Molecular Diagnostic Request Form

Greenwood Genetic Center
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

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 _____
☐ Known mutation(s)- gene and alteration _____
☐ Proband name (if tested at GGC): _____Proband DOB: _____Study # _____
☐ Population Screening/ Other _____
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 3-5 ml of maternal blood in EDTA tube.

☐ Maternal Cell Contamination

Comments:

_____

_____

If multiple tests are requested, please indicate the order the 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 custom array – cannot be performed from a dried blood spot

LAB USE ONLY Accessioned By: Event Codes: FedEx BeavEx UPS Other:

EDTA	Na Hep	Plasma	Urine / Flasks / Other	Serum / Tissue	DBS / DNA
RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F	RT / R / F

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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. All information required to process credit card payments.
Payments will be processed prior to initiation of testing.

Payment Method: ☐ Check ☐ Visa ☐ MasterCard	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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- ☐ 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 *(XNP)* Sequencing
- ☐ *ATRX* syndrome *(XNP)* 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*) 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
- ☐ *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
- ☐ GM1-gangliosidosis (*GLB1*) Sequencing
- ☐ GM1-gangliosidosis (*GLB1*) Del/Dup ♦
- ☐ Hemochromatosis *(HFE)* p.C282Y/p.H63D targeted mutation analysis
- ☐ Hunter syndrome *(IDS)* Sequencing
- ☐ Hunter syndrome *(IDS)* Del/Dup (MLPA)
- ☐ Hurler syndrome (*IDUA*) Sequencing
- ☐ Hurler syndrome (*IDUA*) Del/Dup ♦
- ☐ Kabuki syndrome (*KMT2D*) Sequencing
- ☐ Kabuki syndrome (*KMT2D*) Del/Dup ♦
- ☐ Kabuki syndrome 2 *(KDM6A)* Sequencing
- ☐ 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 ♦

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*** Requires Qiagen PAXGENE tube (available upon request) and purple top (EDTA) tube**
♦ Single gene del/dup analysis via custom 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 ♦**
- ☐ ***POLG1*-related disorders - Sequencing**
- ☐ ***POLG1*-related disorders - Del/Dup ♦**
- ☐ **Pompe disease,** glycogen storage disease type II **(*GAA*) Sequencing**
- ☐ **Pompe disease,** glycogen storage disease type II **(*GAA*) Del/Dup ♦**
- ☐ **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**
- ☐ **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/SMN2*) Del/Dup (MLPA)**
- ☐ **Tay Sachs disease (*HEXA*) Sequencing**
- ☐ **Thrombosis Panel**
  - ☐ **Factor V Leiden**
  - ☐ **Prothrombin c.G20210A**
- ☐ ***TP63*-related disorders Sequencing**
  - ☐ **Specific phenotype** _____
- ☐ ***TP63*-related disorders Del/Dup ♦**

Uniparental Disomy–Parental samples 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**

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