



LAB USE ONLY

**Patient Information (Please Print):**

Last Name		First	MI	Address	
Race/Ethnicity			Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB MM/DD/YYYY	City, State, Zip
Specimen Collection Date MM/DD/YYYY		Type of specimen*		Numeric Identifier (Medical record # or SSN)	Home telephone
*DNA samples only: Please identify where DNA extraction was performed. <input type="checkbox"/> CAP/CLIA Accredited Lab: _____ <input type="checkbox"/> Research Lab: _____ <input type="checkbox"/> Unknown					

**Referring Physician:**

Name		Address			
Institution		City, State, Zip			
NPI#		Telephone		Fax	
Email Address:		Preferred Method to Receive Results: <input type="checkbox"/> Secure Email <input type="checkbox"/> Fax <input type="checkbox"/> Regular Mail			

**Additional report to:**  Genetic Counselor  Institution  Care Coordinator  Other:

Name		Address			
Telephone	Fax	Email:		City, State, Zip	

**Additional report to:**  Genetic Counselor  Institution  Care Coordinator  Other:

Name		Address			
Telephone	Fax	Email:		City, State, Zip	

**Billing:** Select how the test(s) will be billed & complete the billing information on the next page. **The BILLING FORM on page 2 is required.**

**Institutional Billing:** Complete section 1 on the separate [BILLING FORM](#) (page 2)  
 **Insurance:** Complete section 2 on the [BILLING FORM](#) (page 2). Insurance or Medicaid for out-of-state (non-SC) patients is not accepted.  
 **Self-pay:** Complete section 3 on the separate [BILLING FORM](#) (page 2).

**Indication for Study & Clinical Information:**

ICD10 Code(s): \_\_\_\_\_  
 Symptomatic, specific findings: \_\_\_\_\_  
 Family History \_\_\_\_\_  
      Known mutation(s)- gene and alteration \_\_\_\_\_  
      Proband name (if tested at GGC): \_\_\_\_\_ Proband DOB: \_\_\_\_\_ Study # \_\_\_\_\_  
      Relationship to proband: \_\_\_\_\_ Symptomatic:  Yes  No  
 Is the patient currently pregnant?  No  Yes If so, provide LMP: \_\_\_\_\_ or EDC: \_\_\_\_\_ Gestational Age: \_\_\_\_\_  
 Ultrasound findings \_\_\_\_\_  

Please attach pedigree

**Maternal cell contamination studies are required for prenatal testing. Please send 4-5 ml of maternal blood in EDTA tube.**

 Maternal Cell Contamination

Comments: \_\_\_\_\_

**If multiple tests are requested, please indicate the order in which testing should be completed or if all tests should be performed simultaneously.**

**All individual gene tests require a purple top (EDTA) tube or a dried blood spot card unless otherwise specified**  
**\* Requires Qiagen PAXGENE tube (available upon request) and purple top (EDTA) tube**  
 ♦ Single gene del/dup analysis via CytoScan Xon array – cannot be performed from a dried blood spot

LAB USE ONLY		Accessioned By:		Event Codes:		FedEx		BeavEx		UPS		DHL		WC		Other:	
EDTA	Na Hep	Plasma / Serum	Urine	Flasks / Tissue	DBS / DNA	Saliva / Swab Buccal	PAX	ACD									
RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F



# Diagnostic Laboratory Billing Form

**This page is required to process any test requests.**

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- Out of State (non-SC) commercial insurance can only be filed for NGS Panels.
- No out of state Medicaid will be accepted for any tests.
- The following items are needed in order to bill the patient's insurance directly. We will not be able to file the claim if we are missing information.
  - This form must be completed with ALL requested information.
  - A legible copy of both sides of the insurance card
  - Authorization number, authorization letter, or letter of agreement from insurance company

**Patient Information:**

Last Name	First	MI	Address
Numeric Identifier (Medical record # or SSN)		DOB MM/DD/YYYY	City, State, Zip
Telephone			
ICD10 Code(s)			

**Section 1: Institutional Billing**

Complete section below with institution information. \*New clients must complete an [INSTITUTIONAL ACCOUNT REQUEST FORM](#) when submitting the order.\* Please contact the GGC Billing Office at 864-941-8117 or [billing@ggc.org](mailto:billing@ggc.org) with any questions about your account.

Institution/Organization	Contact Name:	Email:
Billing Address	City, State, Zip	
Account Number:	Telephone	Fax

**Section 2: Insurance Information**      **INSURANCE OR MEDICAID FOR OUT-OF-STATE (NON-SC) PATIENTS IS NOT ACCEPTED**

**MUST INCLUDE LEGIBLE COPY OF INSURANCE CARD (FRONT & BACK)**  
**All information required to file insurance claims.**

**Primary**

Insured/Policy Holder Name:	Policy Holder DOB:	Policy Holder Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Policy #	
Insurance Company Name:	Insurance ID #:	
Group #:	Insurance Address	
<b>Authorization Number (attach copy of authorization letter) *Required</b>	Insurance City, State, Zip	Phone

**Secondary**

Insured/Policy Holder Name:	Policy Holder DOB:	Policy Holder Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Policy #	
Insurance Company Name:	Insurance ID #:	
Group #:	Insurance Address	
<b>Authorization Number (attach copy of authorization letter) *Required</b>	Insurance City, State, Zip	Phone

I authorize Greenwood Genetic Center (GGC) Diagnostic Laboratories to furnish any medical information requested of me, or my covered dependents. In consideration of services rendered, I transfer and assign any benefits of insurance to GGC Diagnostic Laboratories. I understand I am responsible for any co-pay, deductibles, non-authorized, or non-covered services and remaining balances after insurance reimbursement. I understand I am fully responsible for payment of my account if the GGC Diagnostic Laboratories is not a participant with my health plan, or my health plan does not fully reimburse my medical services due to lack of authorization for medical necessity.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

**Section 3: Self-pay**

**We accept check/Visa/MasterCard. All information required to process credit card payments.**  
**Payments will be processed prior to initiation of testing.**

Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit Card Number:
Amount: (with discount applied if applicable)	Exp. Date
Cardholder Name (print as it appears on the card):	CVV
Billing address	Cardholder Signature:
	Date
	City, State, Zip
	Telephone

## Molecular Diagnostic Request Form

106 Gregor Mendel Circle • Greenwood, SC 29646

Toll Free: (800) 473-9411 • Fax: (864) 941-8141

Website: [www.GGC.org](http://www.GGC.org) Highlighted boxes are required

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Last Name	First	MI	DOB	Numeric Identifier (Medical record # or SSN)

- 3-Methylcrotonylglycinuria (*MCCC1* and *MCCC2*) Sequencing
- 3-Methylcrotonylglycinuria (*MCCC1* and *MCCC2*) Del/Dup ♣
- Aarskog syndrome (*FGD1*) Sequencing
- Aarskog syndrome (*FGD1*) Del/Dup ♣
- Adrenoleukodystrophy, X-linked (*ABCD1*) Sequencing
- Adrenoleukodystrophy, X-linked (*ABCD1*) Del/Dup ♣
- Alpha-Mannosidosis (*MAN2B1*) Sequencing
- Alpha-Mannosidosis (*MAN2B1*) Del/Dup ♣
- Aminoglycoside-induced hearing loss (*MTRNR1*) A1555G
- Angelman syndrome Methylation analysis
- Angelman syndrome (*UBE3A*) Sequencing
- Angelman syndrome (*UBE3A*) Del/Dup ♣
- ARX*-related X-linked intellectual disability (*ARX*) Sequencing
- ARX*-related X-linked intellectual disability (*ARX*) Del/Dup ♣
- Aspartylglycosaminuria (*AGA*) Sequencing
- Aspartylglycosaminuria (*AGA*) Del/Dup ♣
- ATRX* syndrome (*ATRX*) Sequencing
- ATRX* syndrome (*ATRX*) Del/Dup ♣
- Batten Disease, Neuronal Ceroid Lipofuscinosis 3 (*CLN3*) Sequencing
- Batten Disease, Neuronal Ceroid Lipofuscinosis 3 (*CLN3*) Del/Dup ♣
- Beckwith-Wiedemann syndrome (*CDKN1C*) Sequencing
- Beckwith-Wiedemann syndrome Methylation/MLPA
- Beta-mannosidosis (*MANBA*) Sequencing
- Beta-mannosidosis (*MANBA*) Del/Dup ♣
- Biotinidase deficiency (*BTD*) Sequencing
- Biotinidase deficiency (*BTD*) Del/Dup ♣
- Borjeson-Forsman-Lehmann syndrome (*PHF6*) Sequencing
- Borjeson-Forsman-Lehmann syndrome (*PHF6*) Del/Dup ♣
- Carnitine palmitoyltransferase deficiency IA (*CPT1A*) Sequencing
- Carnitine palmitoyltransferase deficiency IA (*CPT1A*) Del/Dup ♣
- Carnitine palmitoyltransferase II deficiency (*CPT2*) Sequencing
- Carnitine palmitoyltransferase II deficiency (*CPT2*) Del/Dup ♣
- CASK*-related X-linked intellectual disability Sequencing
- CASK*-related X-linked intellectual disability Del/Dup ♣
- Charcot-Marie-Tooth Disease, Type IA (*PMP22*) Del/Dup (MLPA)
- CMT NGS Multigene Panel also available – use [NGS Requisition form](#)
- CHD7*-related disorders Sequencing
- CHD7*-related disorders Del/Dup ♣
- Citrullinemia, Type 1 (*ASS1*) Sequencing
- Citrullinemia, Type 1 (*ASS1*) Del/Dup ♣
- Coffin-Lowry syndrome (*RPS6KA3*) Sequencing
- Coffin-Lowry syndrome (*RPS6KA3*) Del/Dup ♣
- Congenital Disorders of Glycosylation type Ia (*PMM2*) Sequencing
- Congenital Disorders of Glycosylation type Ia (*PMM2*) Del/Dup ♣
- Congenital Disorders of Glycosylation type Ib (*MPI*) Sequencing
- Congenital Disorders of Glycosylation type Ib (*MPI*) Del/Dup ♣
- Congenital Disorders of Glycosylation type Ic (*ALG6*) Sequencing
- Congenital Disorders of Glycosylation type Ic (*ALG6*) Del/Dup ♣
- Connexin 26 (*GJB2*) Sequencing
- Connexin 26 (*GJB2*) Del/Dup ♣
- Copper Transport disorders (*ATP7A*) Sequencing
- Copper Transport disorders (*ATP7A*) Del/Dup ♣
- Cornelia de Lange syndrome (*NIPBL*) Sequencing
- Cornelia de Lange syndrome (*NIPBL*) Del/Dup ♣
- Creatine transporter deficiency syndrome (*SLC6A8*) Seq \***PAX**
- Creatine transporter deficiency syndrome (*SLC6A8*) Del/Dup ♣
- Cystic Fibrosis (*CFTR*) Sequencing
- Cystic Fibrosis (*CFTR*) Del/Dup ♣
- Duchenne/Becker Muscular Dystrophy (*DMD*) Del/Dup (MLPA)
- Fabry disease (*GLA*) Sequencing
- Fabry disease (*GLA*) Del/Dup ♣
- Familial Hypercholesterolemia (*LDLR*) Del/Dup (MLPA)
- Familial Hypercholesterolemia NGS Multigene Panel also available  
– use [NGS Requisition form](#)
- FGFR2*-related disorders (*FGFR2*) Sequencing
- FGFR2*-related disorders Targeted (check all that apply)
  - Apert syndrome
  - Crouzon syndrome
  - Jackson-Weiss syndrome
  - Pfeiffer syndrome with *FGFR1* reflex
- FGFR2* – related Beare-Stevenson with cutis gyrata
- FGFR2*-related disorders Del/Dup ♣
- FGFR3*-related disorders (**must** select the phenotype(s) below)
  - Achondroplasia
  - Crouzon with acanthosis nigricans
  - Hypochondroplasia
  - Non-syndromic craniosynostosis
  - Thanatophoric dysplasia type I
  - Thanatophoric dysplasia type II
  - Other \_\_\_\_\_
- FGFR3*-related disorders Del/Dup ♣
- FLNA*-related disorders Sequencing
  - Specific phenotype \_\_\_\_\_
- FLNA*-related disorders Del/Dup ♣
- Fragile X syndrome (*FMR1*) triplet repeat analysis
- Fucosidosis (*FUCA1*) Sequencing
- Fucosidosis (*FUCA1*) Del/Dup ♣
- Galactosemia, Classic (*GALT*) Sequencing
- Galactosemia, Classic (*GALT*) Del/Dup ♣
- Galactosialidosis (*CTSA*) Sequencing
- Galactosialidosis (*CTSA*) Del/Dup ♣
- Gaucher disease (*GBA*) Sequencing
- Gaucher disease (*GBA*) Del/Dup ♣
- Glutaric acidemia, type 1 (*GCDH*) Sequencing
- Glutaric acidemia, type 1 (*GCDH*) Del/Dup ♣
- GLI3*-related disorders Sequencing
  - Specific phenotype \_\_\_\_\_
- GLI3*-related disorders Del/Dup ♣
- Glycogen synthase deficiency, GSD Type 0 (*GYS2*) Sequencing
- Glycogen synthase deficiency, GSD Type 0 (*GYS2*) Del/Dup ♣
- GM1-gangliosidosis (*GLB1*) Sequencing
- GM1-gangliosidosis (*GLB1*) Del/Dup ♣
- Hemochromatosis (*HFE*) p.C282Y/p.H63D targeted mutation analysis
- Hunter syndrome (*IDS*) Sequencing (with reflex to MLPA)
- Hunter syndrome (*IDS*) Del/Dup (MLPA only)
- Hurler syndrome (*IDUA*) Sequencing
- Hurler syndrome (*IDUA*) Del/Dup ♣
- Kabuki syndrome (*KMT2D*) Sequencing
- Kabuki syndrome (*KMT2D*) Del/Dup ♣
- Kabuki syndrome 2 (*KDM6A*) Sequencing
- Kabuki syndrome 2 (*KDM6A*) Del/Dup ♣
- Krabbe disease (*GALC*) Sequencing
- Krabbe disease (*GALC*) Del/Dup ♣
- Marfan syndrome (*FBN1*) Sequencing
- Marfan syndrome (*FBN1*) Del/Dup ♣
- Maroteaux-Lamy syndrome (*ARSB*) Sequencing
- Maroteaux-Lamy syndrome (*ARSB*) Del/Dup ♣
- Maternal Cell Contamination
- MCAD deficiency (*ACADM*) Sequencing
- MCAD deficiency (*ACADM*) Del/Dup ♣
- Metachromatic Leukodystrophy (*ARSA*) Sequencing
- Metachromatic Leukodystrophy (*ARSA*) Del/Dup ♣
- Morquio syndrome A, MPS IVA (*GALNS*) Sequencing
- Morquio syndrome A, MPS IVA (*GALNS*) Del/Dup ♣
- Morquio syndrome B, MPS IVB (*GLB1*) Sequencing
- Morquio syndrome B, MPS IVB (*GLB1*) Del/Dup ♣

All individual gene tests require a purple top (EDTA) tube or a dried blood spot card unless otherwise specified

\* Requires Qiagen PAXGENE tube (available upon request) and purple top (EDTA) tube

♣ Single gene del/dup analysis via CytoScan Xon array – cannot be performed from a dried blood spot

Last Name	First	MI	DOB	Numeric Identifier (Medical record # or SSN)
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- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Mucopolipidosis II &amp; III Alpha/Beta (<i>GNPTAB</i>) Sequencing</li> <li><input type="checkbox"/> Mucopolipidosis II &amp; III Alpha/Beta (<i>GNPTAB</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Mucopolipidosis III Gamma (<i>GNPTG</i>) Sequencing</li> <li><input type="checkbox"/> Mucopolipidosis III Gamma (<i>GNPTG</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Myotonic dystrophy (<i>DM1</i>) Triplet repeat analysis</li> <li><input type="checkbox"/> Myotubular myopathy, X-linked (<i>MTM1</i>) Sequencing</li> <li><input type="checkbox"/> Myotubular myopathy, X-linked (<i>MTM1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Neuronal ceroid lipofuscinosis Type 1 (<i>PPT1</i>) Sequencing</li> <li><input type="checkbox"/> Neuronal ceroid lipofuscinosis Type 1 (<i>PPT1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Neuronal ceroid lipofuscinosis Type 2 (<i>TPP1</i>) Sequencing</li> <li><input type="checkbox"/> Neuronal ceroid lipofuscinosis Type 2 (<i>TPP1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Niemann-Pick A/B disease (<i>SMPD1</i>) Sequencing</li> <li><input type="checkbox"/> Niemann-Pick A/B disease (<i>SMPD1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Ornithine transcarbamylase deficiency (<i>OTC</i>) Sequencing</li> <li><input type="checkbox"/> Ornithine transcarbamylase deficiency (<i>OTC</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Pelizaeus-Merzbacher disease (<i>PLP1</i>) Sequencing</li> <li><input type="checkbox"/> Pelizaeus-Merzbacher disease (<i>PLP1</i>) Del/Dup (MLPA)</li> <li><input type="checkbox"/> Phenylketonuria (<i>PAH</i>) Sequencing</li> <li><input type="checkbox"/> Phenylketonuria (<i>PAH</i>) Del/Dup ♣</li> <li><input type="checkbox"/> <i>POLG</i>-related disorders Sequencing</li> <li><input type="checkbox"/> <i>POLG</i>-related disorders Del/Dup ♣</li> <li><input type="checkbox"/> Pompe disease, glycogen storage disease type II (<i>GAA</i>) Sequencing</li> <li><input type="checkbox"/> Pompe disease, glycogen storage disease type II (<i>GAA</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Prader-Willi syndrome, Methylation analysis</li> <li><input type="checkbox"/> Primary carnitine deficiency, systemic (<i>SLC22A5</i>) Sequencing</li> <li><input type="checkbox"/> Primary carnitine deficiency, systemic (<i>SLC22A5</i>) Del/Dup ♣</li> <li><input type="checkbox"/> <i>PTEN</i>-related disorders Sequencing</li> <li><input type="checkbox"/> Specific phenotype _____</li> <li><input type="checkbox"/> <i>PTEN</i> Del/Dup (MLPA)</li> <li><input type="checkbox"/> <i>PTPN11</i>-related disorders Sequencing</li> <li><input type="checkbox"/> <i>PTPN11</i>-related disorders Del/Dup ♣</li> <li><input type="checkbox"/> Rett syndrome (<i>MECP2</i>) Sequencing</li> <li><input type="checkbox"/> Rett syndrome (<i>MECP2</i>) Del/Dup (MLPA)</li> <li><input type="checkbox"/> Russell-Silver syndrome (11p15.5 related) Methylation/MLPA</li> <li><input type="checkbox"/> Saethre-Chotzen syndrome (<i>TWIST1</i>) Sequencing</li> <li><input type="checkbox"/> Saethre-Chotzen syndrome (<i>TWIST1</i>) Del/Dup (MLPA)</li> <li><input type="checkbox"/> Sandhoff disease (<i>HEXB</i>) Sequencing</li> <li><input type="checkbox"/> Sandhoff disease (<i>HEXB</i>) Del/Dup ♣</li> <li><input type="checkbox"/> DNA Banking</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Sanfilippo A (<i>SGSH</i>) syndrome Sequencing</li> <li><input type="checkbox"/> Sanfilippo A (<i>SGSH</i>) syndrome Del/Dup ♣</li> <li><input type="checkbox"/> Sanfilippo B (<i>NAGLU</i>) syndrome Sequencing</li> <li><input type="checkbox"/> Sanfilippo B (<i>NAGLU</i>) syndrome Del/Dup ♣</li> <li><input type="checkbox"/> Sanfilippo C (<i>HGSNAT</i>) syndrome Sequencing</li> <li><input type="checkbox"/> Sanfilippo C (<i>HGSNAT</i>) syndrome Del/Dup ♣</li> <li><input type="checkbox"/> Sanfilippo D (<i>GNS</i>) syndrome Sequencing</li> <li><input type="checkbox"/> Sanfilippo D (<i>GNS</i>) syndrome Del/Dup ♣</li> <li><input type="checkbox"/> SCAD deficiency (<i>ACADS</i>) Sequencing</li> <li><input type="checkbox"/> SCAD deficiency (<i>ACADS</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Schaaf-Yang syndrome (<i>MAGEL2</i>) Sequencing</li> <li><input type="checkbox"/> Schaaf-Yang syndrome (<i>MAGEL2</i>) Del/Dup ♣</li> <li><input type="checkbox"/> SCOT deficiency (<i>OXCT1</i>) Sequencing</li> <li><input type="checkbox"/> SCOT deficiency (<i>OXCT1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Sialidosis (<i>NEU1</i>) Sequencing</li> <li><input type="checkbox"/> Sialidosis (<i>NEU1</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Sly syndrome, MPS VII (<i>GUSB</i>) Sequencing</li> <li><input type="checkbox"/> Sly syndrome, MPS VII (<i>GUSB</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Sotos syndrome (<i>NSD1</i>) Sequencing</li> <li><input type="checkbox"/> Sotos syndrome (<i>NSD1</i>) Del/Dup (MLPA)</li> <li><input type="checkbox"/> Spinal muscular atrophy (<i>SMN1</i>) Sequencing</li> <li><input type="checkbox"/> Spinal muscular atrophy (<i>SMN1/SMN2</i>) Del/Dup (MLPA)</li> <li><input type="checkbox"/> Tay Sachs disease (<i>HEXA</i>) Sequencing</li> <li><input type="checkbox"/> Tay Sachs disease (<i>HEXA</i>) Del/Dup ♣</li> <li><input type="checkbox"/> Thrombosis Panel <ul style="list-style-type: none"> <li><input type="checkbox"/> Factor V Leiden</li> <li><input type="checkbox"/> Prothrombin c.G20210A</li> </ul> </li> <li><input type="checkbox"/> <i>TP63</i>-related disorders Sequencing</li> <li><input type="checkbox"/> Specific phenotype _____</li> <li><input type="checkbox"/> <i>TP63</i>-related disorders Del/Dup ♣ <ul style="list-style-type: none"> <li>Uniparental Disomy-**Parental samples required</li> <li><input type="checkbox"/> Chromosome 7 UPD** (Russell-Silver syndrome)</li> <li><input type="checkbox"/> Chromosome 14 UPD**</li> <li><input type="checkbox"/> Chromosome 15 UPD** (Angelman/Prader-Willi syndrome)</li> </ul> </li> <li><input type="checkbox"/> VLCAD deficiency (<i>ACADVL</i>) Sequencing</li> <li><input type="checkbox"/> VLCAD deficiency (<i>ACADVL</i>) Del/Dup ♣</li> <li><input type="checkbox"/> X-inactivation analysis</li> <li><input type="checkbox"/> X-linked Hydrocephalus (<i>L1CAM</i>) Sequencing</li> <li><input type="checkbox"/> X-linked Hydrocephalus (<i>L1CAM</i>) Del/Dup ♣</li> <li><input type="checkbox"/> X-linked Opitz G/BBB syndrome (<i>MID1</i>) Sequencing</li> <li><input type="checkbox"/> X-linked Opitz G/BBB syndrome (<i>MID1</i>) Del/Dup ♣</li> </ul> |
|---|---|

**Focused Del/Dup ♣ Custom Requests** Specify the gene(s) if not listed above: \_\_\_\_\_

Available via CytoScan Xon Microarray for most single genes and custom panel requests.  
Please contact the laboratory prior to submission to confirm coverage of the requested gene(s).

EpiSign Complete

EpiSign Variant: Specify Condition/Gene \_\_\_\_\_

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\* Requires Qiagen PAXGENE tube (available upon request) and purple top (EDTA) tube

♣ Single gene del/dup analysis via CytoScan Xon array – cannot be performed from a dried blood spot