

# Athena Diagnostics Neurology Test Requisition (September 2017)

Fields in red indicate required information

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



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

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

## Patient Identification

Patient Name \_\_\_\_\_  
Patient ID # (if available) \_\_\_\_\_ Sex:  Male  
DOB \_\_\_\_\_  Female  
Age \_\_\_\_\_  Unknown  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  Day  Eve  Cell

**Patient Authorization to Use, Transmit and Retain Personal Health Information Outside of Canada.**  
Your personal health information will be collected and used by Athena Diagnostics for diagnostic testing and analysis purposes. Your personal health information, including your blood specimen, will be transferred to and processed by Athena Diagnostics in its secure laboratory in Marlborough, Massachusetts. Athena Diagnostics will maintain your information on a confidential basis, and will not disclose your personal information except as required by applicable law, which may include lawful access by courts, governmental authorities or law enforcement in the US. **I consent to the foregoing:**  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 \_\_\_\_\_

**Alternative Physician Attestation of Patient Authorization.** I warrant that I have obtained written consent from the patient to use, transmit and retain patient's personal health information outside of Canada substantially as described in the above Patient Authorization.

Medical Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Medical Practitioner \_\_\_\_\_

## Billing Information

Please indicate responsible party (check only one):

- Ministry of Health** (Prior approval required before testing begins)  
 Prior Approval Included  Prior Approval Pending

## Hospital/Laboratory

Athena Account # (if assigned) \_\_\_\_\_  
Purchase Order # (if available) \_\_\_\_\_  
Billing Contact \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Hospital/Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Self Pay Payer Information:

Name \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Credit Card Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Tests Ordered

**Important:** Write in the test code and test name.

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

## Authorized Result Report Recipients Required Physician Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Indications for Testing (Check One)

- Diagnostic (symptomatic)  Prenatal  Family Testing  
 Predictive (asymptomatic)  Carrier

## 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).

## Specimen Collection Laboratory Information

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Type of Specimen** \_\_\_\_\_ **Date Collected** \_\_\_\_\_

- Whole Blood  Serum  CSF  Muscle  
 CVS: Cultured  Amniotic Fluid: Cultured  DNA

**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 must also be indicated on the test requisition.**

Reflex testing will be performed at an additional charge

# 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	Ref. Spec.	Ref. Vol.	Tube Type
<b>Cerebrovascular Disease (Stroke)</b>			
<input type="checkbox"/> 1175	Notch3(CADASIL) Sequencing Test	B	8 mL L
<input type="checkbox"/> 1149	HTRA1 (CARASIL) Sequencing Test	B	8 mL L
<input type="checkbox"/> 1120	COL4A1 Sequencing Test (CSVD)	B	8 mL L
<input type="checkbox"/> 1122	<b>Complete CCM Sequencing and CNV Evaluation</b> (KRIT1 Seq./Del., CCM2 Seq./Del., PDCD10 Seq./Del.)	B	8 mL L
<input type="checkbox"/> 1152	<b>KRIT1 (CCM1) Seq. and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 1106	<b>CCM2 Seq. and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 1179	<b>PDCD10 (CCM3) Seq. and CNV Evaluation</b>	B	8 mL L
<b>Dementia</b>			
<input type="checkbox"/> 178	<b>ADmark® Alzheimer's Evaluation</b> (ApoE, Phospho-Tau, Total-Tau, Aβ42) (Symptomatic for Dementia) <i>(CSF must be in polypropylene tube and arrive on cold pack or frozen)</i>	C	2 mL P
<input type="checkbox"/> 109	ADmark® ApoE Genotype Analysis & Interpretation (Symptomatic for Dementia)	B	8 mL L
<input type="checkbox"/> 177	ADmark® Phospho-Tau/Total-Tau/Aβ42 CSF Analysis & Interpretation (Symptomatic) <i>(CSF must be in polypropylene tube and arrive on cold pack or frozen)</i>	C	2 mL P
<input type="checkbox"/> 179	<b>ADmark® Early-Onset Alzheimer's Evaluation</b> (PS-1, APP Seq./Dup., PS-2)	B	8 mL L
<input type="checkbox"/> 167	ADmark® PSEN1 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 168	ADmark® APP DNA Sequencing Test and Duplication Test	B	8 mL L
<input type="checkbox"/> 169	ADmark® PSEN2 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 281	<b>Frontotemporal Dementia (FTD) Evaluation</b> (MAPT, GRN, C9orf72)	B	8 mL L
<input type="checkbox"/> 209	C9orf72 (FTD) DNA Test	B	8 mL L
<input type="checkbox"/> 204	GRN DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 205	MAPT DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 1711	<b>Autoimmune Rapidly Progressive Dementia Evaluation with Recombx®</b> (Hu, MaTa, CV2, Amphiphysin, GAD65, NMDA, VGKC, LGII, CASPR2)	S	2 mL R
<input type="checkbox"/> 1714	Recombx® Hu Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1716	Recombx® MaTa Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1717	Recombx® CV2 Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1718	Recombx® Amphiphysin Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1705	GAD65 Antibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1706	NMDA Receptor Antibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1707	VGKC Antibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1708	LGII Antibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<input type="checkbox"/> 1709	CASPR2 Antibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL R
<b>Developmental Disabilities</b>			
<input type="checkbox"/> 1186	<b>Primary Microcephaly Sequencing Evaluation</b> (ASPM, MCPHI, WDR62)	B	8 mL L
<input type="checkbox"/> 1092	ASPM Sequencing Test	B	8 mL L
<input type="checkbox"/> 1153	MCPHI Sequencing Test	B	8 mL L
<input type="checkbox"/> 1257	WDR62 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1193	SHANK3 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1192	SHANK2 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1190	PTEN Sequencing Test	B	5 mL L
<input type="checkbox"/> 795	<b>Joubert Syndrome Evaluation</b> (TMEM67, TMEM216, AHI1, CEP290, NPHP1, CC2D2A)	B	8 mL L
<input type="checkbox"/> 792	TMEM67 DNA Sequencing Test	B	8 mL L

Test Code	Ref. Spec.	Ref. Vol.	Tube Type
<input type="checkbox"/> 789	TMEM216 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 790	AHI1 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 791	CEP290 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 793	NPHP1 DNA Deletion Test	B	8 mL L
<input type="checkbox"/> 794	CC2D2A DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 737	Smith-Lemli-Opitz Syndrome (DHCR7) DNA Test	B	8 mL L
<input type="checkbox"/> 1256	VPS13B (COH1) Sequencing Test	B	8 mL L
<input type="checkbox"/> 1155	<b>MECP2 Sequencing and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 148	Rett Syndrome (MECP2) Dup./Del. Test	B	8 mL L
<input type="checkbox"/> 1038	<b>ARX Seq. and CNV Evaluation (Intellectual Disability)</b>	B	8 mL L
<input type="checkbox"/> 1114	<b>CDKL5 Seq. and CNV Evaluation (Atypical Rett)</b>	B	8 mL L
<input type="checkbox"/> 1194	SYNGAP1 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1166	<b>MEF2C Sequencing and CNV Evaluation</b>	B	4 mL L
<input type="checkbox"/> 1142	<b>FOXP1 Sequencing and CNV Evaluation</b>	B	4 mL L
NOTE: Pediatric minimum for all Developmental Disabilities tests is 2 mL.			
<b>Epilepsy</b>			
<input type="checkbox"/> 6000	<b>Epilepsy Advanced Sequencing and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 6008	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Generalized, Absence, Focal, Febrile and Myoclonic Epilepsies</b>	B	8 mL L
<input type="checkbox"/> 6010	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Epileptic Encephalopathy</b>	B	8 mL L
<input type="checkbox"/> 6018	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Developmental Brain Malformations</b>	B	8 mL L
<input type="checkbox"/> 6019	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Intellectual Disability</b>	B	8 mL L
<input type="checkbox"/> 6022	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Neuronal Ceroid Lipofuscinosis</b>	B	8 mL L
<input type="checkbox"/> 6023	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Epilepsy with Migraine</b>	B	8 mL L
<input type="checkbox"/> 6033	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Syndromic Disorders</b>	B	8 mL L
<input type="checkbox"/> 6038	<b>Epilepsy Advanced Sequencing and CNV Evaluation - Infantile Spasms</b>	B	8 mL L
Please see website for the list of genes in each panel.			
<input type="checkbox"/> 5120	<b>Autoimmune Epilepsy Evaluation</b> GAD65, VGKC, CASPR2, LGII, NMDA	S	2 mL R
<input type="checkbox"/> 5101	GAD65 Neurological Syndrome Antibody Test (Epilepsy) (Single)	S	2 mL R
<input type="checkbox"/> 5102	VGKC Antibody Test (Epilepsy) (Single)	S	2 mL R
<input type="checkbox"/> 5103	CASPR2 Antibody Test (Epilepsy) (Single)	S	2 mL R
<input type="checkbox"/> 5104	LGII Antibody Test (Epilepsy) (Single)	S	2 mL R
<input type="checkbox"/> 5105	NMDA Receptor (NR1-subunit) Antibody Test (Epilepsy) (Single)	S	2 mL R
<input type="checkbox"/> 1131	<b>Complete Tuberous Sclerosis Seq. and CNV Evaluation</b> (TSC1 Seq., TSC1 Del., TSC2 Seq., TSC2 Del.)	B	8 mL L
<input type="checkbox"/> 1245	TSC1 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1236	TSC1 CNV Test	B	8 mL L
<input type="checkbox"/> 508	TSC1 Deletion Analysis	B	8 mL L
<input type="checkbox"/> 1255	TSC2 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1254	TSC2 CNV Test	B	8 mL L
<input type="checkbox"/> 524	TSC2 DNA Deletion Test	B	8 mL L
<input type="checkbox"/> 523	TSC Familial DNA Seq. Mutation Evaluation	B	8 mL L
Proband Accession # _____			
Relationship _____			

Test Code	Ref. Spec.	Ref. Vol.	Tube Type
<input type="checkbox"/> 1129	<b>SCN1A Seq. and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 1191	SCN1A CNV Test	B	8 mL L
<input type="checkbox"/> 537	SCN1A Deletion Test	B	8 mL L
<input type="checkbox"/> 1133	<b>CSTB (EPM1) Seq. and Repeat Expansion Evaluation</b>	B	8 mL L
<input type="checkbox"/> 410	EPM1 DNA Test	B	8 mL L
<input type="checkbox"/> 1036	<b>ARX Seq. and CNV Evaluation (Epilepsy)</b>	B	8 mL L
<input type="checkbox"/> 1115	<b>CDKL5 Seq. and CNV Evaluation (Epilepsy)</b>	B	8 mL L
<input type="checkbox"/> 4411	SLC2A1 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 1003	GFAP (Alexander Disease) Seq. Test	B	8 mL L
<input type="checkbox"/> 443	POLG DNA Seq. Test (Alpers Syndrome)	B	8 mL L
NOTE: Pediatric minimum for all Epilepsy tests is 2 mL.			
<b>Family Testing</b>			
<input type="checkbox"/> 185	Familial DNA Sequence Evaluation	B	8 mL L
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>Hearing Loss</b>			
<input type="checkbox"/> 329	<b>Connexin Related Deafness Evaluation</b> (Connexin 26, Connexin 30)	B	8 mL L
<input type="checkbox"/> 321	Connexin 26 (GJB2) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 319	Connexin 30 (GJB6) DNA Test	B	8 mL L
<b>Leukodystrophy</b>			
<input type="checkbox"/> 1175	Notch3(CADASIL) Sequencing Test	B	8 mL L
<input type="checkbox"/> 6106	<b>Leukoencephalopathy with Vanishing White Matter Evaluation</b> (EIF2B1, EIF2B2, EIF2B3, EIF2B4, EIF2B5)	B	8 mL L
<input type="checkbox"/> 6101	EIF2B1 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6102	EIF2B2 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6103	EIF2B3 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6104	EIF2B4 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6105	EIF2B5 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6107	ARSA DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 6108	ABCD1 DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 1183	<b>PLP1 Sequencing and CNV Evaluation</b>	B	8 mL L
<input type="checkbox"/> 6109	GJC2 DNA Sequencing Test	B	8 mL L
<b>Migraine</b>			
<input type="checkbox"/> 1148	<b>Hemiplegic Migraine Seq. Evaluation</b> (CACNA1A, ATP1A2, SCN1A)	B	8 mL L
<input type="checkbox"/> 1103	CACNA1A Sequencing Test	B	8 mL L
<input type="checkbox"/> 1101	ATP1A2 Sequencing Test	B	8 mL L
<input type="checkbox"/> 1136	SCN1A Sequencing Test (FHM) (Exons 3, 23, 26)	B	8 mL L
<b>Mitochondrial Disorders</b>			
<input type="checkbox"/> 575	<b>Common Mitochondrial Disorders Evaluation</b> (POLG, MELAS, MERRF, NARP)	B	8 mL L
<input type="checkbox"/> 576	<b>Progressive External Ophthalmoplegia Evaluation</b> (POLG, TWINKLE, ANTI, OPA1, MELAS)	B	8 mL L
<input type="checkbox"/> 577	<b>Mitochondrial Neurogastrointestinal Encephalopathy (MNGIE) Evaluation</b> (TYMP, RRM2B, MELAS)	B	8 mL L
<input type="checkbox"/> 578	<b>Mitochondrial Hepatoencephalopathic Evaluation</b> (POLG, DGUOK, MPV17, TWINKLE)	B	8 mL L
<input type="checkbox"/> 579	<b>Mitochondrial Encephalomyopathic Evaluation</b> (TK2, RRM2B, POLG)	B	8 mL L
<input type="checkbox"/> 515	<b>LHON mtDNA Evaluation</b> (LHON 11778, 3460, 14484)	B	8 mL L
<input type="checkbox"/> 474	POLG DNA Sequencing Test (Related to all allelic disorders)	B	8 mL L
<input type="checkbox"/> 479	TWINKLE (PEO1/C10orf2) DNA Seq. Test (Related to mtDNA depletion)	B	8 mL L
<input type="checkbox"/> 466	ANTI (SLC25A4) DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL L
<input type="checkbox"/> 469	OPA1 DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL L
<input type="checkbox"/> 484	TYMP DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL L
<input type="checkbox"/> 486	RRM2B DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL L

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

Test Code	Ref. Spec.	Ref. Vol.	Tube Type
<input type="checkbox"/> 487	DUOK DNA Sequencing Test (Related to mtDNA depletion)	B 8 mL	L
<input type="checkbox"/> 488	MPV17 DNA Sequencing Test (Related to mtDNA depletion)	B 8 mL	L
<input type="checkbox"/> 489	TK2 DNA Sequencing Test (Related to mtDNA depletion)	B 8 mL	L
<input type="checkbox"/> 517	MELAS mtDNA Evaluation (MELAS 3243, 3271, 3252, 3256, 3291, 13513)	B 8 mL	L
<input type="checkbox"/> 518	MERRF mtDNA Evaluation (MERRF 8344, 8356, 8296, 8363)	B 8 mL	L
<input type="checkbox"/> 516	NARP mtDNA Evaluation (NARP 8993)	B 8 mL	L
<input type="checkbox"/> 824	PDHA1 DNA Sequencing Test	B 8 mL	L
<b>Motor Neuron Diseases</b>			
<input type="checkbox"/> 6520	<b>Amyotrophic Lateral Sclerosis Advanced Evaluation</b> (ALS2, ANG, CHMPB2, C9ORF72, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMARI, SOD1, SQSTM1, TARDBP, UBQLN2, VAPB, VCP)	B 8 mL	L
<input type="checkbox"/> 6522	<b>Nonprevalent Amyotrophic Lateral Sclerosis Advanced Sequencing Evaluation</b> (ALS2, ANG, CHMPB2, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMARI, SQSTM1, TARDBP, UBQLN2, VAPB, VCP)	B 8 mL	L
<input type="checkbox"/> 670	C9orf72 DNA Test	B 8 mL	L
<input type="checkbox"/> 620	SOD1 DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 6601	<b>HSP, Common Sporadic Evaluation</b> (SPAST, SPG7)	B 8 mL	L
<input type="checkbox"/> 6602	<b>HSP, Supplemental Sporadic Evaluation</b> (ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIFIA, PNPLA6, SACS, SPG20, SPG21, LICAM, PLP1)	B 8 mL	L
<input type="checkbox"/> 6610	<b>HSP, Complete Dominant Evaluation</b> (SPAST, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1)	B 8 mL	L
<input type="checkbox"/> 6611	<b>HSP, Common Dominant Evaluation</b> (SPAST, ATLN, REEP1, KIF5A)	B 8 mL	L
<input type="checkbox"/> 6612	<b>HSP, Supplemental Dominant Evaluation</b> (NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1)	B 8 mL	L
<input type="checkbox"/> 6620	<b>HSP, Complete Recessive Evaluation</b> (SPG11, ZFYVE26, SPG7, CYP7B1, ALS2, AP5Z1, FA2H, KIFIA, PNPLA6, SACS, SPG20, SPG21)	B 8 mL	L
<input type="checkbox"/> 6621	<b>HSP, Common Recessive Evaluation</b> (SPG11, ZFYVE26, SPG7)	B 8 mL	L
<input type="checkbox"/> 6622	<b>HSP, Supplemental Recessive Evaluation</b> (CYP7B1, ALS2, AP5Z1, FA2H, KIFIA, PNPLA6, SACS, SPG20, SPG21)	B 8 mL	L
<input type="checkbox"/> 6630	<b>HSP, Comprehensive Evaluation</b> (SPAST, SPG7, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIFIA, PNPLA6, SACS, SPG20, SPG21, LICAM, PLP1)	B 8 mL	L
<input type="checkbox"/> 6631	<b>HSP, X-Linked Evaluation</b> (LICAM, PLP1)	B 8 mL	L
<input type="checkbox"/> 6509	<b>SPG4 Evaluation</b>	B 8 mL	L
Individual HSP DNA Tests:			
<input type="checkbox"/> 531	Atlastin (SPG3A)	<input type="checkbox"/> 632	Paraplegin (SPG7)
<input type="checkbox"/> 633	Spatascin (SPG11)	<input type="checkbox"/> 614	ZFYVE26 (SPG15)
<input type="checkbox"/> 214	<b>SMA Plus</b> (Reflexive) Testing is performed in this order: 1. SMN1 Del./SMN2 Del.; 2. SMN1 Seq.	B 4 mL	L
<input type="checkbox"/> 111	SMA Diagnostic Test (including SMN2 Copy Number)	B 4 mL	L
<input type="checkbox"/> 211	SMN DNA Sequencing Test (only order if deletion testing has already been performed)	B 4 mL	L
<input type="checkbox"/> 444	SMA Carrier Screen SMN1 Del./SMN2 Del. Test	B 4 mL	L
<input type="checkbox"/> 117	Kennedy's Disease (SBMA) DNA Test	B 8 mL	L
<input type="checkbox"/> 6521	<b>Atypical Spinal Muscular Atrophy Advanced Sequencing Evaluation</b> (BICD2, DYNCH1, GARS, HSPB1, HSPB3, HSPB8, IGHMBP2, TRPV4, UBA1, VRK1)	B 8 mL	L
<b>Movement Disorders</b>			
<input type="checkbox"/> 6900	<b>Ataxia, Complete Dominant Evaluation</b> (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN80S, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A)	B 10 mL	L
<input type="checkbox"/> 6901	<b>Ataxia, Common Repeat Expansion Evaluation</b> (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN80S, ATXN10)	B 8 mL	L
<input type="checkbox"/> 6903	<b>Ataxia, Supplemental Dominant Evaluation</b> (AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A)	B 8 mL	L

Test Code	Ref. Spec.	Ref. Vol.	Tube Type
<input type="checkbox"/> 6910	<b>Ataxia, Complete Recessive Evaluation</b> (FXN, APTX, ATM, SETX, TTPA, ADCCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B 8 mL	L
<input type="checkbox"/> 6911	<b>Ataxia, Supplemental Recessive Evaluation</b> (APTX, ATM, SETX, TTPA, ADCCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B 8 mL	L
<input type="checkbox"/> 6912	<b>Episodic Apraxia Ataxia Advanced Sequencing Evaluation</b> (APTXX, SETX)	B 8 mL	L
<input type="checkbox"/> 6920	<b>Episodic Ataxia Evaluation</b> (CACNB4, KCNA1, SLC1A3, CACNA1A)	B 8 mL	L
<input type="checkbox"/> 6930	<b>Ataxia, Comprehensive Evaluation</b> (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN80S, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A, FXN, APTX, ATM, SETX, TTPA, ADCCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B 10 mL	L
<input type="checkbox"/> 349	<b>Ataxia, Friedreich (FXN) Evaluation</b> (FRDA/FXN Seq., FRDA/FXN Expansion)	B 8 mL	L
<input type="checkbox"/> 353	<b>Ataxia-Telangectasia (ATM) Evaluation</b> (ATM Seq., ATM Dup./Del.)	B 8 mL	L
Individual Ataxia DNA Tests:			
<input type="checkbox"/> 371	SCA1	<input type="checkbox"/> 672	SCA2
<input type="checkbox"/> 373	SCA6	<input type="checkbox"/> 677	SCA7
<input type="checkbox"/> 387	SCA10	<input type="checkbox"/> 285	SCA12
<input type="checkbox"/> 401	DRPLA	<input type="checkbox"/> 383	POLG1 (MIRAS)
<input type="checkbox"/> 283	TTPA (AVED)	<input type="checkbox"/> 348	FRDA/FXN Seq.
<input type="checkbox"/> 119	FRDA/FXN Expansion	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 402	<b>Chorea Differential Evaluation</b> (DRPLA, HD)	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 116	Huntington Disease Repeat Expansion Test	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 639	<b>Isolated Dystonia Evaluation</b> (DYTI, THAPI)	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 626	Dystonia (DYTI) DNA Test	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 618	THAPI DNA Sequencing Test (DYT6)	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 629	<b>Complete Dopa-Responsive Dystonia (DYT5) Evaluation</b> (GCHI Seq., GCHI Del., TH Seq.)	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 637	GCHI DNA Sequencing Test (DYT5A)	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 638	GCHI Deletion Test (DYT5A)	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 634	TH DNA Sequencing Test (DYT5B)	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 624	SGCE DNA Sequencing Test (DYT11)	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 627	SGCE Deletion Test (DYT11)	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 617	PNKD (MR-1) DNA Sequencing Test	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 588	<b>Complete Parkinsonism Evaluation</b> (LRRK2, PARK2, PINK1, PARK7, SNCA)	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 558	LRRK2 DNA Sequencing Test	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 559	PARK2 (Parkin) DNA Sequencing Test	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 040	PARK2 (Parkin) Duplication/Deletion Test	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 542	PINK1 DNA Sequencing Test	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 058	PINK1 Deletion Test	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 554	PARK7 (DJI) DNA Sequencing Test	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 047	PARK7 (DJI) Deletion Test	<input type="checkbox"/> 388	SCA17
<input type="checkbox"/> 557	Alpha Synuclein (SNCA) DNA Seq. Test	<input type="checkbox"/> 105	SCA3
<input type="checkbox"/> 059	Alpha Synuclein (SNCA) Dup./Del. Test	<input type="checkbox"/> 384	SCA8
<input type="checkbox"/> 1187	PRRT2 (Dyskinesia/IC) Seq. Test	<input type="checkbox"/> 388	SCA17
<b>Multiple Sclerosis</b>			
<input type="checkbox"/> 112	NAbFeron® (INFB-1) Neutralizing Antibody Test	S 2 mL	R
<input type="checkbox"/> 197	TY5ABRI® (Natalizumab) Antibody Test (See website for collection notes)	S 2 mL	R
<input type="checkbox"/> 193	AQP4 (NMO-IgG) Antibody Test	S 8 mL	R
<b>Myasthenia Gravis</b>			
<input type="checkbox"/> 482	MuSK Antibody Test	S 2 mL	R
<input type="checkbox"/> 1480	Titin Antibody Test	S 2 mL	R
<input type="checkbox"/> 1481	RyR Autoantibody Test	S 2 mL	R
<input type="checkbox"/> 1483	LRP4 Autoantibody Test	S 2 mL	R
<input type="checkbox"/> 1490	AChR-Seronegative Myasthenia Gravis Evaluation	S 2 mL	R
<input type="checkbox"/> 1510	Acetylcholine Receptor Binding Antibody with Reflex to Musk Antibody	S 2 mL	R
<input type="checkbox"/> 1511	Acetylcholine Receptor Binding Antibody with Reflex to MuSK/LRP4 Antibodies	S 2 mL	R
<input type="checkbox"/> 1513	Acetylcholine Receptor Binding Antibody	S 2 mL	R
<input type="checkbox"/> 1514	Myasthenia Gravis Panel 2	S 2 mL	R
<input type="checkbox"/> 1516	Acetylcholine Receptor Blocking Antibody	S 1 mL	R
<input type="checkbox"/> 1517	Acetylcholine Receptor Modulating Antibody	S 1 mL	R
<input type="checkbox"/> 1521	Myasthenia Gravis Panel 2 with Reflex to MuSK Antibody	S 3 mL	R
<b>Neuromuscular Disorders</b>			
<input type="checkbox"/> 5501	<b>Muscular Dystrophy Advanced Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5502	<b>Congenital Muscular Dystrophy Advanced Sequencing Evaluation</b>	B 8 mL	L

Test Code	Ref. Spec.	Ref. Vol.	Tube Type
<input type="checkbox"/> 5503	<b>Congenital Myopathy Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5504	<b>Distal Myopathy Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5505	<b>Myofibrillar Myopathy Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5506	<b>Myotonic Syndromes Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5507	<b>Periodic Paralysis Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5508	<b>Malignant Hyperthermia Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5518	<b>Emery-Dreifuss Muscular Dystrophy Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5519	<b>Limb Girdle Muscular Dystrophy Advanced Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5511	<b>Congenital Myasthenic Syndrome Advanced Sequencing Evaluation</b>	B 8 mL	L
<input type="checkbox"/> 5530	<b>DMD Evaluation</b>	B 8 mL	L
NOTE: Please see website for the list of genes in each panel.			
<input type="checkbox"/> 5531	DMD Duplication/Deletion	B 8 mL	L
<input type="checkbox"/> 183	DMD DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 100	Dystrophin Protein Test	M 10 mg	C
<input type="checkbox"/> 207	<b>Early-Onset Myotonia Evaluation</b> (DM1, CLCN1, SCN4A)	B 8 mL	L
<input type="checkbox"/> 108	DMPK DNA Test (DM1)	B 8 mL	L
<input type="checkbox"/> 110	CNBP DNA Test (DM2) (DM2 testing is not recommended for patients with early onset myotonic dystrophy)	B 8 mL	L
<input type="checkbox"/> 128	CLCN1 DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 146	SCN4A (Myotonia) DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 585	<b>CAPN3 Evaluation</b> (includes CAPN3 Seq., CAPN3 Del.)	B 8 mL	L
Individual Limb Girdle Muscular Dystrophy Tests:			
<input type="checkbox"/> 562	FKRP	<input type="checkbox"/> 565	LMNA
<input type="checkbox"/> 582	SGCA Duplication/Deletion Test	<input type="checkbox"/> 566	CAV3
<input type="checkbox"/> 583	SGCG Duplication/Deletion Test	<input type="checkbox"/> 566	CAV3
<input type="checkbox"/> 584	CAPN3 Duplication/Deletion Test	<input type="checkbox"/> 566	CAV3
<input type="checkbox"/> 561	Dysferlin Protein Blood Test (must arrive on cold pack) Sample must be received within 72 hours of draw.	B 10 mL	L
<input type="checkbox"/> 571	Dysferlin Sequencing Test Sample must be received within 72 hours of draw.	B 8 mL	L
<input type="checkbox"/> 405	FSHD1 Southern Blot Test Sample must be received within 72 hours of draw.	B 15 mL	L
<input type="checkbox"/> 5905	FSHD Molecular Combing Test Sample must be received within 72 hours of draw.	B 15 mL	L
<input type="checkbox"/> 300	OPMD Repeat Expansion Test	B 8 mL	L
<input type="checkbox"/> 490	<b>Optic Atrophy Evaluation</b> (OPA1)	B 8 mL	L
<b>Neuro-Oncology</b>			
<input type="checkbox"/> 648	<b>Neurofibromatosis Type 1 (NF1) Evaluation</b> (NF1 Sequencing, NF1 Deletion)	B 8 mL	L
<input type="checkbox"/> 645	<b>Neurofibromatosis Type 2 (NF2) Evaluation</b> (NF2 Seq., NF2 Dup./Del.)	B 8 mL	L
<input type="checkbox"/> 646	Neurofibromatosis Type 1 DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 647	Neurofibromatosis Type 1 Deletion Test	B 8 mL	L
<input type="checkbox"/> 635	Neurofibromatosis Type 2 DNA Sequencing Test	B 8 mL	L
<input type="checkbox"/> 644	Neurofibromatosis Type 2 Duplication/Deletion Test	B 8 mL	L
Note: Additional specimens accepted. Please contact Lab Director.			
<b>Paraneoplastic &amp; Other Antibody Disorders of the CNS</b>			
<input type="checkbox"/> 4711	<b>Paraneoplastic Neurological Syndromes Evaluation with Recombx®</b> , Initial Assessment (Hu, Yo, CV2, MaTa, Ri, Amphiphysin)	S 2 mL	R or P**
<input type="checkbox"/> 4620	<b>NeoComplete Paraneoplastic Evaluation with Recombx®</b> (Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, VGCC, VGKC, Amphiphysin, gnAChR, NMDA, GAD65, LGI1, CASPR2)	S 2 mL	R
<input type="checkbox"/> 4640	<b>Paraneoplastic Autoantibody Evaluation with Recombx®</b> , CSF (Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, Amphiphysin, NMDA, LGI1, CASPR2)	C 2 mL	P**
<input type="checkbox"/> 4724	<b>NeoCerebellar Degeneration Paraneoplastic Profile with Recombx®</b> (Hu, Yo, Zic4, CV2, MaTa, Ri, Amphiphysin, GAD65 Neurological Syndrome)	S 2 mL	R
<input type="checkbox"/> 4722	<b>NeoEncephalitis Paraneoplastic Evaluation with Recombx®</b> (Hu, CV2, MaTa, VGKC, Amphiphysin, GAD65, LGI1, NMDA, CASPR2)	S 2 mL	R
<input type="checkbox"/> 4725	<b>NeoSensory Neuropathy Paraneoplastic Profile with Recombx®</b> (Hu, CV2, Amphiphysin)	S 2 mL	R
<input type="checkbox"/> 4727	<b>Neuromyotonia Evaluation</b> (CASPR2, VGKC)	S 2 mL	R
Individual Recombx® Autoantibody Tests:			
<input type="checkbox"/> 4684	CAR	<input type="checkbox"/> 4681	CV2
<input type="checkbox"/> 4683	MaTa	<input type="checkbox"/> 4682	Hu
<input type="checkbox"/> 4683	MaTa	<input type="checkbox"/> 4685	Ri
<input type="checkbox"/> 4683	MaTa	<input type="checkbox"/> 4686	Yo
<input type="checkbox"/> 4683	MaTa	<input type="checkbox"/> 4689	Zic4

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

Test Code	Spec.	Vol.	Tube Type
<input type="checkbox"/> 449	LGII Antibody Test	S	2 mL R
<input type="checkbox"/> 499	CASPR2 Antibody Test	S	2 mL R
<input type="checkbox"/> 419	NMDA Receptor (NR1-subunit) Antibody Test	S	2 mL R
<input type="checkbox"/> 422	GAD65 Neurological Syndrome Antibody Test	S	2 mL R
<input type="checkbox"/> 475	LEMS (VGCC) Antibody Test	S	2 mL R
<input type="checkbox"/> 485	VGKC Antibody Test	S	2 mL R
<input type="checkbox"/> 4674	Recomb <sup>®</sup> Amphiphysin Autoantibody Test	S	2 mL R
<input type="checkbox"/> 428	Ganglionic AChR Antibody Test	S	2 mL R
<b>Peripheral Neuropathy: Autoimmune</b>			
<input type="checkbox"/> 3100	<b>SensoriMotor Neuropathy Profile with Recomb<sup>®</sup> - Complete</b> (Co-GM1 Quattro <sup>®</sup> , MAG 'Dual Antigen' <sup>®</sup> , Hu, GALOP <sup>™</sup> , SGPG, Sulfatide)	S	2 mL R
<input type="checkbox"/> 3148	<b>Sensory Neuropathy Profile with Recomb<sup>®</sup></b> (MAG 'Dual Antigen' <sup>®</sup> , Hu, GALOP <sup>™</sup> , SGPG, Sulfatide)	S	2 mL R
<input type="checkbox"/> 3163	<b>Motor Neuropathy Profile - Complete</b> (Co-GM1 Quattro <sup>®</sup> , SGPG, MAG 'Dual Antigen' <sup>®</sup> )	S	2 mL R
<input type="checkbox"/> 289	<b>Multifocal Motor Neuropathy Evaluation</b> (Co-GM1 Quattro <sup>®</sup> , PMP22 Dup./Del.)	S	2 mL R
<input type="checkbox"/> 3155	Co-GM1 Quattro <sup>®</sup> Autoantibody Test	S	2 mL R
<input type="checkbox"/> 3127	MAG 'Dual Antigen' <sup>®</sup> Autoantibody Test	S	2 mL R
<input type="checkbox"/> 261	GALOP <sup>™</sup> Antibody Test	S	2 mL R
<input type="checkbox"/> 210	Sulfatide Antibody Test	S	2 mL R
<input type="checkbox"/> 160	GQ1b Antibody Test	S	2 mL R
<input type="checkbox"/> 278	GD1a Antibody Test	S	2 mL R
<input type="checkbox"/> 272	Co-Asialo Antibody Test	S	2 mL R
<input type="checkbox"/> 273	Co-GD1b Antibody Test	S	2 mL R
<input type="checkbox"/> 271	Co-GM1 Antibody Test	S	2 mL R
<b>Peripheral Neuropathy: Hereditary</b>			
<input type="checkbox"/> 4010	<b>CMT Advanced Evaluation - Initial Genetic Assessment</b> (PMP22 Dup./Del., GJB1 (Cx32), MPZ, MFN2 Seq.)	B	8 mL L
<input type="checkbox"/> 4011	<b>CMT Advanced Evaluation - Nonprevalent Axonal</b> (GJB1 (Cx32) Del., NFL, GDAP1, GARS,	B	8 mL L

Test Code	Spec.	Vol.	Tube Type
RAB7, HSPB1, DNM2, YARS, LMNA, TRPV4, HSPB8 Seq.)			
<input type="checkbox"/> 4012	<b>CMT Advanced Evaluation - Nonprevalent Demyelinating</b> (GJB1 (Cx32) Del., EGR2, LITAF, PMP22, PRX, GDAP1, DNM2, YARS, SH3TC2, MTMR2, NDRG1, FGD4, FIG4, SBF2 Seq.)	B	8 mL L
<input type="checkbox"/> 4013	<b>CMT Advanced Evaluation - Nonprevalent Demyelinating (Reflexive)</b> (GJB1 (Cx32) Del., PMP22, 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
<input type="checkbox"/> 4001	<b>CMT Advanced Evaluation - Comprehensive (Reflexive)</b> 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
<input type="checkbox"/> 4002	<b>CMT Advanced Evaluation - Dominant, Demyelinating (Reflexive)</b> 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
<input type="checkbox"/> 4003	<b>CMT Advanced Evaluation - Dominant, Axonal</b> (MFN2, MPZ, RAB7, GARS, NFL, HSPB1, LMNA, DNM2, YARS, TRPV4, HSPB8)	B	8 mL L
<input type="checkbox"/> 4004	<b>CMT Advanced Evaluation - Recessive, Demyelinating</b> (PRX, GDAP1, SBF2, SH3TC2, MTMR2, NDRG1, FGD4, FIG4)	B	8 mL L
<input type="checkbox"/> 4005	<b>CMT Advanced Evaluation - Dominant (Reflexive)</b> 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
<input type="checkbox"/> 4006	<b>CMT Advanced Evaluation - Recessive Demyelinating (Reflexive)</b> 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
<input type="checkbox"/> 4007	<b>CMT Advanced Evaluation - Demyelinating (Reflexive)</b> 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

Test Code	Spec.	Vol.	Tube Type
<input type="checkbox"/> 4008	<b>CMT Advanced Evaluation - Axonal</b> (MFN2, Cx32, MPZ, RAB7, GARS, NFL, HSPB1, GDAP1, DNM2, YARS, LMNA, TRPV4, HSPB8)	B	8 mL L
Individual CMT Tests:			
<input type="checkbox"/> 144	TRPV4	<input type="checkbox"/> 463	HSPB8
<input type="checkbox"/> 354	MTMR2	<input type="checkbox"/> 164	SBF2
<input type="checkbox"/> 394	NDRG1	<input type="checkbox"/> 208	FGD4
<input type="checkbox"/> 253	DNM2	<input type="checkbox"/> 468	YARS
<input type="checkbox"/> 221	GDAP1 (CMT2K, 4A)	<input type="checkbox"/> 222	LITAF/SIMPLE (CMTIC)
<input type="checkbox"/> 223	MFN2 (CMT2A2)	<input type="checkbox"/> 239	PRX (CMT4F)
<input type="checkbox"/> 247	PMP22 Seq.	<input type="checkbox"/> 248	EGR2 (CMTID)
<input type="checkbox"/> 249	NFL (CMT2E, 1F)	<input type="checkbox"/> 131	PMP22 Dup./Del. (CMTIA)
<input type="checkbox"/> 134	MPZ (CMT1B, 2I, 2J)	<input type="checkbox"/> 226	LMNA (CMT2B1, 4C1)
<input type="checkbox"/> 224	SH3TC2 (CMT4C)	<input type="checkbox"/> 227	RAB7 (CMT2B)
<input type="checkbox"/> 225	FIG4 (CMT4I)	<input type="checkbox"/> 228	GARS (CMT2D)
<input type="checkbox"/> 143	Cx32 Seq./Del. (CMTX)	<input type="checkbox"/> 229	HSPB1 (CMT2F)
<input type="checkbox"/> 243	<b>Complete HNPP Evaluation</b> (PMP22 Sequencing, PMP22 Dup./Del.)	B	8 mL L
<input type="checkbox"/> 245	<b>Congenital Hypomyelination Evaluation</b> (MPZ, EGR2)	B	8 mL L
<input type="checkbox"/> 296	<b>Entrapment Neuropathy Evaluation</b> (PMP22 Seq., PMP22 Dup./Del., TTR)	B	8 mL L
<input type="checkbox"/> 235	TTR DNA Sequencing Test	B	8 mL L
<b>Peripheral Neuropathy: Hereditary Sensory Autonomic Neuropathy</b>			
<input type="checkbox"/> 691	<b>Early-Onset HSAN Evaluation</b> (NTRK1 and WNK1)	B	8 mL L
<input type="checkbox"/> 698	<b>Late-Onset HSAN Evaluation</b> (SPTLC1 and SPTLC2)	B	8 mL L
<input type="checkbox"/> 551	SPTLC1 (HSAN I) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 552	SPTLC2 (HSAN I) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 553	WNK1 (HSAN II) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 659	NTRK1 (HSAN IV) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 660	ATL1 (HSAN I) DNA Sequencing Test	B	8 mL L
<input type="checkbox"/> 719	SEPT9 (HNA) DNA Sequencing Test	B	8 mL L

**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	Tube Type	
C - CSF	M - Muscle Tissue	P - Polypropylene CSF Transfer Tube
B - Blood		R - Red
S - Serum		L - Lavender
		C - Cryovial
		** CSF must be collected in a tube not containing additives.

# Athena Diagnostics Nephrology Testing Services (September 2017)

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
<b>Alport Syndrome</b>				
<input type="checkbox"/> 759	<b>Complete Alport Syndrome Evaluation</b> (COL4A3,4,5 DNA Sequencing; COL4A5 Deletion Test)	B	8 mL	L
<input type="checkbox"/> 755	COL4A5 Sequencing and Deletion Analysis	B	8 mL	L
<input type="checkbox"/> 756	COL4A5 Deletion Analysis	B	8 mL	L
<input type="checkbox"/> 757	COL4A3 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 758	COL4A4 DNA Sequencing Test	B	8 mL	L
<b>Amyloidosis</b>				
<input type="checkbox"/> 235	TTR DNA Sequencing Test	B	8 mL	L
<b>Bardet-Biedl Syndrome</b>				
<input type="checkbox"/> 887	<b>Bardet-Biedl Syndrome Evaluation</b> (BBS1, BBS2, BBS10)	B	8 mL	L
<input type="checkbox"/> 871	BBS1 (BBS) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 872	BBS2 (BBS) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 886	BBS10 (BBS) DNA Sequencing Test	B	8 mL	L
<b>Fanconi Syndrome</b>				
<input type="checkbox"/> 517	MELAS mtDNA Evaluation (MELAS 3243, 3271, 3252, 3256, 3291, 13513)	B	8 mL	L
<b>Family Testing</b>				
<input type="checkbox"/> 185	<b>Familial DNA Sequence Evaluation</b> This test detects previously identified sequence variants in at-risk family members. Proband Accession # _____ Relationship _____	B	8 mL	L
<b>Hereditary Renal Tubular Disorders</b>				
<input type="checkbox"/> 767	<b>Hereditary Renal Tubular Disorders Evaluation</b> (SLC12A1, KCNJ1, CLCNKB, BSND, SLC12A3)	B	8 mL	L
<input type="checkbox"/> 762	SLC12A1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 763	KCNJ1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 764	CLCNKB DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 765	BSND DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 766	SLC12A3 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 825	CASR DNA Sequencing Test	B	8 mL	L
<b>Monogenic Hypertension</b>				
<input type="checkbox"/> 749	<b>Monogenic Hypertension Evaluation</b> (SCNN1B, SCNN1G, CYP11B1, HSD11B2)	B	8 mL	L
<input type="checkbox"/> 747	Liddle's Syndrome Evaluation (SCNN1B, SCNN1G)	B	8 mL	L
<input type="checkbox"/> 748	Pseudohypoaldosteronism Type 1 Evaluation (SCNN1A, SCNN1B, SCNN1G)	B	8 mL	L
<input type="checkbox"/> 772	SCNN1A DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 745	SCNN1B DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 746	SCNN1G DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 774	CYP11B1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 775	HSD11B2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 779	CYP11B1/CYP11B2 Chimeric Gene Fusion Test	B	8 mL	L
<b>Nephrogenic Diabetes Insipidus</b>				
<input type="checkbox"/> 854	<b>Nephrogenic Diabetes Insipidus Evaluation</b> (AVPR2, AQP2)	B	8 mL	L
<input type="checkbox"/> 851	AVPR2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 852	AQP2 DNA Sequencing Test	B	8 mL	L
<b>Nephronophthisis</b>				
<input type="checkbox"/> 750	NPH1 Deletion Test (Familial Juvenile Nephronophthisis)	B	8 mL	L

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
<b>Nephrotic Syndrome</b>				
<input type="checkbox"/> 722	<b>Early Onset Nephrotic Syndrome Evaluation</b> (PLCE1, LAMB2, WTI, NPHS1, NPHS2)	B	8 mL	L
<input type="checkbox"/> 717	<b>Focal and Segmental Glomerulosclerosis (FSGS) Evaluation</b> (INF2, ACTN4, TRPC6, NPHS2)	B	8 mL	L
<input type="checkbox"/> 711	ACTN4 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 712	TRPC6 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 716	INF2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 718	PLCE1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 713	WT1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 714	LAMB2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 710	NPHS2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 730	NPHS1 DNA Sequencing Test	B	8 mL	L
<b>Polycystic Kidney Disease</b>				
<input type="checkbox"/> 728	PKDx <sup>®</sup> Familial Mutation Evaluation (PKD1 and PKD2 Single Exon Sequencing) Proband Accession # _____ Relationship _____	B	8 mL	L
<input type="checkbox"/> 8100	Complete PKDx Evaluation	B	8 mL	L
<input type="checkbox"/> 8105	PKD1 Deletion Test	B	8 mL	L
<input type="checkbox"/> 8101	PKD1 DNA Sequencing and Deletion Evaluation	B	8 mL	L
<input type="checkbox"/> 8103	PKD1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 8106	PKD2 Deletion Test	B	8 mL	L
<input type="checkbox"/> 8102	PKD2 DNA Sequencing and Deletion Evaluation	B	8 mL	L
<input type="checkbox"/> 8104	PKD2 DNA Sequencing Test	B	8 mL	L
<b>Other Cystic Diseases</b>				
<input type="checkbox"/> 556	<b>Complete Tuberos Sclerosis Evaluation</b> (TSC1 Sequencing, TSC1 Deletion, TSC2 Sequencing, TSC2 Deletion)	B	8 mL	L
<input type="checkbox"/> 521	TSC1 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 508	TSC1 Deletion Test	B	8 mL	L
<input type="checkbox"/> 522	TSC2 DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 523	TSC Familial Mutation Evaluation Proband Accession # _____ Relationship _____	B	8 mL	L
<input type="checkbox"/> 524	TSC2 DNA Deletion Test	B	8 mL	L
<input type="checkbox"/> 770	Hereditary Interstitial Kidney Disease (UMOD) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 836	TCF2 DNA Sequencing Test (Renal Cysts and Diabetes Syndrome (RCAD))	B	8 mL	L
<b>Renal Cancer</b>				
<input type="checkbox"/> 889	<b>Pheochromocytoma Evaluation</b> (RET, VHL, SDHB)	B	8 mL	L
<input type="checkbox"/> 813	MEN2 (RET) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 818	MEN1 (MEN1) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 888	SDHB DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 858	von Hippel-Lindau Syndrome (VHL) DNA Sequencing Test	B	8 mL	L
<b>Renal Cysts and Diabetes</b>				
<input type="checkbox"/> 776	HNF1B DNA Sequencing and Deletion Evaluation (RCAD)	B	8 mL	L
<b>Rickets</b>				
<input type="checkbox"/> 857	<b>Hypophosphatemic Rickets Evaluation</b> (PHEX, FGF23)	B	8 mL	L
<input type="checkbox"/> 855	PHEX (Hypophosphatemic Rickets) DNA Sequencing Test	B	8 mL	L
<input type="checkbox"/> 856	FGF23 (Hypophosphatemic Rickets) DNA Sequencing Test	B	8 mL	L

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Test Code	Test Name	Genes Included
<b>Adrenal Disorders</b>		
<input type="checkbox"/> 816	<b>Primary Adrenal Insufficiency Evaluation</b>	ABCD1, NROB1, AIRE
	<input type="checkbox"/> 812 Autoimmune Polyglandular Syndrome (AIRE) Evaluation	
	<input type="checkbox"/> 815 ABCD1 (Adrenoleukodystrophy) DNA Sequencing Test	
	<input type="checkbox"/> 814 NROB1 (Adrenal Hypoplasia Congenita) DNA Sequencing Test	
<input type="checkbox"/> 881	Endocrine Hypertension (HSD11B2) Evaluation	
<input type="checkbox"/> 855	PHEX (Hypophosphatemic Rickets) DNA Sequencing Test	
<input type="checkbox"/> 856	FGF23 (Hypophosphatemic Rickets) DNA Sequencing Test	
<input type="checkbox"/> 879	<b>Congenital Adrenal Hyperplasia (CAH) Evaluation</b>	CYP21A2 sequencing and deletion, CYP11B1 sequencing
	<input type="checkbox"/> 880 CYP21A2 (CAH) Evaluation	
	Required: Indication for Study (check one or more below):	
	<input type="checkbox"/> Family history of CAH	
	<input type="checkbox"/> Virilization (ambiguous genitalia)	
	<input type="checkbox"/> Salt Wasting	
	<input type="checkbox"/> Parent/sibling of CAH patient	
	<input type="checkbox"/> 17-hydroxyprogesterone (17-OHP) elevated concentration in serum	
	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> 875 CYP11B1 (CAH) DNA Sequencing Test	
<input type="checkbox"/> 874	Lipoid CAH (STAR) DNA Sequencing Test	
<input type="checkbox"/> 877	CYP17A1 DNA Sequencing Test	
<input type="checkbox"/> 878	HSD3B2 DNA Sequencing Test	
<input type="checkbox"/> 881	Endocrine Hypertension (HSD11B2) Evaluation	
<b>Bone Diseases</b>		
<input type="checkbox"/> 860	<b>Osteogenesis Imperfecta Evaluation</b>	COL1A1, COL1A2
	<input type="checkbox"/> 861 COL1A1 (OI) DNA Sequencing Test	
	<input type="checkbox"/> 862 COL1A2 (OI) DNA Sequencing Test	
<input type="checkbox"/> 811	LRP5 (OPPG) DNA Sequencing Test	
<input type="checkbox"/> 821	LRP5 Idiopathic Osteoporosis (IOP) DNA Sequencing Test	
<input type="checkbox"/> 857	<b>Hypophosphatemic Rickets Evaluation</b>	PHEX, FGF23
	<input type="checkbox"/> 855 PHEX (Hypophosphatemic Rickets) DNA Sequencing Test	
	<input type="checkbox"/> 856 FGF23 (Hypophosphatemic Rickets) DNA Sequencing Test	
<b>Congenital Hyperinsulinism</b>		
<input type="checkbox"/> 819	<b>Congenital Hyperinsulinism Evaluation</b>	GLUD1, GCK, KCNJ11, ABCC8
	Indication for Study (check one or more below):	
	<input type="checkbox"/> Diazoxide Responsive	
	<input type="checkbox"/> Diazoxide Non-Responsive	
	<input type="checkbox"/> Hypoglycemic	
	<input type="checkbox"/> Large for Gestational Age (LGA)	
	<input type="checkbox"/> Other (describe) _____	
	<input type="checkbox"/> 822 GLUD1 (CHI) DNA Sequencing Test	
	<input type="checkbox"/> 823 GCK (CHI) DNA Sequencing Test	
	<input type="checkbox"/> 826 KCNJ11 (CHI) DNA Sequencing Test	
	<input type="checkbox"/> 827 ABCC8 (CHI) DNA Sequencing Test	
<input type="checkbox"/> 42	<b>CH Parental Testing – To augment child/proband diagnosis</b>	
	<b>For expedited diagnosis of proband, send parental testing samples as soon as possible and provide information below.</b>	
	<input type="checkbox"/> Mother <input type="checkbox"/> Father	
	Proband Name/Accession # _____	

Test Code	Test Name	Genes Included
<b>Diabetes</b>		
<input type="checkbox"/> 8800	<b>Monogenic Diabetes (MODY) Four-Gene Evaluation</b>	HNFA, GCK, HNF4A, HNF1B
<input type="checkbox"/> 8801	<b>Monogenic Diabetes (MODY) Three-Gene Evaluation</b>	HNFA, GCK, HNF1B
<input type="checkbox"/> 8802	<b>Monogenic Diabetes (MODY) Two-Gene Evaluation</b>	HNFA, GCK
<input type="checkbox"/> 885	<b>Monogenic Diabetes (MODY) Five-Gene Evaluation</b>	HNFA, GCK, HNF4A, HNF1B, IPF1
	<input type="checkbox"/> 802 HNF4A (MODY1) DNA Sequencing and Deletion Test	
	<input type="checkbox"/> 803 GCK (MODY2) DNA Sequencing and Deletion Test	
	<input type="checkbox"/> 804 TCF1 (MODY3) DNA Sequencing and Deletion Test	
	<input type="checkbox"/> 834 IPF1 (MODY4) DNA Sequencing Test	
	<input type="checkbox"/> 805 TCF2 (MODY5) DNA Sequencing and Deletion Test	
<input type="checkbox"/> 837	CEL (MODY8) Mutation Analysis	
<input type="checkbox"/> 882	<b>Neonatal Diabetes Mellitus Evaluation</b>	IPF1, GCK, KCNJ11, INS, ABCC8
	<input type="checkbox"/> 841 IPF1 (NDM) DNA Sequencing Test	
	<input type="checkbox"/> 842 GCK (NDM) DNA Sequencing Test	
	<input type="checkbox"/> 843 KCNJ11 (NDM) DNA Sequencing Test	
	<input type="checkbox"/> 853 INS (NDM) DNA Sequencing Test	
	<input type="checkbox"/> 876 ABCC8 (NDM) DNA Sequencing Test	
<b>Nephrogenic Diabetes</b>		
<input type="checkbox"/> 854	<b>Nephrogenic Diabetes Insipidus Evaluation</b>	AVPR2, AQP2
	<input type="checkbox"/> 851 Nephrogenic Diabetes Insipidus (AVPR2) DNA Sequencing Test	
	<input type="checkbox"/> 852 AQP2 (Nephrogenic Diabetes Insipidus) DNA Sequencing Test	
<b>Familial Cancer Syndromes</b>		
<input type="checkbox"/> 818	MEN1 DNA Sequencing Test	
<input type="checkbox"/> 889	<b>Pheochromocytoma Evaluation</b>	RET, VHL, SDHB
	<input type="checkbox"/> 813 MEN2 (RET) DNA Sequencing Test	
	<input type="checkbox"/> 858 von Hippel-Lindau Syndrome (VHL) DNA Sequencing Test	
	<input type="checkbox"/> 888 SDHB DNA Sequencing Test	
<b>Familial Hypocalciuric Hypercalcemia</b>		
<input type="checkbox"/> 829	Familial Hypocalciuric Hypercalcemia (CASR) DNA Sequencing Test	
<b>Familial Testing – Targeted Analysis</b>		
<input type="checkbox"/> 185	<b>Familial DNA Sequence Evaluation</b>	
	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 _____	
<b>Lipid Disorders</b>		
<input type="checkbox"/> 895	<b>Hypercholesterolemia Evaluation</b>	LDLR, APOB
	<input type="checkbox"/> 894 LDLR (Hypercholesterolemia) DNA Sequencing Test	
	<input type="checkbox"/> 893 ApoB Mutation Analysis	
<b>Obesity</b>		
<input type="checkbox"/> 884	<b>Early Onset Obesity Evaluation</b>	LEPR, MC4R
	<input type="checkbox"/> 883 Early Onset Obesity (LEPR) DNA Sequencing Test	
	<input type="checkbox"/> 640 Early Onset Obesity (MC4R) DNA Sequencing Test	
<input type="checkbox"/> 887	<b>Bardet-Biedl Syndrome Evaluation</b>	BBS1, BBS2, BBS10
	<input type="checkbox"/> 871 BBS1 (BBS) DNA Sequencing Test	
	<input type="checkbox"/> 872 BBS2 (BBS) DNA Sequencing Test	
	<input type="checkbox"/> 886 BBS10 (BBS) DNA Sequencing Test	

Test Code	Test Name	Genes Included
<b>Reproductive Disorders</b>		
<input type="checkbox"/> 817	Male Precocious Puberty (LHCGR) DNA Sequencing Test	
<input type="checkbox"/> 679	<b>Complete Kallmann/IHH Evaluation</b>	CHD7, KAL1, PROK2, PROKR2, FGF8, FGFR1, GnRHR, GnRH1, KISS1R, TACR3
<input type="checkbox"/> 667	<b>Normosmic Kallmann/IHH Evaluation</b>	PROK2, PROKR2, FGFR1, GnRHR, GnRH1, TACR3, KISS1R
<input type="checkbox"/> 462	<b>Anosmic Kallmann/IHH Evaluation</b>	KAL1, PROK2, PROKR2, FGF8, FGFR1, GnRHR, KISS1R
<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	GnRH1 DNA Sequencing Test	
<input type="checkbox"/> 358	TACR3 DNA Sequencing Test	
<input type="checkbox"/> 364	KISS1R DNA Sequencing Test	
<input type="checkbox"/> 461	CHD7 DNA Sequencing Test	

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	
<b>Noonan Syndrome</b>		
<input type="checkbox"/> 846	Noonan Syndrome (PTPN11) DNA Sequencing Test	
<input type="checkbox"/> 658	<b>KRAS/RAF1/SOS1 DNA Sequencing Evaluation</b>	SOS1, RAF1, KRAS
<input type="checkbox"/> 662	SOS1 DNA Sequencing Test	
<input type="checkbox"/> 663	RAF1 DNA Sequencing Test	
<input type="checkbox"/> 664	KRAS DNA Sequencing Test	

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