

FAILURE TO COMPLETE MAY DELAY RESULTS

Patient's Last Name		First	Middle	Birth Date (Required)	Legal Sex	Gender Identity
Outside Patient Number	Outside Specimen Number		Send Report To:			
Ordering Provider			Address:			
Provider Phone Number	Diagnosis/ICD10 Code (Required)		Phone:	Fax:		

IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY ON LAST PAGE

HEALTHCARE PROFESSIONAL TO CALL FOR INFO/ABNORMAL RESULTS:	FAX ADDITIONAL RESULTS TO:
NAME: _____ PHONE #: _____	NAME: _____ FAX #: _____

SPECIMEN INFORMATION

Date collected: _____ Time collected: _____

ALL SPECIMENS MUST BE LABELED WITH A MINIMUM OF TWO UNIQUE IDENTIFIERS

- Blood
- Cord Blood
- Extracted gDNA from blood (select one)
 - EDTA
 - ACD
- Saliva (OrageneDx OGD-575/675 only)

- Cell Free DNA (collection in Streck tube)
 - Lymphatic **cyst** fluid
 - Lesional blood
 - Peripheral blood

CELL FREE DNA ACCEPTED FOR SPOTSEQ ONLY

PATHOLOGY REPORT IS REQUIRED FOR FFPE TISSUE AND REQUESTED FOR OTHER TISSUE

Tissue source (Exact Anatomical Site): _____

- Fresh Tissue
- Extracted DNA from fresh tissue
- Frozen Tissue
- Extracted DNA from frozen tissue
- FFPE Tissue
- Extracted DNA from FFPE tissue

Please note FFPE is not accepted for Del/Dup or SpotSeq testing.

PATIENT/FAMILY HISTORY REQUIRED - ATTACH RELEVANT CLINIC NOTES

Clinical information provided will aid in interpretation, decrease testing delays and improve reporting.

REASON FOR STUDY: Diagnostic (affected) Diagnostic (not affected) Carrier Testing (affected family member) Carrier Testing (no family history)

CLINICAL FINDINGS, FAMILY HISTORY: _____

RELEVANT PREVIOUS GENETIC TEST RESULT(S): _____

ETHNICITIES: _____ **PATIENT PREGNANT?** No Yes, estimated due date: _____

MOLECULAR ANALYSIS

Test information, specimen and shipping requirements & gene lists available at: <http://seattlechildrenslab.testcatalog.org>

Reflex to VANseq Expanded Panel when the single-gene or the focused panel test is non-diagnostic is available if indicated. Reflex between focused panels is not available. Sequencing will be performed before deletion/duplication, unless otherwise specified.

Test code	VASCULAR ANOMALIES (VANSeq) Panels	Test code	HIGH SENSITIVITY ALLELE SPECIFIC ASSAYS (SpotSeq)
LAB1920	<input type="checkbox"/> PIK3CA Targeted Gene Seq	LAB3822	<input type="checkbox"/> PIK3CA Hotspot multiplex: E542K, E545K, H1047R
LAB1821	<input type="checkbox"/> Cerebral Cavemous Malformations Seq Panel <input type="checkbox"/> Del/Dup		<input type="checkbox"/> TEK L914F
LAB1844	<input type="checkbox"/> ECCL/OES Sequencing		<input type="checkbox"/> GNAQ R183Q
LAB1856	<input type="checkbox"/> Hereditary Hemorrhagic Telangiectasia Seq Panel <input type="checkbox"/> Del/Dup		<input type="checkbox"/> BRAF V600E
LAB1920	<input type="checkbox"/> VANSeq-Capillary Malformations Seq Panel <input type="checkbox"/> Del/Dup	Please note FFPE is not accepted for SpotSeq testing.	
LAB1920	<input type="checkbox"/> VANSeq-Lymphatic/Venous/AVM Seq Panel <input type="checkbox"/> Del/Dup	TARGETED GENE VARIANT ANALYSIS**	
LAB1920	<input type="checkbox"/> VANSeq-Lymphedema Seq Panel <input type="checkbox"/> Del/Dup	**Targeted testing is available <u>only</u> for family follow-up of individuals	
LAB1920	<input type="checkbox"/> VANSeq-Vascular Tumor Seq Panel <input type="checkbox"/> Del/Dup	previously tested at Seattle Children's Hospital Genetics Lab.	
LAB1920	<input type="checkbox"/> VANSeq-Expanded Seq Panel <input type="checkbox"/> Del/Dup	All below fields are required.**	
LAB1920	<input type="checkbox"/> Reflex to VANseq-Expanded Panel if primary test is non-diagnostic	LAB1915	Gene: _____
TARGETED GENE ANALYSIS from VANSeq Panels			Variant(s): _____
Target gene(s) must be specified: _____			Proband Name: _____
LAB3617	<input type="checkbox"/> Targeted Gene Sequencing by NGS		Relationship to Proband: _____
LAB3616	<input type="checkbox"/> Targeted Gene Deletion/Duplication by Array		

BILLING INFORMATION

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

Referring Institution (Preferred) - Provide billing address or stamp institution's information.

(Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

Billing Address:	Billing Contact Name:
Billing Contact Phone/Fax:	Billing Contact Email:

Primary Insurance (Attach copy of card.)

Medicaid (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)	Employer	
Primary Care Physician	Phone Number	
Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

Secondary Insurance (Attach copy of card.)

Medicaid (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

Self Pay- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		
Name on Credit Card	Payment Amount	CVN
Card Number	Card Type	Expiration

Please visit our test catalog at <http://seattlechildrenslab.testcatalog.org> for testing information or call:
 Lab Genetic Counselors (206) 987-5400 Lab Client Services (206) 987-2617



Ship to: LABORATORY
 4800 Sand Point Way NE, M/S: FB.2.441
 SEATTLE, WA 98105