Molecular Diagnostic Request Form

Greenwood Diagnostic Labs
106 Gregor Mendel Circle • Greenwood, SC 29646
Toll Free: (800) 473-9411 • Fax: (864) 941-8141
Website: www.GGC.org Highlighted boxes are required

LAB USE ONLY

Patient Information (Please Print):

Last Name First MI		Address	
Race/Ethnicity	Sex ☐ M ☐ F	DOB MM/DD/YYYY	City, State, Zip
Specimen Collection Date MM/DD/YYY	Type of specimen*	Numeric Identifier (Medical record # or SSN)	Home telephone

*DNA samples only: Please identify where DNA extraction was performed.
☐ **CAP/CLIA Accredited Lab:** _____ ☐ **Research Lab:** _____ ☐ **Unknown**

Referring Physician:

Name	Address	
Institution	City, State, Zip	
NPI#	Telephone	Fax
Email Address:	Preferred Method to Receive Results: ☐ Secure Email ☐ Fax ☐ 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 _____
☐ Targeted mutation analysis for known mutation(s)- specify 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 all prenatal testing and recommended for analysis on cord blood specimens.**
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 Eagle UPS DHL WC USPS 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

Greenwood Diagnostic Labs

Diagnostic Laboratory Billing Form

This page is required to process any test requests.

LAB USE ONLY

- **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 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 ☐ Male ☐ Female
Relationship to Patient ☐ Self ☐ Spouse ☐ Dependent ☐ Other:	Policy #	
Insurance Company Name:	Insurance ID #:	
Group #:	Insurance Address	
Authorization Number (attach copy of authorization letter) *Required	Insurance City, State, Zip	Phone

Secondary

Insured/Policy Holder Name:	Policy Holder DOB:	Policy Holder Gender ☐ Male ☐ Female
Relationship to Patient ☐ Self ☐ Spouse ☐ Dependent ☐ Other:	Policy #	
Insurance Company Name:	Insurance ID #:	
Group #:	Insurance Address	
Authorization Number (attach copy of authorization letter) *Required	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/American Express/Discover. All information required to process credit card payments.

Payments will be processed prior to initiation of testing.

Payment Method: ☐ Check ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover	Credit Card Number:	
Amount: (with discount applied if applicable)	Exp. Date	CVV
Cardholder Name (print as it appears on the card):	Cardholder Signature:	Date
Billing address	City, State, Zip	Telephone

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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-Forssman-Lehmann syndrome *(PHF6)* Sequencing**
- ☐ **Borjeson-Forssman-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

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- ☐ **Mucolipidosis II & III Alpha/Beta *(GNPTAB)* Sequencing**
- ☐ **Mucolipidosis II & III Alpha/Beta *(GNPTAB)* Del/Dup ♦**
- ☐ **Mucolipidosis III Gamma (*GNPTG*) Sequencing**
- ☐ **Mucolipidosis III Gamma (*GNPTG*) Del/Dup ♦**
- ☐ **Myotonic dystrophy *(DM1)* Triplet repeat analysis**
- ☐ **Myotubular myopathy, X-linked (*MTM1*) Sequencing**
- ☐ **Myotubular myopathy, X-linked (*MTM1*) Del/Dup ♦**
- ☐ **Neuronal ceroid lipofuscinosis Type 1 (*PPT1*) Sequencing**
- ☐ **Neuronal ceroid lipofuscinosis Type 1 (*PPT1*) Del/Dup ♦**
- ☐ **Neuronal ceroid lipofuscinosis Type 2 (*TPP1*) Sequencing**
- ☐ **Neuronal ceroid lipofuscinosis Type 2 (*TPP1*) Del/Dup ♦**
- ☐ **Niemann-Pick A/B disease (*SMPD1*) Sequencing**
- ☐ **Niemann-Pick A/B disease (*SMPD1*) Del/Dup ♦**
- ☐ **Ornithine transcarbamylase deficiency (*OTC*) Sequencing**
- ☐ **Ornithine transcarbamylase deficiency (*OTC*) Del/Dup ♦**
- ☐ **Pelizaeus-Merzbacher disease (*PLP1*) Sequencing**
- ☐ **Pelizaeus-Merzbacher disease (*PLP1*) Del/Dup (MLPA)**
- ☐ **Phenylketonuria *(PAH)* Sequencing**
- ☐ **Phenylketonuria *(PAH)* Del/Dup ♦**
- ☐ ***POLG*-related disorders Sequencing**
- ☐ ***POLG*-related disorders Del/Dup ♦**
- ☐ **Pompe disease,** glycogen storage disease type II **(*GAA*) Sequencing**
- ☐ **Pompe disease,** glycogen storage disease type II **(*GAA*) Del/Dup (MLPA)**
- ☐ **Prader-Willi syndrome, Methylation analysis**
- ☐ **Primary carnitine deficiency, systemic (*SLC22A5*) Sequencing**
- ☐ **Primary carnitine deficiency, systemic (*SLC22A5*) Del/Dup ♦**
- ☐ ***PTEN*-related disorders Sequencing**
  Specific phenotype _____
- ☐ ***PTEN* Del/Dup (MLPA)**
- ☐ ***PTPN11*-related disorders Sequencing**
- ☐ ***PTPN11*-related disorders Del/Dup ♦**
- ☐ **Rett syndrome (*MECP2*) Sequencing**
- ☐ **Rett syndrome *(MECP2)* Del/Dup (MLPA)**
- ☐ **Russell-Silver syndrome (11p15.5 related) Methylation/MLPA**
- ☐ **Saethre-Chotzen syndrome *(TWIST1)* Sequencing**
- ☐ **Saethre-Chotzen syndrome *(TWIST1)* Del/Dup (MLPA)**
- ☐ **Sandhoff disease *(HEXB)* Sequencing**
- ☐ **Sandhoff disease *(HEXB)* Del/Dup ♦**
- ☐ **Sanfilippo A *(SGSH)* syndrome Sequencing**
- ☐ **Sanfilippo A *(SGSH)* syndrome Del/Dup ♦**
- ☐ **Sanfilippo B *(NAGLU)* syndrome Sequencing**
- ☐ **Sanfilippo B *(NAGLU)* syndrome Del/Dup ♦**
- ☐ **Sanfilippo C (*HGSNAT*) syndrome Sequencing**
- ☐ **Sanfilippo C (*HGSNAT*) syndrome Del/Dup ♦**
- ☐ **Sanfilippo D (*GNS*) syndrome Sequencing**
- ☐ **Sanfilippo D (*GNS*) syndrome Del/Dup ♦**
- ☐ **SCAD deficiency (*ACADS*) Sequencing**
- ☐ **SCAD deficiency (*ACADS*) Del/Dup ♦**
- ☐ **Schaaf-Yang syndrome *(MAGEL2)* Sequencing**
- ☐ **Schaaf-Yang syndrome *(MAGEL2)* Del/Dup ♦**
- ☐ **SCOT deficiency (*OXCT1*) Sequencing**
- ☐ **SCOT deficiency (*OXCT1*) Del/Dup ♦**
- ☐ **Sialidosis (*NEU1*) Sequencing**
- ☐ **Sialidosis (*NEU1*) Del/Dup ♦**
- ☐ **Sly syndrome, MPS VII (*GUSB*) Sequencing**
- ☐ **Sly syndrome, MPS VII (*GUSB*) Del/Dup ♦**
- ☐ **Sotos syndrome (*NSD1*) Sequencing**
- ☐ **Sotos syndrome (*NSD1*) Del/Dup (MLPA)**
- ☐ **Spinal muscular atrophy (*SMN1*) Sequencing**
- ☐ **Spinal muscular atrophy (*SMN1/SMN2*) Del/Dup (MLPA)**
- ☐ **Spinocerebellar Ataxia (5 genes) Expansion Analysis Panel**
- ☐ **Spinocerebellar Ataxia 1 (*ATXN1*) Expansion Analysis**
- ☐ **Spinocerebellar Ataxia 2 (*ATXN2*) Expansion Analysis**
- ☐ **Spinocerebellar Ataxia 3 (*ATXN3*) Expansion Analysis**
- ☐ **Spinocerebellar Ataxia 6 (*CACNA1A*) Expansion Analysis**
- ☐ **Spinocerebellar Ataxia 7 (*ATXN7*) Expansion Analysis**
- ☐ **Tay Sachs disease (*HEXA*) Sequencing**
- ☐ **Tay Sachs disease (*HEXA*) Del/Dup ♦**
- ☐ **Thrombosis Panel**
  - ☐ **Factor V Leiden**
  - ☐ **Prothrombin c.G20210A**
- ☐ ***TP63*-related disorders Sequencing**
  Specific phenotype _____
- ☐ ***TP63*-related disorders Del/Dup ♦**
  Uniparental Disomy–Parental samples w/ TRFs required**
- ☐ **Chromosome 7 UPD** (Russell-Silver syndrome)**
- ☐ **Chromosome 14 UPD****
- ☐ **Chromosome 15 UPD** (Angelman/Prader-Willi syndrome)**
- ☐ **VLCAD deficiency *(ACADVL)* Sequencing**
- ☐ **VLCAD deficiency *(ACADVL)* Del/Dup ♦**
- ☐ **X-inactivation analysis**
- ☐ **X-linked Hydrocephalus *(L1CAM)* Sequencing**
- ☐ **X-linked Hydrocephalus *(L1CAM)* Del/Dup ♦**
- ☐ **X-linked Opitz G/BBB syndrome (*MID1*) Sequencing**
- ☐ **X-linked Opitz G/BBB syndrome (*MID1*) Del/Dup ♦**

- ☐ **DNA Banking**

☐ **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: _____

Please specify any variants identified with previous molecular testing below, or attach a copy of the report.

Gene/Variant: _____

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