# Test Requisition

**Molecular Diagnostics Laboratory**

**DDC Clinic – Center for Special Needs Children**

14567 Madison Rd.

Middlefield, OH 44062

Phone: (440) 632-1668

Fax: (440) 632-1697

www.ddcclinic.org

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Please complete all fields below. Missing or incomplete information may delay specimen processing.

## Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last)</td>
<td>(First) (Middle) Date of Birth (MM/DD/YYYY)</td>
</tr>
<tr>
<td>Address</td>
<td>(Street) (City) (State) (Zip) (Phone)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>African American Caucasian Amish Other</td>
</tr>
<tr>
<td>Gender</td>
<td>Female Male Unknown/Not Reported</td>
</tr>
</tbody>
</table>

## Specimen Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Source</td>
<td>Peripheral Blood Cord Blood DNA Other</td>
</tr>
<tr>
<td>Please specify</td>
<td>Date Collected: (MM/DD/YYYY)</td>
</tr>
</tbody>
</table>

## Indications for Testing (Required)

- **Reasons for Test** (family history, clinical symptoms, etc.) AND ICD9 Codes: __________
- **Relevant clinical and laboratory information:**

## Referring Physician, Certified Nurse Midwife, Genetic Counselor

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>NPI# (Required for insurance billing)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>(Institution, Practice, Organization) (Street) (City) (State) (Zip) (Phone)</td>
</tr>
<tr>
<td>(FAX)</td>
<td></td>
</tr>
<tr>
<td>Name and phone of contact person regarding this sample:</td>
<td></td>
</tr>
</tbody>
</table>

## Report Results to Additional Physician, Midwife, Genetic Counselor (If Applicable)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title</td>
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<td>(FAX)</td>
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## Billing Information

<table>
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<th>Field</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Bill:</td>
<td>Insurance Relationship of Patient to Insurance Holder: Self Child Spouse Other</td>
</tr>
<tr>
<td>Please attach a legible enlarged copy of the current insurance card (front and back).</td>
<td></td>
</tr>
<tr>
<td>Referring Institution:</td>
<td></td>
</tr>
<tr>
<td>Self-pay</td>
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</table>

## Test Requested (Please Specify)

- Chromosomal Microarray Analysis
- Seqencing Panel (Specify Disease/Genes)
- Targeted Mutation Analysis (Specify Disease/Gene)
- Whole Gene Sequencing (Specify Disease/Gene)

## Disease/Gene(s):

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Rev. 05/01/15
Available Tests

MOLECULAR DIAGNOSTICS LABORATORY

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Page 2 - Please complete demographic information on Page 1

Old Order Amish Targeted Mutation Analysis

- Amish Brittle Hair Brain Syndrome  
  (MPLKIP)
- Amish Nemaline Myopathy (TTN1)
- Autosomal Recessive Osteopetrosis  
  (TCIRG1)
- Byler Disease (ATPB1)
  AKA Progressive Familial Intrahepatic  
  Cholestasis
- Cartilage-Hair Hypoplasia (RMRP)
- Charcot-Marie-Tooth Disease and  
  Neuropathy (GDAP1)
- Cockayne Syndrome (ERCC6)
- Cohen Syndrome (VPS13B)
- Cortical Dysplasia-Focal Epilepsy Syndrome  
  (CNTNAP2)
- Crigler-Najjar Syndrome (UGT1A1)
- Dystonia, Torsion (THAP1)
- Factor V Leiden (F5)
- Familial Hypertrophic Cardiomyopathy  
  (MYBPC3)
- Gaucher Disease (GBA)
- Glucose-Galactose Malabsorption  
  (SLC5A1)
- Glycogen Storage Disease type 1a  
  (G6PC)
- GM3 Synthase Deficiency (ST3GAL5)
- Hemophilia B (F9)
- HERC2 Defect Syndrome (HERC2)
  AKA Mental Retardation, AR 38
- Hereditary Spherocytosis type 4  
  (SLC4A1)
- KPTN Defect Syndrome (KPTN)
- Mental Retardation, AR 41
- Long QT Syndrome 1 (KCNC1)
- McKusick-Kaufman Syndrome (MKKS)
- Microcephalic Osteodysplastic Primordial  
  Dwarfism, type 1 (RNU4ATAC)
- Neurodegeneration with Brain Iron  
  Accumulation 1 (PANK2)
- Phenylketonuria (PAH)
- Prolidase Deficiency (PEPD)
- Propionic Acidemia (PCPB)
- Pyruvate Kinase Deficiency (PKLR)
- Sam’s Association (SAMHD1)
  AKA Aicardi-Goutieres type 5
- Spastic Ataxia 4 (MTPAP)
- Symptomatic Epilepsy and Skull Dysplasia  
  (SNIP1)
- TMCO1 Defect Syndrome (TMCO1)
- Troyer Syndrome (SPG20)
  AKA Spastic Paraplegia 20, Autosomal  
  Recessive
- Yoder Dystonia (WDR73)
  AKA Galloway-Mowat Syndrome or  
  Nephrocerebellar Syndrome (NCS)

Whole Gene Sequencing

- Amish Nemaline Myopathy  
  (TTN1)
- Atypical Rett Syndrome (CDKL5)
- Autosomal Recessive Osteopetrosis  
  (TCIRG1)
- Biotinidase Deficiency (BDT)
  Byler Disease (ATPB1)
  AKA Progressive Familial Intrahepatic  
  Cholestasis
- Cockayne Syndrome (ERCC6)
- Cohen Syndrome (VPS13B)
- Cornelia de Lange 1 (NIPBL)
- Cortical Dysplasia-Focal Epilepsy Syndrome  
  (CNTNAP2)
- Familial Hypertrophic Cardiomyopathy  
  (MYBPC3)
- Gaucher Disease (GBA)
- Glucose-Galactose Malabsorption  
  (SLC5A1)
- GM3 Synthase Deficiency (ST3GAL5)
- HERC2 Defect Syndrome (HERC2)
  AKA Mental Retardation, AR 38
- Hereditary Spherocytosis type 4  
  (SLC4A1)
- Long QT Syndrome 1 (KCNC1)
- Neurodegeneration with Brain Iron  
  Accumulation 1 (PANK2)
- Phenylketonuria (PAH)
- Prolidase Deficiency (PEPD)
- Propionic Acidemia (PCPB)
- Pyruvate Kinase Deficiency (PKLR)
- Rett Syndrome (MECP2)
- Sam’s Association (SAMHD1)
  AKA Aicardi-Goutieres type 5
- Troyer Syndrome (SPG20)

Known Familial Mutation analysis:

Gene: 
Mutations 
Include report if available

Next Generation Sequencing Panels (NGS)

- Aicardi-Goutieres Syndromes Panel  
  (ADAR, IFIH1, RNASEH2A, RNASEH2B,  
  RNASEH2C, SAMHD1 and TREX1)
- Congenital Cataract, Autosomal Recessive  
  Panel (AGK, CRYAA, CRYAB, CRYBB1,  
  CRYBB3, CTDP1, FYCO1, GALK1,  
  GCNT2, GIAB, LUM2, SIL1 and TDRD7)
- Congenital Central Hypoventilation Panel  
  (PHOX2B, ASCL1, BDNF, EDN3, GDNF, RET)
- Hereditary Spherocytosis, Autosomal  
  Dominant Panel (ANK1, SLCA1, SPTB)
- Hereditary Spherocytosis, Autosomal  
  Dominant and Autosomal Recessive Panel  
  (ANK1, EPB42, SLCA1, SPTA1, and SPTB)
- Maple Syrup Urine Disease Panel  
  (BCKDHA, BCKDHB, DBT and DLD)
- Meier-Gorlin Panel  
  (ORC1, ORC4, ORC6, CTD1 and CTD6)
- Microcephalic Osteodysplastic Primordial  
  Dwarfism Panel (PCNT and RNU4ATAC)
- Nemaline Congenital Myopathy Panel  
  (ACT1, CFL2, NEB, TTN1, TPM3, TPM2,  
  and KBTBD13)
- Neurofibromatosis Panel  
  (NF1, NF2 and SPRED1)
- Overgrowth and Intellectual Disability Panel  
  (DIS3L2, DNM3A, E2H2, GPC3, NFIX,  
  NSD1, PTH1 and PTEN)
- Parkinson, Early-Onset Autosomal Recessive  
  Panel (DNAJC6, FBX07, PARK2, PARK7,  
  PINK1, PLA2G6, and SYNJ1)
- Rett Syndrome Panel  
  (MECP2 and CDKL5)
- Seckel Syndrome Panel  
  (ATR, CENPJ, CEP152, CEP63, and RBBP8)
- Tuberous Sclerosis Complex Panel  
  (TSC1 and TSC2)

Chromosomal MicroArray Analysis

- Congenital Cataract, Autosomal Recessive  
  Panel (AGK, CRYAA, CRYAB, CRYBB1,  
  CRYBB3, CTDP1, FYCO1, GALK1,  
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