JOHNS HOPKINS
SCHOOL of MEDICINE

Johns Hopkins Genomics
DNA Diagnostic Laboratory

General Requisition Form -Page 1

v190731

Referrer Information

Physician: UPIN/NPI:

Genetic counselor: Email:

Institution:

Address:

Phone: Fax:

Additional reports to:

Address:

Phone: Fax:

MANDATORY SIGNATURE

I have confirmed that the patient has consented for the testing ordered and that two matching identifiers are present on each page of this requisition.

Signature*:

Date:

Patient Information (*two of these identifiers MUST also appear on the sample)

Legal Name* (Last): (First):

Preferred Name (Last): (First):

Date of birth* (mm/dd/yy): Sex assigned at birth: Gender:

Patient ID/MRN*:

Billing Information (Contact Billing Coordinator at 443-287-2486 prior to submitting)

- ☐ Referring center
- ☐ Patient insurance
- ☐ Maryland Medicaid
- ☐ Self-pay
- ☐ Medicare

Billing contact:

Phone:

Fax:

Email:

Shipping Address

1812 Ashland Ave
Sample Intake Rm 245
Baltimore, MD 21205

For sample specific requirements please reference our website.

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General Requisition Form - Page 2

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Clinical Information

Patient Name*: DOB*:

Indication:

ICD Codes:

Please attach detailed medical records.

Ancestry:

__ Caucasian
__ Northern European
__ Western European
__ Eastern European
__ Middle Eastern
__ African American
__ African
__ Hispanic
__ Central/South American
__ Caribbean
__ Asian
__ Pacific Islander
__ Native American
__ Other

Test ordered:

☐ Targeted variant Gene_____ c._____

Relationship to proband _____

Was this variant previously identified by the DNA Diagnostic Laboratory? ☐ Yes ☐ No

*Please attach family member's report.

☐ Pregnancy-related

Sample Information

Sample type:

☐ Whole blood
☐ Extracted DNA
☐ Cultured amniocytes
☐ Saliva (Zoom panels only)
☐ Other
☐ Cleaned chorionic villi
☐ Cultured chorionic villi
☐ Cord blood

The DNA Diagnostic Laboratory only accepts isolated or extracted nucleic acids for which the extraction or isolation is performed in a CLIA-certified laboratory or a laboratory meeting equivalent (or more stringent) requirements as determined by the College of American Pathologists (CAP) and/or the Centers for Medicare and Medicaid Services (CMS)

Collection date:

Patient has had a transfusion or bone marrow transplant?

☐ Yes ☐ No

*If yes, please contact the laboratory prior to sending.

Patient Informed Consent (Either consent MUST be completed before testing is initiated)

I grant permission for Johns Hopkins Genomics to perform the genetic test listed on this form for me/my child .The results of genetic testing may be dependent upon the clinical information provided to the laboratory by my physician. The laboratory can not guarantee turn-around-time. Risks and limitations of this test may include, but are not limited to, disclosure of unexpected family information (non-paternity, consanguinity), uninformative negative results, unexpected findings, and lab error. De-identified clinical or genetic information may be used for quality control purposes, research, and shared in public healthcare databases. Results will be released only to the providers authorized on the test requisition. I understand the benefits, risks, and limitations of this genetic testing.

Signature: **Date:**

Provider Alternate Consent

I, the health care provider requesting the above testing, have explained the benefits and drawbacks of genetic testing to the patient and have obtained verbal consent or an alternate written consent (please attach) to order the test indicated.

Signature: **Date:**

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Johns Hopkins Genomics DNA Diagnostic Laboratory

General Requisition Form - Page 3

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Patient Name*: DOB*:

Phenotypic Information

Perinatal
__ IUGR
__ Oligohydramnios
__ Polyhydramnios
__ Prematurity
__

Developmental
__ Fine motor delay
__ Gross motor delay
__ Speech delay
__ Intellectual disability
__ Learning disability
__ Regression
__

Behavioral
__ Anxiety
__ Depression
__ Autism spectrum disorder
__ Autistic features
__ Obsessive-compulsive disorder
__

Craniofacial
__ Macrocephaly
__ Microcephaly
__ Craniosynostosis
__ Cleft lip/palate
__ Dental abnormalities
__ Facial dysmorphism:
__

Eyes and Vision
__ Myopia
__ Hyperopia
__ Visual Impairment
__ Blindness
__ Coloboma
__ Strabismus
__

Ears and Hearing
__ Sensorineural hearing loss
__ Conductive hearing loss
__ Mixed hearing loss
__ Preauricular pit
__ External ear malformation
__ Low-set ears
__

Brain Abnormalities
__ Agenesis of the corpus callosum
__ Holoproscencephaly
__ Lissencephaly
__ Encephalocele
__ Hydrocephalus
__ Cortical dysplasia
__ Brain atrophy
__

Neuromuscular
__ Ataxia
__ Chorea
__ Dystonia
__ Hypertonia
__ Hypotonia
__ Seizures
__

Skeletal
__ Tall stature
__ Short stature
__ Overgrowth
__ Joint hypermobility
__ Contractures
__ Polydactyly
__ Syndactyly
__ Scoliosis
__

Skin and Hair
__ Café-au-lait spots
__ Blistering
__ Ichthyosis
__ Abnormal pigmentation
__ Alopecia
__ Coarse hair
__ Brittle hair
__ Nail abnormalities
__

Cardiac
__ ASD
__ VSD
__ Tetralogy of Fallot
__ Cardiomyopathy
__ Arrhythmia
__

Gastrointestinal
__ Gastroschisis/omphalocele
__ Pyloric stenosis
__ Tracheoesophageal fistula
__ Gastroesophageal reflux
__ Hirschsprung disease
__ Constipation
__

Additional Clinical Information

Patient Information

Patient Name*: _____ DOB*: _____

Test Directory

Clinical Exome Sequencing

Please see separate requisition form

Zoom Panels (see website for full gene lists)

* **CardioZoom** (coming soon!)

ImmunoZoom

__ Auto-inflammatory disorders
__ Complement deficiencies
__ Intrinsic/innate immune defects
__ Defects of phagocyte number and function
__ Immune dysregulation
__ Antibody deficiencies
__ Syndromic immunodeficiencies
__ Combined immunodeficiencies

* **NeuroZoom** (coming soon!)

SkeletalZoom

__ Dysplasias and craniosynotoses
__ Osteogenesis imperfecta
* Connective tissue disorders (coming soon!)

PulmZoom

__ Mucociliary disorders
__ Interstitial lung disease
__ Pulmonary vascular disease

RenalZoom

__ CAKUT, ciliopathies, and tubulointerstital diseases
__ Disorders of ion transport, nephrolithiasis and nephrocalcinosis
__ Glomerular disease and complement genes

__ **TeloZoom**

Lung disease

__ *CFTR* intron 8 T/TG tract only
__ Cystic fibrosis (*CFTR*) NGS
__ *CFTR* and CF-related disorders NGS panel (with *CFTR*)
__ CF-related disorders NGS panel (without *CFTR*)
__ Neonatal respiratory distress NGS panel

Linkage assays

__ Cystic fibrosis (*CFTR*) linkage analysis
__ Duchenne/Becker muscular dystrophy (*DMD*)
__ Maternal cell contamination study

Peroxisomal disorders

__ Acatalasemia (*CAT*) NGS
__ Alpha-methylacyl-CoA racemase deficiency (*AMACR*) NGS
__ Comprehensive peroxisomal genes NGS panel
__ Mulibrey nanism (*TRIM37*) NGS
__ Peroxisomal ß-oxidation defects NGS panel
__ Primary hyperoxaluria type I (*AGXT*) NGS
__ Refsum disease NGS panel
__ Rhizomelic chondrodysplasia punctata NGS panel
__ Zellweger spectrum disorders (ZSD) NGS panel
__ ZSD + peroxisomal ß-oxidation defects NGS panel

Movement disorders

__ Benign hereditary chorea (NKX2-1 sequence; reflex to MLPA)
__ Huntington disease (*HTT* repeat sizing)
__ Huntington disease like 2 (*JPH3* repeat sizing)

GNAS spectrum disorders

__ Pseudohypoparathyroidism type 1A (PHP1A) / Albright hereditary osteodystrophy (*GNAS* sequencing)

Other conditions

__ Choreoathetosis, hypothyroidism, respiratory distress syndrome (*NKX2-1* sequence; reflex to MLPA)
__ Hereditary non-syndromic sensorineural hearing loss (*GJB2* sequence; *GJB6* deletion assay)
__ Pseudohypoaldosteronism (PHA) type 1 NGS panel
__ X-Adrenoleukodystrophy (*ABCD1* sequence; reflex to MLPA)

Targeted sequencing is available upon request. Please contact the lab prior to ordering.