self ☐ Child ☐ Spouse ☐ Other _____

Secondary Insurance Company Name: _____ Group # _____ Policy# _____

☐ Medicaid ☐ Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature:_____

Relation to Insured : ☐ Self ☐ Child ☐ Spouse ☐ Other _____

Clinical Information

Specimen Type: ☐ Peripheral Blood ☐ Amniotic Fluid, Direct ☐ CVS, Direct
☐ Amniocytes, Cultured ☐ CVS, Cultured ☐ Blood Spots
☐ Slides ☐ DNA ☐ Tissue ☐ Other:_____

ICD-9(Required):	Date of Specimen Collection:

Clinical Diagnosis:

Ethnicity

☐ Caucasian/ Non-Hispanic ☐ African American ☐ Ashkenazi Jewish
☐ Jewish (Other) ☐ Hispanic American ☐ Alaska Native
☐ Native American Indian ☐ Asian ☐ Other:

Include A Pedigree In The Space Below

Family History/Pedigree (Identify This Patient With An Arrow)

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Indication For Testing

☐ Family History Mutation Known: ☐ Yes ☐ No

List Mutation(s):_____

☐ Symptomatic ☐ Possible Diagnosis ☐ Definite Diagnosis

☐ Carrier Testing ☐ Presymptomatic Testing

☐ Prenatal Testing ☐ Predispositional Testing

☐ Other (Please Specify):

Pregnancy: LMP:_____ GMP:_____

Please Complete Fields Below If Requesting Targeted Analysis for Known Familial Mutations

Testing Requires A Positive Control. Please Call KDL If Proband Testing Was Performed Outside of OHSU.

Patient Status: ☐ Symptomatic ☐ Asymptomatic

Name of Gene:_____

Variants to be tested:_____

Name of Proband:_____

Relationship to Proband:_____

OHSU Sample # of Proband:_____

Molecular Genetics

Test Code	Test Name	GENE	Test Code	Test Name	GENE
	Achromatopsia	*CNGA3/ CNGB3*		Fanconi Anemia complementation group F	*FANCF*
☐ 1001	***CNGA3/CNGB3* sequencing**		☐ 1456	***FANCF* sequencing**	
	Angelman Syndrome	*SNRPN*		Fanconi Anemia complementation group G	*FANCG*
☐ 1020	Methylation analysis		☐ 1458	***FANCG* sequencing**	
	Apolipoprotein L1; related to kidney disease	*APOL1*		***FMR1*-related disorders (including Fragile X)**	*FMR1*
☐ 1050	***APOL1* exon 6 sequencing**		☐ 1480	***FMR1* repeat expansion analysis**	
	Connexin-associated autosomal recessive deafness	*GJB2, GJB6*		FraX E Mental Retardation Syndrome (FRAXE)	*FMR2*
☐ 1150	***GJB2 and GJB6* (connexin 26 and 30) sequencing**		☐ 1490	***FMR2* repeat expansion analysis**	
	Carnitine palmitoyltransferase 1A deficiency; Alaska Native	*CPT1A*		Hemochromatosis (HFE-associated)	*HFE*
☐ 1160	***CPT1A* targeted mutation, c.1436C>T (p.P479L)**		☐ 1600	***HFE*, targeted analysis: p.C282Y, reflex to p.H63D if heterozygous**	
	Cystic Fibrosis	*CFTR*	☐ 1602	***HFE*, p.H63D**	
☐ 1220	***CFTR* mutation panel (32 mutations)**			Huntington Disease (disease-specific consent required)	*HTT*
☐ 1224	***CFTR* comprehensive analysis (sequencing and del/dup analysis)**		☐ 1620	***HTT* repeat expansion analysis**	
☐ 1222	***CFTR* sequencing**			***INAD***	*INAD*
☐ 1226	***CFTR* del/dup only**		☐ 1681	***INAD* Del/Dup Analysis**	
	Duchenne/Becker Muscular Dystrophy	*DMD*		Infantile Neuroaxonal Dystrophy (INAD)	*PLA2G6*
☐ 1280	DMD del/dup analysis		☐ 1680	***PLA2G6*, comprehensive testing (sequencing and del/dup analysis)**	
	Fatty Acid Hydroxylase-Associated Neurodegeneration (FAHN)	*FA2H*	☐ 1681	***PLA2G6* del/dup only**	
☐ 1400	***FA2H* sequencing**			Mitochondrial-membrane Protein-Associated Neurodegeneration (MPAN)	*C19orf12*
	Factor V Leiden thrombophilia	*F5*	☐ 1145	***C19orf12* sequencing (MPAN, C19)**	
☐ 1420	Factor V Leiden mutation, p.R506Q			MELAS: Mitochondrial Myopathy, Encephalopathy, Lactic Acidosis, and Stroke-Like Episodes	
	Fanconi Anemia, complementation group A	*FANCA*	☐ 2020	mtDNA targeted analysis (MELAS)	
☐ 1450	***FANCA*, comprehensive analysis (sequencing and del/dup analysis)**			MERFF: Myoclonus Epilepsy Associated with Ragged-Red Fibers	
☐ 1451	***FANCA* del/dup only**		☐ 2022	mtDNA targeted analysis (MERFF)	
	Fanconi Anemia complementation group C	*FANCC*		NARP: Neurogenic Muscle Weakness, Ataxia and Retinitis Pigmentosa	
☐ 1452	***FANCC* sequencing**		☐ 2024	mtDNA targeted analysis (NARP)	
	Fanconi Anemia complementation group E	*FANCE*			
☐ 1454	***FANCE* sequencing**				

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Molecular Genetics Requisition

Molecular Genetics		
Test Code	**Test**	***GENE***
	Mitochondrial deletion syndromes: CPEO; Kearns-Sayre Syndrome; Pearson Syndrome	
☐ 2026	**mtDNA deletion and duplication analysis by Southern blotting**	
	Methylene-tetrahydrofolate reductase, *MTHFR,* deficiency	*MTHFR*
☐ 2040	***MTHFR* targeted analysis c.C677T**	
	Multiple Endocrine Neoplasia Type 2	*RET*
☐ 5020	**MEN2A sequencing (targeted exons)**	
☐ 5024	**MEN2B sequencing (targeted exons)**	
☐ 5028	**FMTC sequencing (targeted exons)**	
	Myotonic Dystrophy type 1	*DMPK*
☐ 2050	**DMPK repeat expansion analysis**	
	Noonan Syndrome	*PTPN11*
☐ 2130	***PTPN11* sequencing**	
	Pantothenate Kinase Associated Neurogeneration (PKAN)	*PANK2*
☐ 2230	***PANK2* comprehensive testing (sequencing and del/dup analysis)**	
☐ 2232	***PANK2* del/dup only**	
	Prader-Willi Syndrome	*SNRPN*
☐ 1020	**Methylation analysis**	
	Prothrombin-Related Thrombophilia	*F2*
☐ 2290	**FII targeted analysis, c.G20210A**	
	Rett Syndrome	*MECP2*
☐ 2403	***MECP2* del/dup only**	
☐ 2400	***MECP2* sequencing**	
	Rett Syndrome, Atypical *(CDKL5-related)*	*CDKL5*
☐ 2404	***CDKL5* sequencing**	

Other			
Test Code	Test Name	Test Code	Test Name
☐ 1230	Custom Sequencing (for known mutation)	☐ 1980	Maternal Cell Rule Out
☐ 1300	DNA Banking Services	☐ 2900	Zygosity Testing
☐ 1465	Fetal Sex		