

# Athena Diagnostics NewbornDx™ Advanced Sequencing Evaluation Test Requisition (July 2019)

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.



## Fields in red indicate required information

Complete this requisition for direct billing to hospitals, laboratories or clinics.

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Test Options

NewbornDx™ Advanced Sequencing Evaluation

**Proband** 2052

Proband Specimen Type\*:  DBS  Whole blood

**Family Member 1** 2053

Family Member Name \_\_\_\_\_

Family Member DOB \_\_\_\_\_

Specimen Type\*:  DBS  Whole blood  Saliva

**Family Member 2** 2053

Family Member Name \_\_\_\_\_

Family Member DOB \_\_\_\_\_

Specimen Type\*:  DBS  Whole blood  Saliva

**ICD Code (Required):** \_\_\_\_\_

### Hospital/Laboratory Billing Information

(Hospital billing is required for all Medicare patients - both inpatients and outpatients.)

Athena Account # (if assigned) \_\_\_\_\_

CLIA # \_\_\_\_\_

Purchase Order # (if available) \_\_\_\_\_

Billing Contact \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Hospital/Lab Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Patient Identification

**NOTE: Two forms of patient ID must be listed on EACH specimen.**

Patient Name \_\_\_\_\_  
First Last

Patient ID # (if available) \_\_\_\_\_

DOB \_\_\_\_\_ Sex:  Male  
Age \_\_\_\_\_  Female  
 Unknown

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_  Day  Eve  Cell

Phone #2 \_\_\_\_\_  Day  Eve  Cell

**Authorization to Use De-identified Specimen for Research.** Test results are confidential and will only be reported as authorized by the patient or the patient's authorized representative or consistent with applicable state and federal law. To promote medical understanding and develop better health insights, Quest Diagnostics requests the patient's permission to use the specimen in a de-identified way (without identifying the test subject) for research, educational studies, commercial purposes and/or publication. Your name or other personal identifying information will not be used in or linked to the results of any studies or publications. You are not required to consent to any of these uses, and the decision to consent to the use of the specimen for such purposes will not in any way affect processing or testing of the specimen, the test results or the services provided by Athena Diagnostics in connection with this testing. Please indicate your choice regarding the use of the de-identified specimen by checking the line next to the appropriate option below.

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 \_\_\_\_\_

Relationship to Patient if Signatory is Someone Other than Patient \_\_\_\_\_

### Authorized Result Report Recipients Required Physician Information

NPI # \_\_\_\_\_ Athena Acct # \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Laboratory Information

Lab Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**\*2.0 mL (1.0 mL minimum) whole blood EDTA (lavender top) tube.**

**\*Do not eat, drink, smoke or chew gum 30 minutes prior to saliva collection. Saliva must be collected using a Oragene OGD-500 collection device.**

**\*One blood spot card required with 5 blood spots preferred (2 spots minimum). Please allow the spots to dry fully before placing in any packaging, approximately three hours.**

**NOTE: Specimen(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. Reflex testing will be performed at an additional charge.**

### 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 acknowledgment from the ordering medical practitioner. The signed acknowledgment 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 Diagnostics® 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](http://AthenaDiagnostics.com/consent).



# Athena Diagnostics NewbornDx™ Advanced Sequencing

## Evaluation Test Requisition (June 2019)

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.



### Cancer

- Type of cancer: \_\_\_\_\_
- Age of diagnosis: \_\_\_\_\_
- Family history of cancer and affected relatives: \_\_\_\_\_

### Cardiovascular

- Anemia
- Aortic root dilation
- Arrhythmia
- Atrial septal defect
- Bicuspid aortic valve
- Cardiomyopathy
- Coarctation of aorta
- EKG abnormality
- Mitral valve prolapse
- Patent ductus arteriosus
- Patent foramen ovale
- Teratology of Fallot
- Thrombocytopenia
- Thrombosis
- Tortuosity
- Truncus arteriosus
- Ventricular abnormality
- Ventricular septal defect
- Other: \_\_\_\_\_

### Craniofacial

- Bifid uvula
- Cleft lip
- Cleft palate
- Craniosynostosis
- Epicanthal folds
- Hypertelorism
- Hypotelorism
- Macrocephaly
- Microcephaly
- Micrognathia
- Nose abnormality
- Palpebral fissures
- Philtrum abnormality
- Teeth abnormality
- Tongue abnormality
- Other: \_\_\_\_\_

### Cognitive development

- ADD/ADHD
- Autism spectrum disorder
- Developmental delay
- Developmental regression
- Intellectual disability
  - Mild
  - Moderate
  - Severe
  - Profound
- Motor milestones delayed
- Speech delay
- Other: \_\_\_\_\_

### Ear & hearing

- Deafness
  - Acquired
  - Congenital
  - Bilateral
  - Unilateral
  - Conductive
  - Sensorineural
- Low-set ears
- Pinna abnormality
- Preauricular pit
- Preauricular skin tag
- Other: \_\_\_\_\_

### Endocrine

- Adrenal gland abnormality
- Adrenal insufficiency
- Cushing syndrome
- Diabetes insipidus
- Diabetes mellitus
- Growth hormone deficiency
- Hirsutism
- Immunologic abnormality
  - Specify: \_\_\_\_\_
- Obesity
- Pancreatic insufficiency
- Parathyroid dysfunction
- Thyroid dysfunction
- Other: \_\_\_\_\_

### Eye defects & vision

- Amblyopia
- Aniridia
- Anophthalmia
- Blue sclerae
- Cataracts
  - Congenital
  - Postnatal
- Cherry red spot
- Coloboma
- Corneal abnormality
- Ectopia lentis
- Microphthalmia
- Nystagmus
- Optic Atrophy
- Ptosis
- Retinitis pigmentosa
- Strabismus
- Visual impairment
  - Blind
  - Cortical
  - Myopia
- Other: \_\_\_\_\_

### Gastrointestinal

- Anal malformation
- Constipation (chronic)
- Crohn's disease
- Diarrhea (chronic)
- Esophageal atresia
- Gastroesophageal reflux
- Gastroparesis
- Hepatic failure
- Hepatomegaly
- Hirschsprung disease
- Inflammatory bowel disease
- Intestinal pseudo-obstruction
- Pancreatitis
- Pyloric stenosis
- Splenomegaly
- Vomiting (episodic/cyclic)
- Tracheoesophageal fistula
- Other: \_\_\_\_\_

### Genitourinary

- Ambiguous genitalia
- Cryptorchidism
- Hypogonadism
- Hypospadias
- Kidney abnormality
  - Agenesis
  - Horseshoe
  - Partially duplicated
  - Polycystic
- Ovarian streak
- Polycystic ovarian syndrome
- Testicular abnormality
- Ureter abnormality
- Urethra abnormality
- Other: \_\_\_\_\_

### Hair & skin

- Albinism
- Blistering

### Hair & skin (continued)

- Cafe-au-lait spots
- Hair
  - Alopecia
  - Brittle
  - Coarse
  - Hypopigmentation
- Hemangioma
- Hyperextensible skin
- Hyperpigmented macule
- Hypopigmented macule
- Hypertrichosis
- Ichthyosis
- Infections
- Lipoma
- Nail abnormality
- Neurofibroma
- Rash
- Other: \_\_\_\_\_

### Metabolic

- Acidosis
  - Lactic
  - Metabolic
- Creatinine Phosphokinase (abnormal)
- CSF lactate level (abnormal)
- Dicarboxylic aciduria
- Hyperammonemia
- Hyperglycemia
- Hypoglycemia
- Hypoammonemia
- Ketosis
- Organic aciduria
- Plasma carnitine (abnormal)
- Serum creatine (abnormal)
- Serum pyruvate (abnormal)
- Other: \_\_\_\_\_

### Musculoskeletal

- Contractures
- Fractures
- Hemihypertrophy
- Hyperlordosis
- Hypermobility
- Hypertonia
- Hypotonia
- Kyphosis
- Muscle atrophy
- Muscular dystrophy
- Myopathy
- Myotonia
- Oligodactyly
- Overgrowth
- Polydactyly
- Rib defects
- Scoliosis
- Short stature
- Skeletal dysplasia
- Spina bifida
- Syndactyly
- Talipes equinovarus
- Tall stature
- Vertebral anomalies
- Other: \_\_\_\_\_

### Neurologic

- Areflexia
- Ataxia
- Chorea
- Dystonia
- Epileptic encephalopathy
- Neuropathy
- Seizures
  - Absence
  - Atonic
  - Febrile
  - Generalized clonic
  - Generalized myoclonic
  - Generalized tonic
  - Generalized tonic-clonic
  - Infantile spasms
- Spasticity
- Other: \_\_\_\_\_

### Pre/perinatal history

- Conceived via artificial reproductive technology
- Congenital diaphragmatic hernia
- Cystic hygroma
- Encephalocele
- Increased nuchal translucency
- Intrauterine growth restriction
- Oligohydramnios
- Omphalocele
- Polyhydramnios
- Prematurity
- Teratogen exposure
  - Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

### Respiratory

- Apnea
- Asthma
- Bronchiectasis
- Hyperventilation
- Hypoventilation
- Pneumothorax
- Recurrent infections
- Respiratory failure
- Respiratory insufficiency
- Other: \_\_\_\_\_

### Structural brain abnormalities

- Aplasia/hypoplasia of the cerebellar vermis
- Aplasia/hypoplasia of the cerebellum
- Basal ganglia abnormality
- Brain atrophy
- Brainstem abnormality
- Cerebral dysmyelination
- Cerebral hypomyelination
- Cerebral white matter abnormality
- Corpus callosum abnormality
- Cortical dysplasia
- Encephalocele
- Holoprosencephaly
- Hydrocephalus
- Leukoencephalopathy
- Leukodystrophy
- Lissencephaly
- Neuronal migration abnormality
- Pachygyria
- Polymicrogyria
- Ventriculomegaly
- Other: \_\_\_\_\_

### Other

- Allergies (severe)
- Fever (episodic)
- Failure to thrive
- Heterotaxy
- Lethargy
- Organomegaly
- Pain (chronic)
- Other: \_\_\_\_\_

Attach any imaging or laboratory results, including but not limited to: prenatal testing, biopsies, EMG, EEG, imaging, metabolic, molecular, etc.

**Questions?** To speak with a Genomic Science Specialist, please call: 1.800.394.4493 ext. 2031

## Any additional comments?

### Form Submission Instructions

When the form is complete please include a printed copy with the samples.

#### Ordering Checklist

- Completed requisition form
- Clinical history completed
- Any clinical notes should be sent with the specimen(s)
- Patient sample either blood spot card or whole blood in a lavender top tube
- Family member(s) samples either blood spot cards, whole blood in a lavender top tube, or saliva
- Family member(s) name, date of birth, and relationship

**NOTE: Specimen(s) must be labeled with two of the following forms of identification: name, date of birth, last four digits of SS#, patient ID #. These same two forms of ID must be indicated on the test requisition.**

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

**1.800.394.4493**

*(Non-US customers please call 508.756.2886 or fax 610.271.6085.)*



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