

**\*Indicates required information**

Complete this requisition for all international samples. Athena requires that international specimens be accompanied by payment in U.S. dollars. If pre-payment is not received, there will be a delay in result reporting.

Please call our Client Services Department at 00-1-508-756-2886, option 2 or contact us on our website at [AthenaDiagnostics.com/international](http://AthenaDiagnostics.com/international) if you have questions regarding shipping or if you need further information.

**Who Should Athena Contact with Questions About this Order?**

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

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

Email \_\_\_\_\_

**Tests Ordered\***

Check the test(s) required on the reverse **or** write in below.

Test Code \_\_\_\_\_ Test Name \_\_\_\_\_

Test Code \_\_\_\_\_ Test Name \_\_\_\_\_

**Payment Information**

Bank Check Enclosed (made payable to Athena Diagnostics, Inc.)

Credit Card:  
 Visa  Discover  MC  AMEX

Credit Card # \_\_\_\_\_

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
As it appears on card

Billing Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wire Transfer (Athena will send you wire transfer details.)

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Testing will not begin until payment is received.

**Laboratory Information**

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

**Complete Lab Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Patient Identification**

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

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

Age\* \_\_\_\_\_

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

**Authorization to Use De-Identified Sample or Data 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 or data 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 \_\_\_\_\_

**Authorized Result Report Recipients Required Physician Information**

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

**Complete Mailing Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indications for Testing (Check One)**

Diagnostic (symptomatic)  Clinical Study  Prenatal  
 Predictive (asymptomatic)  Carrier  Other Research

**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](http://AthenaDiagnostics.com/consent).

**Type of Specimen**

Whole Blood  CVS: Cultured  Amniotic Fluid: Cultured  DNA\*\* Date Collected\* \_\_\_\_\_

\*\* DNA must be extracted at a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.

**Once this form is complete, please ensure that you have:**

- Verified the specimen type and included date of collection
- Verified that the Indications for Testing section has been completed by the physician

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

# Athena Diagnostics Endocrinology Testing Services (April 2019)

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



Test Code	Test Name	Genes Included
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### Adrenal Disorders

- 816 Primary Adrenal Insufficiency Evaluation** ABCD1, NROB1, AIRE
  - 812 Autoimmune Polyglandular Syndrome (AIRE) Evaluation
  - 815 ABCD1 (Adrenoleukodystrophy) DNA Sequencing Test
  - 814 NROB1 (Adrenal Hypoplasia Congenita) DNA Sequencing Test
- 879 Congenital Adrenal Hyperplasia (CAH) Evaluation**  
CYP21A2 sequencing and deletion, CYP11B1 sequencing
  - 880 CYP21A2 (CAH) Evaluation
    - Required: Indication for Study (check one or more below):
      - Family history of CAH
      - Virilization (ambiguous genitalia)
      - Salt Wasting
      - Parent/sibling of CAH patient
      - 17-hydroxyprogesterone (17-OHP) elevated concentration in serum
      - Other \_\_\_\_\_
  - 875 CYP11B1 (CAH) DNA Sequencing Test
  - 874 Lipoid CAH (STAR) DNA Sequencing Test
  - 877 CYP17A1 DNA Sequencing Test
  - 878 HSD3B2 DNA Sequencing Test
  - 881 Endocrine Hypertension (HSD11B2) Evaluation

### Bone Diseases

- 860 Osteogenesis Imperfecta Evaluation** COL1A1, COL1A2
  - 861 COL1A1 (OI) DNA Sequencing Test
  - 862 COL1A2 (OI) DNA Sequencing Test
- 811 LRP5 (OPPG) DNA Sequencing Test
- 821 LRP5 Idiopathic Osteoporosis (IOP) DNA Sequencing Test
- 857 Hypophosphatemic Rickets Evaluation** PHEX, FGF23
  - 855 PHEX (Hypophosphatemic Rickets) DNA Sequencing Test
  - 856 FGF23 (Hypophosphatemic Rickets) DNA Sequencing Test

### Congenital Hyperinsulinism

- 819 Congenital Hyperinsulinism Evaluation**  
GLUD1, GCK, KCNJ11, ABCC8
  - Indication for Study (check one or more below):
    - Diazoxide Responsive
    - Diazoxide Non-Responsive
    - Hypoglycemic
    - Large for Gestational Age (LGA)
    - Other (describe) \_\_\_\_\_
  - 822 GLUD1 (CHI) DNA Sequencing Test
  - 823 GCK (CHI) DNA Sequencing Test
  - 826 KCNJ11 (CHI) DNA Sequencing Test
  - 827 ABCC8 (CHI) DNA Sequencing Test

### CH Parental Testing - To augment child/proband diagnosis

**For expedited diagnosis of proband, send parental testing samples as soon as possible and provide information below.**

Mother  Father

Proband Name/Accession # \_\_\_\_\_

Test Code	Test Name	Genes Included
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### Diabetes

- 885 Monogenic Diabetes (MODY) Five-Gene Evaluation** HNF1A, GCK, HNF4A, HNF1B, IPF1
- 8800 Monogenic Diabetes (MODY) Four-Gene Evaluation** HNF1A, GCK, HNF4A, HNF1B
- 8801 Monogenic Diabetes (MODY) Three-Gene Evaluation** HNF1A, GCK, HNF1B
- 8802 Monogenic Diabetes (MODY) Two-Gene Evaluation** HNF1A, GCK
  - 802 HNF4A (MODY1) DNA Sequencing and Deletion Test
  - 803 GCK (MODY2) DNA Sequencing and Deletion Test
  - 804 TCF1 (MODY3) DNA Sequencing and Deletion Test
  - 834 IPF1 (MODY4) DNA Sequencing Test
  - 805 TCF2 (MODY5) DNA Sequencing and Deletion Test
- 837 CEL (MODY8) Mutation Analysis
- 882 Neonatal Diabetes Mellitus Evaluation** IPF1, GCK, KCNJ11, INS, ABCC8
  - 841 IPF1 (NDM) DNA Sequencing Test
  - 842 GCK (NDM) DNA Sequencing Test
  - 843 KCNJ11 (NDM) DNA Sequencing Test
  - 853 INS (NDM) DNA Sequencing Test
  - 876 ABCC8 (NDM) DNA Sequencing Test

### Nephrogenic Diabetes

- 854 Nephrogenic Diabetes Insipidus Evaluation** AVPR2, AQP2
  - 851 Nephrogenic Diabetes Insipidus (AVPR2) DNA Sequencing Test
  - 852 AQP2 (Nephrogenic Diabetes Insipidus) DNA Sequencing Test

### Familial Cancer Syndromes

- 818 MEN1 DNA Sequencing Test
- 889 Pheochromocytoma Evaluation** RET, VHL, SDHB
  - 813 MEN2 (RET) DNA Sequencing Test
  - 858 von Hippel-Lindau Syndrome (VHL) DNA Sequencing Test
  - 888 SDHB DNA Sequencing Test

### Familial Hypocalciuric Hypercalcemia

- 829 Familial Hypocalciuric Hypercalcemia (CASR) DNA Sequencing Test

### Familial Testing - Targeted Analysis

- 185 Familial DNA Sequence Evaluation**  
This test detects previously identified sequence variants in at-risk family members. This test is available for HNF4A, GCK, TCF1, IPF1, TCF2, COL1A1, COL1A2, MEN1, and RET mutations  
Proband Accession # \_\_\_\_\_ Relationship \_\_\_\_\_

### Noonan Syndrome

- 846 Noonan Syndrome (PTPN11) DNA Sequencing Test
- 658 KRAS/RAF1/SOS1 DNA Sequencing Evaluation** SOS1, RAF1, KRAS
  - 662 SOS1 DNA Sequencing Test
  - 663 RAF1 DNA Sequencing Test
  - 664 KRAS DNA Sequencing Test

### Obesity

- 884 Early Onset Obesity Evaluation** LEPR, MC4R
  - 883 Early Onset Obesity (LEPR) DNA Sequencing Test
  - 640 Early Onset Obesity (MC4R) DNA Sequencing Test
- 887 Bardet-Biedl Syndrome Evaluation** BBS1, BBS2, BBS10
  - 871 BBS1 (BBS) DNA Sequencing Test
  - 872 BBS2 (BBS) DNA Sequencing Test
  - 886 BBS10 (BBS) DNA Sequencing Test

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

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

Test Code	Test Name	Genes Included
<b>Reproductive Disorders</b>		
<input type="checkbox"/> 817	Male Precocious Puberty (LHCGR) DNA Sequencing Test	
<input type="checkbox"/> 462	<b>Anosmic Kallmann/IHH Evaluation</b>	KAL1, PROK2, PROKR2, FGF8, FGFR1, GnRHR, KISSIR
<input type="checkbox"/> 173	KAL1 DNA Sequencing Test	
<input type="checkbox"/> 175	PROK2 DNA Sequencing Test	
<input type="checkbox"/> 180	PROKR2 DNA Sequencing Test	
<input type="checkbox"/> 195	FGF8 DNA Sequencing Test	
<input type="checkbox"/> 196	FGFR1 DNA Sequencing Test	
<input type="checkbox"/> 279	GnRHR DNA Sequencing Test	
<input type="checkbox"/> 343	GnRHI DNA Sequencing Test	
<input type="checkbox"/> 358	TACR3 DNA Sequencing Test	
<input type="checkbox"/> 364	KISSIR DNA Sequencing Test	
<input type="checkbox"/> 461	CHD7 DNA Sequencing Test	
<input type="checkbox"/> 679	<b>Complete Kallmann/IHH Evaluation</b>	CHD7, KAL1, PROK2, PROKR2, FGF8, FGFR1, GnRHR, GnRHI, KISSIR, TACR3
<input type="checkbox"/> 667	<b>Normosmic Kallmann/IHH Evaluation</b>	PROK2, PROKR2, FGF8, FGFR1, GnRHR, GnRHI, TACR3, KISSIR

Test Code	Test Name	Genes Included
<b>Short Stature</b>		
<input type="checkbox"/> 865	<b>Combined Pituitary Hormone Deficiency Evaluation</b>	PROP1, POU1F1
<input type="checkbox"/> 863	PROP1 (CPHD) DNA Sequencing Test	
<input type="checkbox"/> 864	POU1F1 (CPHD) DNA Sequencing Test	
<input type="checkbox"/> 848	<b>Growth Hormone Deficiency Evaluation</b>	GH1 and GHRHR Seq.; SHOX Seq. and Del.
<input type="checkbox"/> 866	GH1 (GHD) DNA Sequencing Test	
<input type="checkbox"/> 868	GHRHR (GHD) DNA Sequencing Test	
<input type="checkbox"/> 847	SHOX (GHD) DNA Sequencing and Deletion Test	
<input type="checkbox"/> 867	GHR DNA Sequencing Test	

**Specimen Requirements & Shipping Information (applies to all tests)**

- Specimen Type:** Whole blood, 8 mL in yellow or lavender top (pediatric minimum volume: 2 mL)
- Stability:** Hemolysis may compromise DNA recovery and integrity after 48 hrs. It is recommended to ship samples immediately after draw. Samples can be stored for short periods only. Send specimen overnight at room temperature.
- Shipping:** Send specimen overnight at room temperature. If you have any questions on sample requirements or shipping, contact our client service department at 00-1-508-756-2886, extension 2.

**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 be indicated on the test requisition.**

Athena Diagnostics Client Service Representatives are available from 8:30am to 9:00pm Eastern Time (U.S.).

International Customers please call  
**00-1-508-756-2886**  
 or Fax 00-1-774-843-3721



200 Forest Street, 2nd Floor  
 Marlborough, MA 01752 USA • [AthenaDiagnostics.com](http://AthenaDiagnostics.com)

To: Whom it may concern

From:

CC:

Date:

Re: International Blood Sample

Please be advised that:

The items contained in this shipment under Air bill number \_\_\_\_\_ are samples of whole human blood from a patient in plastic specimen collector tubes that will be used for Laboratory testing only.

The specimen collection tubes in the shipment are of "Human material containing no animal material "or" Nonhuman primate material or other non-primate animal material.

We hereby declare that the human blood samples from a patient contained in this shipment under Air bill number \_\_\_\_\_ "are not of tissue culture origin or any imported material that is a human vaccine in final dosage form.

We also so state that the samples contained in this shipment under Air bill number \_\_\_\_\_, are non-cultured, non-recombinant, non-infectious, containing no animal content and/or bovine serum albumin.

We also declare that the human blood samples from a patient contained in this package under Air bill number \_\_\_\_\_, have not had any previous testing.

The sample is being sent to Athena Diagnostics, Inc., the only clinical reference laboratory dedicated exclusively to testing for certain neurological disorders, their mission extends to providing diagnostic results that encompass interpretation, counseling and educational resources for healthcare professional and the patients for whom they care.

If the above advisories do not meet with the protocol standards, please advise. The telephone number

is \_\_\_\_\_.

Sincerely,

\_\_\_\_\_