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)

Prenatal Molecular Genetic Testing Requisition

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

Additional Physicians/ Healthcare Providers To Receive Report Copy

Name:	Phone:	Fax:
Name:	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 ☐ DNA ☐ Amniotic Fluid, Direct
☐ Amniocytes, Cultured ☐ CVS, Direct ☐ CVS, Cultured ☐ Tissue
*Maternal blood sample in EDTA must accompany specimen.

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

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**	

Chromosome Studies

Test Code	Test Name
☐ 6020	Amniotic Fluid Chromosome Study
☐ 6050	Blood Chromosome Study
☐ 6100	Chorionic Villus Sample Chromosome Study
☐ 6750	Tissue Chromosome Study
☐ 6054	High Resolution Blood Chromosome Study

*Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected. FISH testing will be billed separately.

Notice Regarding Genetic Testing on Direct CVS or Amniotic Fluid Specimens

- Maternal cell rule-out testing will be performed on all prenatal specimens received. Please provide maternal blood in addition to the specimen sent for genetic testing. Additional charges apply for the maternal cell rule-out test.
- All genetic testing performed on direct CVS or Amniotic Fluid specimens will be confirmed on cell cultures prepared by Knight Diagnostic Laboratories. Cell cultures will be prepared from the specimen received. Additional charges apply for confirmatory testing.