MMGL MOLECULAR GENETICS REQUISITION

Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:
N-LNC Specimen Processing, 2800 Plymouth Rd, Bldg 35, Ann Arbor, MI 48109-2800

Client

Ward

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

Bill To:

☐ Client (Referring Institution)

☐ Patient Self-Pay: client attests that patient has been informed of charges to be billed by Michigan Medicine

☐ Patient Insurance: ☐ attach complete patient and insurance demographics

Traditional Medicare is primary payer: ○ Yes ○ No

If Yes: ☐ Inpatient on DOS ☐ Outpatient on DOS ☐ Non Patient on DOS ☐ attach signed ABN if applicable

MLabs requires complete patient demographics, insurance information and ICD-10 diagnosis codes to bill the patient or their insurance carrier. MLabs reserves the right to bill the client if this information is not provided or if we are unable to bill successfully. Testing for Medicare patients will be billed to the client as applicable under CMS law.

Prior Authorization:

Most insurance carriers require prior authorization to reimburse molecular or genetic testing.

☐ Prior Authorization obtained. Authorization number: _____

☐ MLabs to apply for Prior Authorization, please attach:

- ☐ MLabs Clinical History Form
- ☐ A copy of the patient's most recent comprehensive medical record from the requesting clinician, such as an outpatient clinical note, inpatient consultation note, or discharge summary that includes pathology report, relevant laboratory test results, clinical history, family history, current medications, assessment and plan.
- ☐ Required documentation available in MiChart/CareEverywhere

Informed Consent:

A consent form is required by Michigan law for presymptomatic or predictive genetic tests. It is the responsibility of the physician (or designee) to obtain this consent. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained by contacting MLabs at 800-862-7284 or online at https://mlabs.umich.edu/media/188.

☐ Informed consent obtained (please attach a copy).

ICD-10 CODES

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician | Referring Institution | Phone | Fax

Address | City | State | ZIP | Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS

Diagnosis: _____ Collection Date: _____ Time: _____ (○am ○pm) Footnote: Case/Accn _____

All tests include pathologist interpretation at a separate additional charge.

DNA BANKING
- ☐ DNA Banking (DBANK)

MICROARRAY
- ☐ Chromosomal Microarray Analysis, Germline (GDCMA)

AUTISM / INTELLECTUAL DISABILITY
- ☐ CDKL5 Gene Sequencing (CDKL5)
- ☐ Fragile X Syndrome Mutation (FRXFA)
- ☐ GDI1 Gene Sequencing (GDI1)
- ☐ MBD5 Gene Sequencing (MBD5S)

MECP2 (Rett Syndrome)
- ☐ Gene Sequencing (MECS)
- ☐ Deletion/Duplication (MECD)
- ☐ Targeted Sequencing Familial (MECF)

- ☐ MEF2C Gene Sequencing (MEFS)
- ☐ NLGN3 Gene Sequencing (NLGN3)
- ☐ NLGN4X Gene Sequencing (NLGN4)

PTEN Hamartoma Tumor Syndrome (PHTS)
- ☐ Gene Sequencing (PTENS)
- ☐ Deletion/Duplication (PTED)
- ☐ Targeted Sequencing Familial (PTENF)

- ☐ SLC9A6 Gene Sequencing (SLC9A)
- ☐ TCF4 (Pitt-Hopkins Syndrome) Gene Sequencing (TCF4S)
- ☐ UBE3A Gene Sequencing (UBE3A)

HEARING LOSS
- ☐ GJB2 (Connexin 26) Mutation Analysis (CX26S) includes reflex to GJB6 (Connexin 30) Deletion
- ☐ GJB2 (Connexin 26) Targeted Sequencing Familial (CX26F)
- ☐ SLC17A8 632C>T (A21V) Mutation Detection (SLC17)
- ☐ WFS1 (Wolfram Syndrome) Gene Sequencing (WFS1)

MS-MLPA ASSAYS
- ☐ Beckwith-Wiedemann Syndrome (BWSM)
- ☐ Prader-Willi / Angelman Syndrome by PCR (PWSMP)
- ☐ Russell-Silver Syndrome includes Uniparental Disomy for Chromosomes 6, 7, and 14 (RSSP)
- ☐ Uniparental Disomy for Chromosomes 6, 7, and 14 (UPD)

NOONAN SYNDROME
- ☐ Noonan Syndrome reflex to all Tiers (NSSTS)
- ☐ Noonan Syndrome Tier 1 (NSST1) includes PTPN11 exons 3, 8, 13, SOS1 exons 3, 6, 10, 16, RAF1 exons 7, 14, 17
- ☐ Noonan Syndrome Tier 2 (NSST2) includes PTPN11 exons 1, 2, 4-7, 9-12, 14, 15
- ☐ KRAS Gene Sequencing in Inherited Disorders (RASKS)
- ☐ PTPN11 Gene Sequencing in Inherited Disorders (PTPNS)
- ☐ SOS1 Gene Sequencing in Inherited Disorders (SOS1S)

OTHER
- ☐ ABCD1 Gene Sequencing (ABCD1)
- ☐ ATP7B Gene Sequencing (ATP7B)
- ☐ BTD Gene Sequencing (BTDS)
- ☐ CHD7 Gene Sequencing (CHD7S)
- ☐ DiGeorge Panel (DIGP1) includes reflex to Chromosomal Microarray
- ☐ FBN1 Gene Sequencing (FBN1S)
- ☐ GAA Gene Sequencing (GAAS)

GALC
- ☐ Gene Sequencing (GALCS)
- ☐ Deletion/Duplication (GALCD)

- ☐ IDUA Gene Sequencing (IDUAS)
- ☐ LMNA Gene Sequencing (LMNAS)

MSH2
- ☐ Gene Sequencing (MSH2S)
- ☐ Targeted Sequencing Familial (MSH2F)

- ☐ NF1 Gene Sequencing (NF1S)
- ☐ NOGGIN Gene Sequencing (NOGS)
- ☐ Ornithine Transcarbamylase Deficiency (OTC) Gene Sequencing (OTCS)
- ☐ PAI1 (SERPINE1) Mutation Detection (PAI1M)
- ☐ SERPINE1 Gene Sequencing (SERPS)
- ☐ SETBP1 Mutation Detection (SETM)
- ☐ SLC7A7 Gene Sequencing (SLC7A)
- ☐ SMN1&2 Deletion / Copy Number Analysis (SMN1D)

TP53
- ☐ Gene Sequencing (TP53S)
- ☐ Deletion/Duplication Analysis (TP53D)

- ☐ Other:

Specimen Type for all assays: Peripheral Blood, 5-10 mL Lavender/EDTA tube For technical questions, call lab (734) 615-2429