

## Carrier Screening Requisition

### Patient Information (Fill or attach EMR records)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Biological Sex  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical Record Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State and Zip code \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

### Ordering Provider

Full Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Partner Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Biological Sex \_\_\_\_\_  
 Samples sent together  Partner sample sent previously

### Specimen Information

Specimen type  Blood  Saliva  
 Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Send Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Clinical Indications

**Ethnicity**

Asian  White/Caucasian  Hispanic/Latin American  
 Black/African American  Ashkenazi Jewish  Native American  
 Pacific Islander  Sephardic Jewish  Other \_\_\_\_\_  
 French Canadian  Middle Eastern

Patient/partner is currently pregnant (Estimated Due Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Testing**

Screening (No family history) \_\_\_\_\_  
 Partner known carrier (Specify disorder) \_\_\_\_\_  
 Family history (Specify disorder and relationship) \_\_\_\_\_

### Billing Information

Institutional Billing (Send invoice to facility above)  
 Patient Billing Credit Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_  
 Insurance Billing  
 Insurance Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_  
 Policy Holder Relationship to Patient \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Prior Auth # \_\_\_\_\_

### Testing Options

**Comprehensive Carrier Screening Panel**  
 **Ashkenazi Jewish Carrier Screening Panel**  
 **ACOG/ACMG Carrier Screening Panel**  
 **Core Carrier Screening Panel**  
 **Single Gene Testing** Please indicate which gene(s) \_\_\_\_\_  
(see back for full list of genes covered in each panel)

### ICD-10 (Diagnosis Codes)

Z31.430 - Female: genetic disease carrier status for procreative management  
 Z31.440 - Male: genetic disease carrier status for procreative management  
 Z84.81 - Family history of carrier of genetic disease  
 Z81.0 - Family history of intellectual disabilities  
 O28.3 - Abnormal ultrasonic finding on antenatal screening of mother  
 N97 - Female infertility  
 N46 - Male infertility  
 N96 - Recurrent pregnancy loss  
 Other \_\_\_\_\_

### Patient Acknowledgment

I have read the attached Informed Consent document. I give permission to PsiGenex to perform genetic testing as described. I also give PsiGenex permission to share any relevant personal information with my insurance company for billing purposes. I authorize PsiGenex to bill my insurance company for testing. I understand the benefits and limitations of PGT-A.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Physician Acknowledgment

**Confirmation of Informed Consent & Statement of Medical Necessity**

**I affirm each of the following:** I have provided genetic testing information to the patient and the patient has consented to genetic testing. This test is medically necessary, and the results will be used in the patient's medical management and treatment decisions. The person listed as the Ordering Provider is authorized by law to order the test(s) requested herein.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gene list**

<b>Core Panel</b>	CFTR	FMR1	SMN1								
<b>ACOG/ACMG Recommended Panel</b>	ASPA	GBA	IKBKAP								
	BLM	HBA1	MCOLN1								
	CFTR	HBA2	SMN1								
	FANCC	HBB	SMPD1								
	FMR1	HEXA									
<b>Ashkenazi Jewish Panel</b>	ABCC8	ATP7B	COL4A3	DMD	GAA	IKBKAP	NR2E3	PKHD1	SUMF1		
	ACADM	BBS2	CPT2	FAH	GALT	LOXHD1	PAH	PMM2	TMEM216		
	ADAMTS2	BCKDHA	CTNS	FAM161A	GBA	MCOLN1	PCDH15	RTEL1	VPS13A		
	AGL	BCKDHB	CYP21A2	FANCC	HBA1	MEFV	PEX2	SLC35A3			
	ARSA	BLM	DHCR7	FII	HBA2	MPL	PEX6	SLC37A4			
	ASPA	CFTR	DHDDS	FKTN	HBB	MTTP	PHGDH	SMN1			
	ATM	CLRN1	DLD	FMR1	HEXA	NEB	PHGDH	SMPD1			
<b>Comprehensive Panel</b>	AAAS	ASNS	CLN8	DPYD	GALK1	HFE	MCCC1	NPHP1	PRPS1	SLC35A3	TYMP
	ABCA12	ASPA	CLRN1	DYSF	GALNS	HFE2	MCCC2	NPHS1	PSAP	SLC37A4	TYR
	ABCA4	ASS1	CNGA3	EDA	GALNT3	HGD	MCOLN1	NPHS2	PTS	SLC39A4	TYRP1
	ABCB11	ATM	CNGB3	EDAR	GALT	HGSNAT	MECP2	NR0B1	PUS1	SLC3A1	UGT1A1
	ABCB4	ATP6V1B1	COL11A2	EIF2AK3	GAMT	HLCS	MED17	NR2E3	PYGM	SLC45A2	UPB1
	ABCC6	ATP7A	COL4A3	EIF2B5	GBA	HMGCL	MEFV	NTRK1	RAB23	SLC4A11	USH1C
	ABCC8	ATP7B	COL4A4	EMD	GBE1	HMOX1	MESP2	OAT	RAG1	SLC6A8	USH2A
	ABCD1	ATP8B1	COL4A5	ERCC2	GCDH	HOGA1	MFSD8	OCRL	RAG2	SLC7A7	VPS13A
	ACAD9	ATRX	COL7A1	ERCC3	GCH1	HPD	MKKS	OPA3	RAPSN	SLC7A9	VPS13B
	ACADM	BBS1	CPS1	ERCC4	GDF5	HPS1	MKS1	OTC	RARS2	SMARCAL1	VPS45
	ACADS	BBS10	CPT1A	ERCC5	GFM1	HPS3	MLC1	PAH	RDH12	SMN1	VPS53
	ACADSB	BBS12	CPT2	ERCC6	GH1	HPS4	MLYCD	PANK2	RLBP1	SMPD1	VRK1
	ACADVL	BBS2	CRB1	ERCC8	GHRHR	HSD17B3	MMAA	PC	RMRP	SRD5A2	VSX2
	ACAT1	BBS4	CTNS	ESCO2	GJB1	HSD17B4	MMAB	PCCA	RNASEH2C	ST3GAL5	VWF
	ACOX1	BBS9	CTSC	ETFA	GJB2	HSD3B2	MMACHC	PCCB	RPE65	STAR	WAS
	ACSF3	BCHE	CTSD	ETFB	GJB3	HYLS1	MMADHC	PCDH15	RPGRIP1L	STRC	WISP3
	ADA	BCKDHA	CTSK	ETFDH	GJB6	IDS	MOCOS1	PDHA1	RS1	SUCLA2	WNT10A
	ADAMTS2	BCKDHB	CYBA	ETHE1	GLA	IDUA	MPI	PDHB	RTEL1	SUMF1	WRN
	ADGRG1	BCS1L	CYBB	EVC	GLB1	IKBKAP	MPL	PEPD	SACS	SURF1	XPA
	AGA	BLM	CYP11B1	EVC2	GLDC	IL2RG	MPV17	PET100	SAMD9	TAT	XPC
	AGL	BRIP1	CYP11B2	EXOSC3	GLE1	ITGB3	MRE11	PEX1	SAMHD1	TCIRG1	ZFYVE26
	AGPS	BSND	CYP17A1	EYS	GNE	IVD	MTHFR	PEX10	SBDS	TECPR2	
	AGXT	BTD	CYP19A1	F11	GNPTAB	KCNJ11	MTM1	PEX12	SEPSECS	TFR2	
	AIRE	BTK	CYP1B1	F2	GNPTG	LAMA2	MTRR	PEX2	SERPINA1	TGM1	
	ALDH3A2	CANT1	CYP21A2	F8	GNS	LAMA3	MTTP	PEX6	SGCA	TH	
	ALDH7A1	CAPN3	CYP27A1	F9	GORAB	LAMB3	MUT	PEX7	SGCB	TMC1	
	ALDOB	CASQ2	CYP27B1	FAH	GP1BA	LAMC2	MYO15A	PFKM	SGCD	TMEM216	
	ALG6	CBS	DBT	FAM161A	GP1BB	LCA5	MYO7A	PHGDH	SGCG	TPO	
	ALMS1	CC2D1A	DCLRE1C	FANCA	GP9	LDLR	NAGLU	PIGN	SGSH	TPP1	
	ALPL	CDH23	DDB2	FANCC	GRHRP	LDLRAP1	NAGS	PKHD1	SLC12A3	TREX1	
	AMH	CEP290	DHCR7	FANCG	GUCY2D	LHCGR	NBN	PLA2G6	SLC12A6	TRIM32	
	AMHR2	CERKL	DHDDS	FH	GUSB	LIFR	NDRG1	PMM2	SLC17A5	TRIM37	
	AMT	CFTR	DKC1	FKRP	HADHA	LIPA	NDUFAF5	PNPO	SLC19A2	TRMU	
	AP1S1	CHM	DLD	FKTN	HADHB	LIPH	NDUFS4	POLG	SLC22A5	TSEN54	
	AQP2	CHRNE	DMD	FMR1	HAX1	LOXHD1	NDUFS6	POLH	SLC25A13	TSFM	
	AR	CHRNA5	DNAH5	G6PC	HBA1	LPL	NEB	POMGNT1	SLC25A15	TSHB	
	ARG1	CIITA	DNAI1	G6PD	HBA2	LRPPRC	NEU1	POR	SLC25A20	TSHR	
	ARSA	CLN3	DNAI2	GAA	HBB	LYST	NLRP7	PPT1	SLC26A2	TTC37	
	ARSB	CLN5	DNAL1	GALC	HEXA	MAN2B1	NPC1	PREPL	SLC26A3	TTN	
	ASL	CLN6	DOK7	GALE	HEXB	MAT1A	NPC2	PROP1	SLC26A4	TPPA	