# Athena Diagnostics Neurology Patient Insurance Test Requisition (September 2017)

**Patients Requesting Financial Assistance –** Patients who meet certain income guidelines may qualify for financial assistance. Please complete the patient identification information and Athena Diagnostics® will contact the patient directly to initiate the application process and (for patients where insurance remits to patient only) to collect prepayment.

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

NOTE: Client services is now available until 9:00 PM ET. They can be reached at 800-394-4493, option 2.

**Fields in red indicate required information**

Please tear at perforation

## Patient

### Insured Patient Information

Complete this requisition for all patients with insurance, including Medicare. Patients with an insurance plan for which Athena Diagnostics is a contracted provider are subject to any co-insurance and deductible of their plan. Athena Diagnostics will bill the patient's insurance for the total price of the test and work on the patient's behalf to file appropriate justifications and/or appeals when applicable. Patients should verify coverage with their health plan prior to testing.

#### Patient Identification

Patient Name _____ (First) _____ (Last)

Patient ID # (if available) _____

DOB _____ Sex: ☐ Male ☐ Female ☐ Unknown

Mailing Address _____

_____

City _____ State _____ Zip _____

Phone #1 _____ ☐ Day ☐ Eve ☐ Cell

Phone #2 _____ ☐ Day ☐ Eve ☐ Cell

Patient E-mail: _____

**Appeal Authorization:** In the event of an underpayment or denial by my insurance carrier, I hereby authorize Athena Diagnostics or their designee to appeal to my insurance carrier on my behalf,[1] to provide the actions and information necessary to overturn the denial or receive reimbursement for the underpaid claim. This authorization shall remain valid until the charges for the orders on this form are paid in full.

**Authorization to Release Information and Pay Benefits:** I authorize Athena Diagnostics to provide my insurance carrier all information, including test results, concerning my laboratory test(s). I understand that I may be responsible for all charges not covered by my insurance carrier, and I understand that payment is due within thirty (30) days of receipt of your invoice. I authorize and direct that benefits under this claim be paid directly to Athena Diagnostics, and I agree to remit to Athena Diagnostics immediately any payment for these services made directly to me. I acknowledge that the charges for the test(s) ordered by my physician will be withdrawn in the event of cancellation only if such cancellation is executed by the ordering physician and a copy of the written confirmation evidencing this action is provided to Athena prior to the issuance of the test result.

1. Athena Diagnostics and/or designee may perform this appeal on my behalf, but is not obligated to do so.

**STOP Signature Required Here**

_____

Patient Signature Date

**Authorization to Use De-identified Specimen for Research.** To promote medical understanding and develop better health insights, Athena Diagnostics requests your permission to use your specimen in a de-identified way (without identifying information) for research, educational studies, commercial purposes and/or publication, if appropriate. Your name or other personal identifying information will not be used in or linked to the results of any studies and publications. Your refusal to have your specimen used or not used for research purposes will not affect processing or testing of your specimen, your test results or the service support provided by Athena Diagnostics to your physician. Please indicate your approval by checking the box next to **Yes** or denial by checking the box next to **No**.

**I consent to the use of my de-identified specimen for research:** ☐ **Yes** ☐ **No**

_____

Signature of Patient, Parent or Legally Authorized Representative Date

_____

Printed Name of Patient, Parent or Legally Authorized Representative Date

_____

Relationship to Patient if Signatory is Someone Other than Patient

#### Patient Insurance Information

Please provide a photocopy of the front and back of the insurance card.

Name of Insured _____ (First) _____ (Last)

Relationship to Patient: ☐ Self ☐ Parent ☐ Spouse ☐ Other

Insurance Co. Name _____

Member ID # _____

Group ID # _____

Address _____

City _____ State _____ Zip _____

Phone _____

Does the patient have secondary insurance? ☐ Yes ☐ No

If yes, please attach face sheet and copy of front and back of insurance card.

## Physician

### Physician/Laboratory Contact Information

**NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, last four digits of SS#, patient ID no. These same two forms of ID must also also be indicated on the test requisition.**

Contact Name _____ (First) _____ (Last)

Phone _____ Fax _____

Email _____

#### Tests Ordered

**Important:** Write in the test code and test name (see list on reverse).

Code _____ Name _____

Code _____ Name _____

**ICD Code (Required):** _____

#### Required Physician Information

NPI # _____

Athena Account # (if assigned) _____

Name _____ (First) _____ (Last)

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

#### Physician Attestation of Informed Consent

In accordance with Massachusetts General Law Chapter 111, Section 70G, and New York Civil Rights Law Section 79-1 verification of patient informed consent is required for genetic testing. Additionally, testing laboratories located in Massachusetts require a signed acknowledgement from the ordering medical practitioner. The signed acknowledgement is required to complete the genetic testing ordered if you have not previously signed a blanket Physician Attestation of Informed Consent (PAIC) at any Quest lab. The company offers a blanket PAIC that can be signed for all future orders.

I warrant that I have obtained both oral and written consent using the **Patient Informed Consent Form for Genetic Testing** provided by Athena Diagnostics. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person).

_____

Medical Practitioner Signature Date

_____

Printed Name of Medical Practitioner NPI

Patient Informed Consent Form for Genetic Testing is available at AthenaDiagnostics.com/consent.

#### Additional Authorized Result Report Recipient

Name _____ (First) _____ (Last)

UPIN # or CLIA # _____

Address _____ (P.O. Box not acceptable)

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

#### Indications for Genetic Testing (Check One)

☐ Diagnostic (symptomatic) ☐ Prenatal ☐ Family Testing

☐ Predictive (asymptomatic) ☐ Carrier

**Type of Specimen** ☐ Whole Blood ☐ Serum ☐ CSF ☐ Muscle ☐ CVS: Cultured ☐ Amniotic Fluid: Cultured ☐ DNA Date Collected _____

**NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, last four digits of SS#, patient ID no. These same two forms of ID must be indicated on the test requisition.**

**For Specimen Collection Service,* Please Fax this Test Requisition to 610-271-6085.**

* Specimen collection service will work with the patient to obtain phlebotomy services through either a home draw or other laboratory. See online catalog at AthenaDiagnostics.com for complete test specifications and shipping information. Reflex testing will be performed at an additional charge.

**Note:** Test requisitions become outdated. For the most accurate and up-to-date test offering, please visit AthenaDiagnostics.com.

# Athena Diagnostics Neurology Testing Services (September 2017)

**Important: Please be sure to write in test code and test name in the Tests Ordered section on front.**

| Test Code | | Pref. Spec. | Pref. Vol. | Tube Type |
|---|---|---|---|---|
| **Cerebrovascular Disease (Stroke)** | | | | |
| ☐ 1175 | Notch3(CADASIL) Sequencing Test† | B | 8 mL | L |
| ☐ 1149 | HTRA1 (CARASIL) Sequencing Test*† | B | 8 mL | L |
| ☐ 1120 | COL4A1 Sequencing Test*† (CSVD) | B | 8 mL | L |
| ☐ **1122** | **Complete CCM Sequencing and CNV Evaluation*†** (KRIT1 Seq./Del., CCM2 Seq./Del., PDCD10 Seq./Del.) | B | 8 mL | L |
| ☐ **1152** | **KRIT1 (CCM1) Seq. and CNV Evaluation*†** | B | 8 mL | L |
| ☐ **1106** | **CCM2 Seq. and CNV Evaluation*†** | B | 8 mL | L |
| ☐ **1179** | **PDCD10 (CCM3) Seq. and CNV Evaluation*†** | B | 8 mL | L |
| ☐ 681 | KRIT1 (CCM1) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 682 | KRIT1 (CCM1) Deletion Test* | B | 8 mL | L |
| ☐ 684 | CCM2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 685 | CCM2 Deletion Test* | B | 8 mL | L |
| ☐ 687 | PDCD10 (CCM3) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 688 | PDCD10 (CCM3) Deletion Test* | B | 8 mL | L |
| **Dementia** | | | | |
| ☐ **178** | **ADmark® Alzheimer's Evaluation*** (ApoE, Phospho-Tau, Total-Tau, Aß42) (Symptomatic for Dementia) (CSF must be in polypropylene tube and arrive on cold pack or frozen) | C<br>B | 2 mL<br>8 mL | P<br>L |
| ☐ 109 | ADmark® ApoE Genotype Analysis & Interpretation* (Symptomatic for Dementia) | B | 8 mL | L |
| ☐ 177 | ADmark® Phospho-Tau/Total-Tau/Aß42 CSF Analysis & Interpretation (Symptomatic) (CSF must be in polypropylene tube and arrive on cold pack or frozen) | C | 2 mL | P |
| ☐ **179** | **ADmark® Early-Onset Alzheimer's Evaluation*** (PS-1, APP Seq./Dup., PS-2) | B | 8 mL | L |
| ☐ 167 | ADmark® PSEN1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 168 | ADmark® APP DNA Sequencing Test and Duplication Test * | B | 8 mL | L |
| ☐ 169 | ADmark® PSEN2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ **281** | **Frontotemporal Dementia (FTD) Evaluation*** (MAPT, GRN, C9orf72) | B | 8 mL | L |
| ☐ 209 | C9orf72 (FTD) DNA Test* | B | 8 mL | L |
| ☐ 204 | GRN DNA Sequencing Test* | B | 8 mL | L |
| ☐ 205 | MAPT DNA Sequencing Test* | B | 8 mL | L |
| ☐ **1711** | **Autoimmune Rapidly Progressive Dementia Evaluation with Recombx®** (Hu, MaTa, CV2, Amphiphysin, GAD65, NMDA, VGKC, LGI1, CASPR2) | S | 2 mL | R |
| ☐ 1714 | Recombx® Hu Autoantibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1716 | Recombx® MaTa Autoantibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1717 | Recombx® CV2 Autoantibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1718 | Recombx® Amphiphysin Autoantibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1705 | GAD65 Antibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1706 | NMDA Receptor Antibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1707 | VGKC Antibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1708 | LGI1 Antibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| ☐ 1709 | CASPR2 Antibody Test (Autoimmune Rapidly Progressive Dementia) | S | 2 mL | R |
| **Developmental Disabilities** | | | | |
| ☐ **1186** | **Primary Microcephaly Sequencing Evaluation*†** (ASPM, MCPH1, WDR62) | B | 8 mL | L |
| ☐ 1092 | ASPM Sequencing Test*† | B | 8 mL | L |
| ☐ 1153 | MCPH1 Sequencing Test*† | B | 8 mL | L |
| ☐ 1257 | WDR62 Sequencing Test*† | B | 8 mL | L |
| ☐ 1193 | SHANK3 Sequencing Test*† | B | 8 mL | L |
| ☐ 1192 | SHANK2 Sequencing Test*† | B | 8 mL | L |
| ☐ 1190 | PTEN Sequencing Test*† | B | 5 mL | L |
| ☐ **795** | **Joubert Syndrome Evaluation*** (TMEM67, TMEM216, AHI1, CEP290, NPHP1, CC2D2A) | B | 8 mL | L |
| ☐ 792 | TMEM67 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 789 | TMEM216 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 790 | AHI1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 791 | CEP290 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 793 | NPHP1 DNA Deletion Test* | B | 8 mL | L |
| ☐ 794 | CC2D2A DNA Sequencing Test* | B | 8 mL | L |
| ☐ 737 | Smith-Lemli-Opitz Syndrome (DHCR7) DNA Test* | B | 8 mL | L |
| ☐ 1256 | VPS13B (COH1) Sequencing Test*† | B | 8 mL | L |
| ☐ **1155** | **MECP2 Sequencing and CNV Evaluation*†** | B | 8 mL | L |
| ☐ 142 | Rett Syndrome (MECP2) DNA Seq. Test* | B | 8 mL | L |
| ☐ 148 | Rett Syndrome (MECP2) Dup./Del. Test* | B | 8 mL | L |
| ☐ **1038** | **ARX Seq. and CNV Evaluation (Intellectual Disability)*†** | B | 8 mL | L |
| ☐ 141 | ARX DNA Sequencing Test* | B | 8 mL | L |
| ☐ 041 | ARX Duplication/Deletion Test* | B | 8 mL | L |
| ☐ **1114** | **CDKL5 Seq. and CNV Evaluation (Atypical Rett)*†** | B | 8 mL | L |
| ☐ 149 | CDKL5 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 049 | CDKL5 Duplication/Deletion Test* | B | 8 mL | L |
| ☐ 1194 | SYNGAP1 Sequencing Test*† | B | 8 mL | L |
| ☐ **1166** | **MEF2C Sequencing and CNV Evaluation*†** | B | 4 mL | L |
| ☐ 754 | MEF2C DNA Sequencing Test* | B | 4 mL | L |
| ☐ 077 | MEF2C Deletion Test* | B | 4 mL | L |
| ☐ **1142** | **FOXG1 Sequencing and CNV Evaluation*†** | B | 4 mL | L |
| ☐ 740 | FOXG1 DNA Sequencing Test* | B | 4 mL | L |
| ☐ 074 | FOXG1 Deletion Test* | B | 4 mL | L |
| NOTE: Pediatric minimum for all Developmental Disabilities tests is 2 mL. | | | | |
| **Epilepsy** | | | | |
| ☐ **6000** | **Epilepsy Advanced Sequencing and CNV Evaluation*†** | B | 8 mL | L |
| ☐ **6008** | **Epilepsy Advanced Sequencing and CNV Evaluation - Generalized, Absence, Focal, Febrile and Myoclonic Epilepsies*†** | B | 8 mL | L |
| ☐ **6010** | **Epilepsy Advanced Sequencing and CNV Evaluation - Epileptic Encephalopathy*†** | B | 8 mL | L |
| ☐ **6018** | **Epilepsy Advanced Sequencing and CNV Evaluation - Developmental Brain Malformations*†** | B | 8 mL | L |
| ☐ **6019** | **Epilepsy Advance Sequencing and CNV Evaluation - Intellectual Disability*†** | B | 8 mL | L |
| ☐ **6022** | **Epilepsy Advanced Sequencing and CNV Evaluation - Neuronal Ceroid Lipofuscinosis*†** | B | 8 mL | L |
| ☐ **6023** | **Epilepsy Advanced Sequencing and CNV Evaluation - Epilepsy with Migraine*†** | B | 8 mL | L |
| ☐ **6033** | **Epilepsy Advanced Sequencing and CNV Evaluation - Syndromic Disorders*†** | B | 8 mL | L |
| ☐ **6038** | **Epilepsy Advanced Sequencing and CNV Evaluation - Infantile Spasms*†** | B | 8 mL | L |
| Please see website for the list of genes in each panel. | | | | |
| ☐ **5120** | **Autoimmune Epilepsy Evaluation** GAD65, VGKC, CASPR2, LGI1, NMDA | S | 2 mL | R |
| ☐ 5101 | GAD65 Neurological Syndrome Antibody Test (Epilepsy) (Single) | S | 2 mL | R |
| ☐ 5102 | VGKC Antibody Test (Epilepsy) (Single) | S | 2 mL | R |
| ☐ 5103 | CASPR2 Antibody Test (Epilepsy) (Single) | S | 2 mL | R |
| ☐ 5104 | LGI1 Antibody Test (Epilepsy) (Single) | S | 2 mL | R |
| ☐ 5105 | NMDA Receptor (NR1-subunit) Antibody Test (Epilepsy) (Single) | S | 2 mL | R |
| ☐ **1131** | **Complete Tuberous Sclerosis Seq. * and CNV Evaluation*†** (TSC1 Seq., TSC1 Del., TSC2 Seq., TSC2 Del.) | B | 8 mL | L |
| ☐ 1245 | TSC1 Sequencing Test*† | B | 8 mL | L |
| ☐ 1236 | TSC1 CNV Test*† | B | 8 mL | L |
| ☐ 1255 | TSC2 Sequencing Test*† | B | 8 mL | L |
| ☐ 1254 | TSC2 CNV Test*† | B | 8 mL | L |
| ☐ 523 | TSC Familial DNA Seq. Mutation Evaluation* Proband Accession # _____ Relationship _____ | B | 8 mL | L |
| ☐ **1129** | **SCN1A Seq. and CNV Evaluation*†** | B | 8 mL | L |
| ☐ 1191 | SCN1A CNV Test*† | B | 8 mL | L |
| ☐ **1133** | **CSTB (EPM1) Seq. and Repeat Expansion Evaluation*†** | B | 8 mL | L |
| ☐ 410 | EPM1 DNA Test* | B | 8 mL | L |
| ☐ **1036** | **ARX Seq. and CNV Evaluation (Epilepsy)*†** | B | 8 mL | L |
| ☐ **1115** | **CDKL5 Seq. and CNV Evaluation (Epilepsy)*†** | B | 8 mL | L |
| ☐ 065 | ARX Duplication/Deletion Test* | B | 8 mL | L |
| ☐ 067 | CDKL5 Duplication/Deletion Test* | B | 8 mL | L |
| ☐ 4411 | SLC2A1 DNA Sequencing Test | B | 8 mL | L |
| ☐ 1003 | GFAP (Alexander Disease) Seq. Test*† | B | 8 mL | L |
| ☐ 443 | POLG DNA Seq. Test* (Alpers Syndrome) | B | 8 mL | L |
| NOTE: Pediatric minimum for all Epilepsy tests is 2 mL. | | | | |
| **Family Testing** | | | | |
| ☐ 185 | Familial DNA Sequence Evaluation* This test detects previously identified sequence variants in at-risk family members. This test cannot be applied to the TTR gene. For Familial TSC mutations, please order Code 523. Proband Accession # _____ Relationship _____ | B | 8 mL | L |
| **Hearing Loss** | | | | |
| ☐ **329** | **Connexin Related Deafness Evaluation*** (Connexin 26, Connexin 30) | B | 8 mL | L |
| ☐ 321 | Connexin 26 (GJB2) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 319 | Connexin 30 (GJB2) DNA Test* | B | 8 mL | L |
| **Leukodystrophy** | | | | |
| ☐ 1175 | Notch3(CADASIL) Sequencing Test*† | B | 8 mL | L |
| ☐ **6106** | **Leukoencephalopathy with Vanishing White Matter Evaluation*** (EIF2B1, EIF2B2, EIF2B3, EIF2B4, EIF2B5) | B | 8 mL | L |
| ☐ 6101 | EIF2B1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6102 | EIF2B2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6103 | EIF2B3 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6104 | EIF2B4 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6105 | EIF2B5 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6107 | ARSA DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6108 | ABCD1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ **1183** | **PLP1 Sequencing and CNV Evaluation*†** | B | 8 mL | L |
| ☐ 6112 | PLP1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 6111 | PLP1 Duplication Test* | B | 8 mL | L |
| ☐ 6109 | GJC2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 1003 | GFAP (Alexander Disease) Seq. Test*† | B | 8 mL | L |
| **Migraine** | | | | |
| ☐ **1148** | **Hemiplegic Migraine Seq. Evaluation*†** (CACNA1A, ATP1A2, SCN1A) | B | 8 mL | L |
| ☐ 1103 | CACNA1A Sequencing Test*† | B | 8 mL | L |
| ☐ 1101 | ATP1A2 Sequencing Test*† | B | 8 mL | L |
| ☐ 1136 | SCN1A Sequencing Test (FHM)*† (Exons 3, 23, 26) | B | 8 mL | L |
| **Mitochondrial Disorders** | | | | |
| ☐ **575** | **Common Mitochondrial Disorders Evaluation*** (POLG, MELAS, MERRF, NARP) | B | 8 mL | L |
| ☐ **576** | **Progressive External Ophthalmoplegia Evaluation*** (POLG, TWINKLE, ANT1, OPA1, MELAS) | B | 8 mL | L |
| ☐ **577** | **Mitochondrial Neurogastrointestinal Encephalopathy (MNGIE) Evaluation*** (TYMP, RRM2B, MELAS) | B | 8 mL | L |
| ☐ **578** | **Mitochondrial Hepatoencephalopathic Evaluation*** (POLG, DGUOK, MPV17, TWINKLE) | B | 8 mL | L |
| ☐ **579** | **Mitochondrial Encephalomyopathic Evaluation*** (TK2, RRM2B, POLG) | B | 8 mL | L |
| ☐ **515** | **LHON mtDNA Evaluation*** (LHON 11778, 3460, 14484) | B | 8 mL | L |
| ☐ 474 | POLG DNA Sequencing Test* (Related to all allelic disorders) | B | 8 mL | L |
| ☐ 479 | TWINKLE (PEO1/C10orf2) DNA Seq. Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 466 | ANT1 (SLC25A4) DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 469 | OPA1 DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 484 | TYMP DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 486 | RRM2B DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |

**Athena Diagnostics, Inc., 200 Forest Street, 2nd Floor, Marlborough, MA 01752 • 800-394-4493 • Fax 610-271-6085 • AthenaDiagnostics.com**

† This test is not available for New York patient testing. Please see the Athena Diagnostics website for alternate test codes.

***Medicare ABN Required**

**Note:** Test requisitions become outdated. For the most accurate and up-to-date test offering, please visit AthenaDiagnostics.com.

| Test Code | | Pref. Spec. | Pref. Vol. | Tube Type |
|---|---|---|---|---|
| ☐ 487 | DGUOK DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 488 | MPV17 DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 489 | TK2 DNA Sequencing Test* (Related to mtDNA depletion) | B | 8 mL | L |
| ☐ 517 | MELAS mtDNA Evaluation* (MELAS 3243, 3271, 3252, 3256, 3291, 13513) | B | 8 mL | L |
| ☐ 518 | MERRF mtDNA Evaluation* (MERRF 8344, 8356, 8296, 8363) | B | 8 mL | L |
| ☐ 516 | NARP mtDNA Evaluation* (NARP 8993) | B | 8 mL | L |
| ☐ 824 | PDHA1 DNA Sequencing Test* | B | 8 mL | L |
| **Motor Neuron Diseases** | | | | |
| ☐ **6520** | **Amyotrophic Lateral Sclerosis Advanced Evaluation*** (ALS2, ANG, CHMPB2, C9ORF72, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMAR1, SOD1, SQSTM1, TARDBP, UBQLN2, VAPB, VCP) | B | 8mL | L |
| ☐ **6522** | **Nonprevalent Amyotrophic Lateral Sclerosis Advanced Sequencing Evaluation*** (ALS2, ANG, CHMPB2, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMAR1, SQSTM1, TARDBP, UBQLN2, VAPB, VCP) | B | 8mL | L |
| ☐ 670 | C9orf72 DNA Test* | B | 8 mL | L |
| ☐ 620 | SOD1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ **6601** | **HSP, Common Sporadic Evaluation*** (SPAST, SPG7) | B | 8 mL | L |
| ☐ **6602** | **HSP, Supplemental Sporadic Evaluation*** (ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21, L1CAM, PLP1) | B | 8 mL | L |
| ☐ **6610** | **HSP, Complete Dominant Evaluation*** (SPAST, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1) | B | 8 mL | L |
| ☐ **6611** | **HSP, Common Dominant Evaluation*** (SPAST, ATLN, REEP1, KIF5A) | B | 8 mL | L |
| ☐ **6612** | **HSP, Supplemental Dominant Evaluation*** (NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1) | B | 8 mL | L |
| ☐ **6620** | **HSP, Complete Recessive Evaluation*** (SPG11, ZFYVE26, SPG7, CYP7B1, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21) | B | 8 mL | L |
| ☐ **6621** | **HSP, Common Recessive Evaluation*** (SPG11, ZFYVE26, SPG7) | B | 8 mL | L |
| ☐ **6622** | **HSP, Supplemental Recessive Evaluation*** (CYP7B1, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21) | B | 8 mL | L |
| ☐ **6630** | **HSP, Comprehensive Evaluation*** (SPAST, SPG7, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21, L1CAM, PLP1) | B | 8 mL | L |
| ☐ **6631** | **HSP, X-Linked Evaluation*** (L1CAM, PLP1) | B | 8 mL | L |
| ☐ **6509** | **SPG4 Evaluation*** | B | 8 mL | L |
| Individual HSP DNA Tests: ☐ 531 Atlastin (SPG3A)* ☐ 632 Paraplegin (SPG7)* ☐ 633 Spatacsin (SPG11)* ☐ 614 ZFYVE26 (SPG15)* | | B | 8 mL | L |
| ☐ **214** | **SMA Plus** (Reflexive)* Testing is performed in this order: 1. SMN1 Del./SMN2 Del.; 2. SMN1 Seq. | B | 4 mL | L |
| ☐ 111 | SMA Diagnostic Test (including SMN2 Copy Number) | B | 4 mL | L |
| ☐ 211 | SMN DNA Sequencing Test* (only order if deletion testing has already been performed) | B | 4 mL | L |
| ☐ 444 | SMA Carrier Screen SMN1 Del./SMN2 Del. Test* | B | 4 mL | L |
| ☐ 117 | Kennedy's Disease (SBMA) DNA Test* | B | 8 mL | L |
| ☐ **6521** | **Atypical Spinal Muscular Atrophy Advanced Sequencing Evaluation*** (BICD2, DYNC1H1, GARS, HSPB1, HSPB3, HSPB8, IGHMBP2, TRPV4, UBA1, VRK1) | B | 8 mL | L |
| **Movement Disorders** | | | | |
| ☐ **6900** | **Ataxia, Complete Dominant Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A) | B | 10 mL | L |
| ☐ **6901** | **Ataxia, Common Repeat Expansion Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10) | B | 8 mL | L |
| ☐ **6903** | **Ataxia, Supplemental Dominant Evaluation** (AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A) | B | 8 mL | L |
| ☐ **6910** | **Ataxia, Complete Recessive Evaluation** (FXN, APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG) | B | 8 mL | L |
| ☐ **6911** | **Ataxia, Supplemental Recessive Evaluation** (APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG) | B | 8 mL | L |
| ☐ **6912** | **Oculomotor Apraxia Ataxia Advanced Sequencing Evaluation** (APTX, SETX) | B | 8 mL | L |
| ☐ **6920** | **Episodic Ataxia Evaluation** (CACNB4, KCNA1, SLC1A3, CACNA1A) | B | 8 mL | L |
| ☐ **6930** | **Ataxia, Comprehensive Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A, FXN, APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG) | B | 10 mL | L |
| ☐ **349** | **Ataxia, Friedreich (FXN) Evaluation*** (FRDA/FXN Seq., FRDA/FXN Expansion) | B | 8 mL | L |
| ☐ **353** | **Ataxia-Telangiectasia (ATM) Evaluation*** (ATM Seq., ATM Dup./Del.) | B | 8 mL | L |
| Individual Ataxia DNA Tests: ☐ 371 SCA1* ☐ 672 SCA2* ☐ 105 SCA3* ☐ 373 SCA6* ☐ 677 SCA7* ☐ 384 SCA8* ☐ 387 SCA10* ☐ 285 SCA12* ☐ 388 SCA17* ☐ 401 DRPLA* ☐ 383 POLG1 (MIRAS)* ☐ 283 TTPA (AVED)* ☐ 348 FRDA/FXN Seq.* ☐ 119 FRDA/FXN Expansion* | | B | 8 mL | L |
| ☐ **402** | **Chorea Differential Evaluation*** (DRPLA, HD) | B | 8 mL | L |
| ☐ 116 | Huntington Disease Repeat Expansion Test* | B | 8 mL | L |
| ☐ **639** | **Isolated Dystonia Evaluation*** (DYT1, THAP1) | B | 8 mL | L |
| ☐ 626 | Dystonia (DYT1) DNA Test* | B | 8 mL | L |
| ☐ 618 | THAP1 DNA Sequencing Test* (DYT6) | B | 8 mL | L |
| ☐ **629** | **Complete Dopa-Responsive Dystonia (DYT5) Evaluation*** (GCH1 Seq., GCH1 Del., TH Seq.) | B | 8 mL | L |
| ☐ 637 | GCH1 DNA Sequencing Test* (DYT5A) | B | 8 mL | L |
| ☐ 638 | GCH1 Deletion Test (DYT5A)* | B | 8 mL | L |
| ☐ 634 | TH DNA Sequencing Test (DYT5B)* | B | 8 mL | L |
| ☐ 624 | SGCE DNA Sequencing Test (DYT11)* | B | 8 mL | L |
| ☐ 627 | SGCE Deletion Test (DYT11)* | B | 8 mL | L |
| ☐ 617 | PNKD (MR-1) DNA Sequencing Test* | B | 8 mL | L |
| ☐ **588** | **Complete Parkinsonism Evaluation*** (LRRK2, PARK2, PINK1, PARK7, SNCA) | B | 8 mL | L |
| ☐ 558 | LRRK2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 559 | PARK2 (Parkin) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 040 | PARK2 (Parkin) Duplication/Deletion Test* | B | 8 mL | L |
| ☐ 542 | PINK1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 058 | PINK1 Deletion Test* | B | 8 mL | L |
| ☐ 554 | PARK7 (DJ1) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 047 | PARK7 (DJ1) Deletion Test* | B | 8 mL | L |
| ☐ 557 | Alpha Synuclein (SNCA) DNA Seq. Test* | B | 8 mL | L |
| ☐ 059 | Alpha Synuclein (SNCA) Dup./Del. Test* | B | 8 mL | L |
| ☐ 1187 | PRRT2 (Dyskinesia/IC) Seq. Test*† | B | 8 mL | L |
| **Multiple Sclerosis** | | | | |
| ☐ 112 | NAbFeron® (INFB-1) Neutralizing Antibody Test | S | 2 mL | R |
| ☐ 197 | TYSABRI® (Natalizumab) Antibody Test (See website for collection notes) | S | 2 mL | R |
| ☐ 193 | AQP4 (NMO-IgG) Antibody Test | S | 8 mL | R |
| **Myasthenia Gravis** | | | | |
| ☐ 482 | MuSK Antibody Test | S | 2 mL | R |
| ☐ 1480 | Titin Antibody Test | S | 2 mL | R |
| ☐ 1481 | RyR Autoantibody Test | S | 2 mL | R |
| ☐ 1483 | LRP4 Autoantibody Test | S | 2 mL | R |
| ☐ 1490 | AChR-Seronegative Myasthenia Gravis Evaluation | S | 2 mL | R |
| ☐ 1510 | Acetylcholine Receptor Binding Antibody with Reflex to Musk Antibody | S | 2mL | R |
| ☐ 1511 | Acetylcholine Receptor Binding Antibody with Reflex to MuSK/LRP4 Antibodies | S | 2 mL | R |
| ☐ 1513 | Acetylcholine Receptor Binding Antibody | S | 2 mL | R |
| ☐ 1514 | Myasthenia Gravis Panel 2 | S | 2 mL | R |
| ☐ 1516 | Acetylcholine Receptor Blocking Antibody | S | 1 mL | R |
| ☐ 1517 | Acetylcholine Receptor Modulating Antibody | S | 1mL | R |
| ☐ 1521 | Myasthenia Gravis Panel 2 with Reflex to MuSK Antibody | S | 3mL | R |
| **Neuromuscular Disorders** | | | | |
| ☐ **5501** | **Muscular Dystrophy Advanced Evaluation** | B | 8 mL | L |
| ☐ **5502** | **Congenital Muscular Dystrophy Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5503** | **Congenital Myopathy Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5504** | **Distal Myopathy Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5505** | **Myofibrillar Myopathy Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5506** | **Myotonic Syndromes Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5507** | **Periodic Paralysis Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5508** | **Malignant Hyperthermia Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5518** | **Emery-Dreifuss Muscular Dystrophy Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5519** | **Limb Girdle Muscular Dystrophy Advanced Evaluation** | B | 8 mL | L |
| ☐ **5511** | **Congenital Myasthenic Syndrome Advanced Sequencing Evaluation** | B | 8 mL | L |
| ☐ **5530** | **DMD Evaluation** | B | 8 mL | L |
| NOTE: Please see website for the list of genes in each panel. | | | | |
| ☐ 5531 | DMD Duplication/Deletion | B | 8 mL | L |
| ☐ 183 | DMD DNA Sequencing Test* | B | 8 mL | L |
| ☐ 100 | Dystrophin ProteinTest | M | 10 mg | C |
| ☐ **207** | **Early-Onset Myotonia Evaluation*** (DM1, CLCN1, SCN4A) | B | 8 mL | L |
| ☐ 108 | DMPK DNA Test (DM1)* | B | 8 mL | L |
| ☐ 110 | CNBP DNA Test (DM2)* (DM2 testing is not recommended for patients with early onset myotonic dystrophy) | | | |
| ☐ 128 | CLCN1 DNA Sequencing Test* | | | |
| ☐ 146 | SCN4A (Myotonia) DNA Sequencing Test* | | | |
| ☐ **494** | **Neuromyotonia Evaluation** (CASPR2, VGKC Antibody Tests) | S | 2 mL | R |
| ☐ **585** | **CAPN3 Evaluation*** (includes CAPN3 Seq., CAPN3 Del.) | B | 8 mL | L |
| Individual Limb Girdle Muscular Dystrophy Tests: ☐ 562 FKRP* ☐ 565 LMNA* ☐ 566 CAV3* ☐ 582 SGCA Duplication/Deletion Test* ☐ 583 SGCG Duplication/Deletion Test* ☐ 584 CAPN3 Duplication/Deletion Test* | | B | 8 mL | L |
| ☐ 561 | Dysferlin Protein Blood Test* (must arrive on cold pack) Sample must be received within 72 hours of draw. | B | 10 mL | L |
| ☐ 571 | Dysferlin Sequencing Test* Sample must be received within 72 hours of draw. | B | 8 mL | L |
| ☐ 405 | FSHD1 Southern Blot Test* Sample must be received within 72 hours of draw. | B | 15 mL | L |
| ☐ 5905 | FSHD Molecular Combing Test* Sample must be received within 72 hours of draw. | B | 15 mL | L |
| ☐ 300 | OPMD Repeat Expansion Test* | B | 8 mL | L |
| ☐ **490** | **Optic Atrophy Evaluation*** (OPA1) | B | 8 mL | L |
| **Neuro-Oncology** | | | | |
| ☐ **648** | **Neurofibromatosis Type 1 (NF1) Evaluation*** (NF1 Sequencing, NF1 Deletion) | B | 8 mL | L |
| ☐ **645** | **Neurofibromatosis Type 2 (NF2) Evaluation*** (NF2 Seq., NF2 Dup./Del.) | B | 8 mL | L |
| ☐ 646 | Neurofibromatosis Type 1 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 647 | Neurofibromatosis Type 1 Deletion Test* | B | 8 mL | L |
| ☐ 635 | Neurofibromatosis Type 2 DNA Sequencing Test* | B | 8 mL | L |
| ☐ 644 | Neurofibromatosis Type 2 Duplication/Deletion Test* | B | 8 mL | L |
| Note: Additional specimens accepted. Please contact Lab Director. | | | | |
| **Paraneoplastic & Other Antibody Disorders of the CNS** | | | | |
| ☐ **4711** | **Paraneoplastic Neurological Syndromes Evaluation with Recombx®, Initial Assessment** (Hu, Yo, CV2, MaTa, Ri, Amphiphysin) | S<br>C | 2 mL<br>or<br>2 mL | R<br>P** |
| ☐ **4620** | **NeoComplete Paraneoplastic Evaluation with Recombx®** Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, VGCC, VGKC, Amphiphysin, gnAChR, NMDA, GAD65, LGI1, CASPR2. | S | 2 mL | R |
| ☐ **4640** | **Paraneoplastic Autoantibody Evaluation with Recombx®, CSF** Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, Amphiphysin, NMDA, LGI1, CASPR2. | C | 2ml | P** |
| ☐ **4724** | **NeoCerebellar Degeneration Paraneoplastic Profile with Recombx®** (Hu, Yo, Zic4, CV2, MaTa, Ri, Amphiphysin, GAD65 Neurological Syndrome) | S | 2 mL | R |
| ☐ **4722** | **NeoEncephalitis Paraneoplastic Profile with Recombx®** (Hu, CV2, MaTa, VGKC, Amphiphysin, GAD65, LGI1, NMDA, CASPR2) | S | 2 mL | R |
| ☐ **4725** | **NeoSensory Neuropathy Paraneoplastic Evaluation with Recombx®** (Hu, CV2, Amphiphysin) | S | 2 mL | R |
| ☐ **4727** | **Neuromyotonia Evaluation** (CASPR2, VGKC) | S | 2 mL | R |
| Individual Recombx® Autoantibody Tests: ☐ 4684 CAR ☐ 4681 CV2 ☐ 4682 Hu ☐ 4683 MaTa ☐ 4685 Ri ☐ 4686 Yo ☐ 4689 Zic4 | | S | 2 mL | R |

**Important: Please be sure to write in test code and test name in the Tests Ordered section on front.**

† This test is not available for New York patient testing. Please see the Athena Diagnostics website for alternate test codes.

***Medicare ABN Required**

| Test Code | | Pref. Spec. | Pref. Vol. | Tube Type |
|---|---|---|---|---|
| ☐ 449 | LGI1 Antibody Test | S | 2 mL | R |
| ☐ 499 | CASPR2 Antibody Test | S | 2 mL | R |
| ☐ 419 | NMDA Receptor (NR1-subunit) Antibody Test | S | 2 mL | R |
| ☐ 422 | GAD65 Neurological Syndrome Antibody Test | S | 2 mL | R |
| ☐ 475 | LEMS (VGCC) Antibody Test | S | 2 mL | R |
| ☐ 485 | VGKC Antibody Test | S | 2 mL | R |
| ☐ 4674 | Recombx® Amphiphysin Autoantibody Test | S | 2 mL | R |
| ☐ 428 | Ganglionic AChR Antibody Test | S | 2 mL | R |
| **Peripheral Neuropathy: Autoimmune** | | | | |
| ☐ **3100** | **SensoriMotor Neuropathy Profile with Recombx® - Complete** (Co-GM1 Quattro®, MAG 'Dual Antigen'®, Hu, GALOP™, SGPG, Sulfatide) | S | 2 mL | R |
| ☐ **3148** | **Sensory Neuropathy Profile with Recombx®** (MAG 'Dual Antigen'®, Hu, GALOP™, SGPG, Sulfatide) | S | 2 mL | R |
| ☐ **3163** | **Motor Neuropathy Profile - Complete** (Co-GM1 Quattro®, SGPG, MAG 'Dual Antigen'®) | S | 2 mL | R |
| ☐ **289** | **Multifocal Motor Neuropathy Evaluation*** (Co-GM1 Quattro®, PMP22 Dup./Del.) | S<br>B | 2 mL<br>8 mL | R<br>L |
| ☐ 3155 | Co-GM1 Quattro® Autoantibody Test | S | 2 mL | R |
| ☐ 3127 | MAG 'Dual Antigen'® Autoantibody Test | S | 2 mL | R |
| ☐ 261 | GALOP™ Antibody Test | S | 2 mL | R |
| ☐ 210 | Sulfatide Antibody Test | S | 2 mL | R |
| ☐ 160 | GQ1b Antibody Test | S | 2 mL | R |
| ☐ 278 | GD1a Antibody Test | S | 2 mL | R |
| ☐ 272 | Co-Asialo Antibody Test | S | 2 mL | R |
| ☐ 273 | Co-GD1b Antibody Test | S | 2 mL | R |
| ☐ 271 | Co-GM1 Antibody Test | S | 2 mL | R |
| **Peripheral Neuropathy: Hereditary** | | | | |
| ☐ **4010** | **CMT Advanced Evaluation – Initial Genetic Assessment** (PMP22 Dup./Del., GJB1 (Cx32), MPZ, MFN2 Seq.) | B | 8 mL | L |
| ☐ **4011** | **CMT Advanced Evaluation – Nonprevalent Axonal** (GJB1 (Cx32) Del., NFL, GDAP1, GARS, RAB7, HSPB1, DNM2, YARS, LMNA, TRPV4, HSPB8 Seq.) | B | 8 mL | L |
| ☐ **4012** | **CMT Advanced Evaluation – Nonprevalent Demyelinating** (GJB1 (Cx32) Del., EGR2, LITAF, PMP22, PRX, GDAP1, DNM2, YARS SH3TC2, MTMR2, NDRG1, FGD4, FIG4, SBF2 Seq.) | B | 8 mL | L |
| ☐ **4013** | **CMT Advanced Evaluation – Nonprevalent** (GJB1 (Cx32) Del., PMP22, EGR2, LITAF, PRX, GDAP1, RAB7, GARS NFL, HSPB1, LMNA, FIG4, SH3TC2, DNM2, YARS, FGD4, NDRG1, TRPV4, HSPB8, MTMR2, SBF2 Seq.) | B | 8 mL | L |
| ☐ **4001** | **CMT Advanced Evaluation – Comprehensive (Reflexive)*** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. Cx32, PMP22, MFN2, MPZ, EGR2, LITAF, PRX, GDAP1, RAB7, GARS, NFL, HSPB1, LMNA, FIG4, SH3TC2, DNM2, YARS, FGD4, NDRG1, TRPV4, HSPB8, MTMR2, SBF2 DNA Seq. | B | 8 mL | L |
| ☐ **4002** | **CMT Advanced Evaluation – Dominant, Demyelinating (Reflexive)*** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. MPZ, PMP22 Seq., EGR2, LITAF, DNM2, YARS DNA Seq. | B | 8 mL | L |
| ☐ **4003** | **CMT Advanced Evaluation – Dominant, Axonal*** (MFN2, MPZ, RAB7, GARS, NFL, HSPB1, LMNA, DNM2, YARS, TRPV4, HSPB8) | B | 8 mL | L |
| ☐ **4004** | **CMT Advanced Evaluation – Recessive, Demyelinating*** (PRX, GDAP1, SBF2, SH3TC2, MTMR2, NDRG1, FGD4, FIG4) | B | 8 mL | L |
| ☐ **4005** | **CMT Advanced Evaluation – Dominant (Reflexive)*** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. MFN2, MPZ, PMP22 Seq., EGR2, LITAF, RAB7, GARS, NFL, HSPB1, DNM2, YARS, TRPV4, HSPB8 DNA Seq. | B | 8 mL | L |
| ☐ **4006** | **CMT Advanced Evaluation – Recessive*** (PRX, GDAP1, SBF2, LMNA, FIG4, SH3TC2, MTMR2, NDRG1, FGD4) | B | 8 mL | L |
| ☐ **4007** | **CMT Advanced Evaluation – Demyelinating (Reflexive)*** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. Cx32, MPZ, PMP22 Seq., EGR2, LITAF, PRX, GDAP1, DNM2, YARS, SH3TC2, MTMR2, NDRG1, FGD4, FIG4, SBF2 DNA Seq. | B | 8 mL | L |
| ☐ **4008** | **CMT Advanced Evaluation – Axonal*** (MFN2, Cx32, MPZ, RAB7, GARS, NFL, HSPB1, GDAP1, DNM2, YARS, LMNA, TRPV4, HSPB8) | B | 8 mL | L |
| Individual CMT Tests: | | B | 8 mL | L |
| ☐ 144 | TRPV4* | ☐ 463 | HSPB8* | |
| ☐ 354 | MTMR2* | ☐ 164 | SBF2* | |
| ☐ 394 | NDRG1* | ☐ 208 | FGD4* | |
| ☐ 253 | DNM2* | ☐ 468 | YARS* | |
| ☐ 221 | GDAP1 (CMT2K, 4A)* | ☐ 222 | LITAF/SIMPLE (CMT1C)* | |
| ☐ 223 | MFN2 (CMT2A2)* | ☐ 239 | PRX (CMT4F)* | |
| ☐ 247 | PMP22 Seq.* | ☐ 248 | EGR2 (CMT1D)* | |
| ☐ 249 | NFL (CMT2E, 1F)* | ☐ 131 | PMP22 Dup./Del. (CMT1A)* | |
| ☐ 134 | MPZ (CMT1B, 2I, 2J)* | ☐ 226 | LMNA (CMT2B1, 4C1)* | |
| ☐ 224 | SH3TC2 (CMT4C)* | ☐ 227 | RAB7 (CMT2B)* | |
| ☐ 225 | FIG4 (CMT4J)* | ☐ 228 | GARS (CMT2D)* | |
| ☐ 143 | Cx32 Seq./Del. (CMTX)* | ☐ 229 | HSPB1 (CMT2F)* | |
| ☐ **243** | **Complete HNPP Evaluation*** (PMP22 Sequencing, PMP22 Dup./Del.) | B | 8 mL | L |
| ☐ **245** | **Congenital Hypomyelination Evaluation*** (MPZ, EGR2) | B | 8 mL | L |
| ☐ **296** | **Entrapment Neuropathy Evaluation*** (PMP22 Seq., PMP22 Dup./Del., TTR) | B | 8 mL | L |
| ☐ 235 | TTR DNA Sequencing Test* | B | 8 mL | L |
| **Peripheral Neuropathy: Hereditary Sensory Autonomic Neuropathy** | | | | |
| ☐ 691 | **Early-Onset HSAN Evaluation*** (NTRK1 and WNK1) | B | 8 mL | L |
| ☐ 698 | **Late-Onset HSAN Evaluation*** (SPTLC1 and SPTLC2) | B | 8 mL | L |
| ☐ 551 | SPTLC1 (HSAN I) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 552 | SPTLC2 (HSAN I) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 553 | WNK1 (HSAN II) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 659 | NTRK1 (HSAN IV) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 660 | ATL1 (HSAN I) DNA Sequencing Test* | B | 8 mL | L |
| ☐ 719 | SEPT9 (HNA) DNA Sequencing Test* | B | 8 mL | L |

***Medicare ABN Required**

**NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, last four digits of SS#, patient ID no. These same two forms of ID must be indicated on the test requisition.**

**Specimen Type**

C - CSF
B - Blood
S - Serum
M - Muscle Tissue

**Tube Type**

P - Polypropylene CSF Transfer Tube
R - Red
L - Lavender
C - Cryovial
** CSF must be collected in a tube not containing additives.

Athena Diagnostics Client Service Representatives are available from 8:30am to 9:00pm Eastern Time (U.S.). Customers in the U.S. and Canada please call toll-free

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**Important: Please be sure to write in test code and test name in the Tests Ordered section on front.**