Requisition Form – Prenatal & Miscarriage Analysis

RML REGIONAL MEDICAL LABORATORY www.RMLOnline.com

Services provided by CombiMatrix

Client Information

Referring Physician _____ NPI _____

Genetic Counselor/Clinical Contact _____

Tel _____ Fax _____

Email _____

Patient Information

Last Name _____ First Name _____

Street Address _____

City, State Zip _____

DOB _____ Gender _____

Tel _____ Social Security # _____

Email _____

Medical Record Number _____

Billing Information

Bill: ❑ My Account ❑ Insurance ❑ Medicare ❑ Medicaid ❑ Patient

Insurance Information ❑ See attached

Insured Information Name _____

Relationship to Patient ❑ Self ❑ Spouse ❑ Child ❑ Other: _____

Primary Insurance Company _____ Authorization # _____

Billing Address _____ Insured # _____

Billing City, State Zip _____ Group # _____

Secondary Insurance Company _____ Authorization # _____

Billing Address _____ Insured # _____

Billing City, State Zip _____ Group # _____

For Patient Bill cases, complete and submit "Self-Pay Testing Option" form. Testing will not be performed unless a completed form is received.

Patient Authorization/Assignment

I authorize CombiMatrix to obtain and release relevant medical and other information as needed to submit claims to Medicaid, Medicare, or Medicare Supplemental for laboratory services CombiMatrix provides to me. I assign insurance benefits to CombiMatrix and acknowledge that charges not covered by my insurance, including any applicable co-payments or deductibles, are my responsibility, and I agree to pay them.

_____

Print Name of Patient or Guardian

_____

Signature of Patient or Guardian Date (mm/dd/yyyy)

Special Instructions/Additional Testing Requests

Please be sure to include as much information as possible regarding any fetal anomalies, as it improves the quality of the interpretation of the microarray results.

Miscarriage Analysis Testing

Collection Date _____ # Tubes/ blocks _____

Specimen ID #(s) _____

Sample Type

❑ Fresh tissue ❑ FFPE block ❑ FFPE slides ❑ Chorionic villi

❑ Cultured amniocytes ❑ Cultured CVS ❑ DNA Source: _____

Pregnancy history: Gravida _____ Para _____ SABs _____ TABs _____

How many fetuses? 1 2 3 Gestational age: _____ wks _____ days by ❑ unknown

Fetal gender: ❑ Female ❑ Male ❑ Unknown

Fetal karyotype: ❑ 46,XX ❑ 46,XY ❑ Not performed ❑ Pending ❑ Abnormal

Miscarriage Analysis Indications

❑ Recurrent pregnancy loss (629.81)

❑ Miscarriage/SAB (634.90)

❑ Missed abortion (632)

❑ Intrauterine fetal demise >22 weeks (656.43)

❑ Therapeutic abortion/TAB (635.90)

❑ Other _____ ICD-9 _____

Miscarriage Analysis Testing

❑ CombiSNP™ Array

Prenatal Testing

Collection Date _____ # Tubes _____

Specimen ID #(s) _____

Sample Type

❑ Cultured amniocytes ❑ Amniotic fluid ❑ Parental blood ❑ Chorionic villi

❑ Cultured CVS ❑ DNA Source: _____

Pregnancy history: Gravida _____ Para _____ SABs _____ TABs _____

Is the pregnancy currently ongoing? ❑ Yes ❑ No, SAB/IUFD ❑ No, TAB

How many fetuses? 1 2 3 Gestational age: _____ wks _____ days by ❑ LMP ❑ U/S

Fetal gender: ❑ Female ❑ Male ❑ Unknown

Fetal karyotype: ❑ 46,XX ❑ 46,XY ❑ Not performed ❑ Pending ❑ Abnormal

If abnormal, please enclose a copy of the karyotype report

Prenatal Indications

❑ Advanced maternal age (primagravida 659.53; multigravida 659.60)

❑ Abnormal maternal serum screen (796.5)

❑ Known or suspected chromosome abnormality in fetus (655.13)

❑ Abnormal findings on fetal ultrasound

❑ Other _____ ICD-9 _____

Please complete the "Additional Clinical Information" form

Prenatal CombiComplete Options – CVS and Amniocentesis

❑ Direct Microarray (uncultured CVS tissue or amniotic fluid) + karyotype + AFP/AChE on amniotic fluid

Choose one of the following contingency options (if insufficient sample for direct microarray):

- ○ CombiFISH™ + microarray (on cultured cells) + karyotype
- ○ Microarray (on cultured cells) + karyotype

❑ Direct Microarray (uncultured CVS tissue or amniotic fluid) + CombiFISH™ + AFP/AChE on amniotic fluid

❑ Direct Microarray (uncultured CVS tissue or amniotic fluid) + AFP/AChE on amniotic fluid

❑ CombiFISH™ + karyotype + microarray + AFP/AChE for amniotic fluid

❑ Karyotype + reflex to microarray + AFP/AChE on amniotic fluid

Prenatal Individual Options – CVS and Amniocentesis

❑ Amniotic fluid AFP with reflex to AChE

❑ CombiFISH™ for rapid detection of aneuploidies of chromosomes 13, 18, 21, X, Y

❑ Direct microarray analysis (uncultured CVS tissue or amniotic fluid)

❑ Microarray analysis (cultured CVS tissue or amniocytes)

❑ Karyotyping on CVS or amniotic fluid

❑ Karyotyping on CVS or amniotic fluid with reflex to microarray

Ancillary Prenatal Studies

❑ Fragile X

- ○ Fetal (available on cultured cells only; requires maternal blood sample)
- ○ Maternal (5 cc blood in EDTA)

Parental/ Family Studies – Peripheral Blood

❑ Maternal cell contamination (MCC) studies (select when ordering karyotype without microarray)

❑ Parental analysis following abnormal POC or Prenatal microarray result

Mother's Name: _____ Mother's DOB: _____

Father's Name: _____ Father's DOB: _____

❑ Family member of a patient previously tested at CombiMatrix

Patient's Name: _____ Patient's DOB: _____

CombiMatrix Accession # or year study was performed: _____

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