

DNA Analysis Requisition

OSU / James Molecular Pathology

173 Hamilton Hall, 1645 Neil Ave.
Columbus, OH 43210 (614)-292-3449

Name: _____ Date of Birth: _____ Sex : M F
Last First MI
Physician: _____ Physician Signature: _____
Contact Person: _____ Phone: _____
Institution: _____
Address: _____
Purpose of testing (check one) ___ Diagnostic ___ Prenatal ___ Carrier Study ___ Family History

Assay (please mark appropriate assay) _____ **billing code** _____ **Turnaround** _____

Gene Characterizations:

Cowden Syndrome/ BRRS

___ PTEN Gene Characterization (include PTEN & Polyposis Checklists) PTEN 60 days
(Please complete PTEN and Polyposis Checklist and include a pedigree)

Juvenile Polyposis

(May be ordered either sequentially – eg. BMPR1A (1) and SMAD4 (2) or as a panel – check both assays)

___ BMPR1A Gene Characterization (include Polyposis Checklists) BMPR1 60 days
___ SMAD4 Gene Characterization (include Polyposis Checklists) SMAD4 60 days

Peutz-Jegher Syndrome

___ LKB1 Gene Characterization (include Polyposis Checklists) LKB1 60 days

MYH Associated Polyposis

___ MYH Gene Characterization (include Polyposis Checklists) MYH 60 days

Multiple Endocrine Neoplasia (MEN2A & MEN2B)

___ RET Proto-oncogene MEN2 1 month

Confirmation of known mutation or family study

Testing cannot be completed without Mutation specific information.

___ DNA Sequence (single) Mutation DNASEQ 60 days

(Circle Appropriate Gene) **Required**

BMPR1A LKB1 PTEN SMAD4 RET (MEN2) MYH
HNPCC: MLH1 MSH2 MSH6 PMS2 Other: _____

(Specific mutation previously identified – eg. R133X) _____

Required Proband _____

Patient's relation to Proband _____

HNPCC (testing of paraffin tumor blocks)

___ Microsatellite Instability (BAT25 & 26) MSIBAT 35 days

Consent Form for DNA Analysis

- (1) I, _____, agree to submitting a sample of my blood/ tissues for analysis of the genetic condition, _____.
- (2) I, _____, the parent/ guardian of _____, agree that a sample of _____'s (name) blood/ tissue be submitted for analysis of the genetic condition, _____.

I understand that this DNA analysis is specific to the diagnosis of _____ and does not evaluate my risk for other genetic conditions. I also understand that not every result is "informative" and therefore a diagnosis cannot always be made. I understand that this test in no way guarantees my health or the health of my child.

I understand that this procedure requires DNA analysis of _____'s blood/ tissue. I have been told that this sample will be used for diagnostic purposes. This Molecular Pathology laboratory maintains the right to discard or store unused samples at its discretion, without my notification. After specific tests requested have been completed and reported the lab may use these specimens for research. I understand my/my child's identity will be protected.

I understand that the accuracy of DNA analysis is entirely dependent on the accuracy of the clinical diagnosis of affected person(s) in my family. I further understand that the results of DNA analysis are also dependent on the accuracy of the family history and relationships I have described. In particular, issues of paternity may be revealed by this analysis. While results obtained from this type of test are highly accurate, infrequent errors (false positive and false negative) may occur less than 1% of the time. Thus I acknowledge that these procedures have a low but finite total error rate, that is estimated to be about 1%.

I understand that a physician's order is necessary for testing, and that the result will be returned to the ordering physician or laboratory.

I have read and understand this consent form. I, therefore, give my consent to submit blood/ tissue samples for DNA analysis to:

**Dr. Thomas W. Prior, Director
OSU Molecular Pathology
173 Hamilton Hall
1645 Neil Ave.
Columbus, OH 43210-1238**

Signature: _____ Date: _____
(Self)

Witness: _____ Date: _____

Physician/Counselor's Statement: I have explained DNA testing to this individual. I have addressed the limitations outlined above and I have answered this person's questions. I will provide appropriate genetic counseling regarding the results.

Signature of physician or genetic counselor

Date

For Administrative Use Only

Date Entered _____

Approved By _____

ACCOUNT INFORMATION (NEW OR MODIFICATION)

Submitted by: _____

Dept: _____

Date Submitted: _____

Due: _____

Add New Account

Modify Existing Account

Account Number: _____

Billing Address:

(Note: This should be the address to which invoices can be sent and processed. This cannot be the patient's address or their insurance information. If this section is left blank we will contact the sending institution to obtain appropriate billing information. If we are unable to obtain this information, the sending facility will be billed. Difficulties in obtaining this information may lead to delays in processing the patient sample. Please call with any questions. 614 292 3449)

Name _____

Attention _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Results To:

Name _____

Attention _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Referral Source:

From another account _____

GeneTests _____

Word of Mouth _____

Other (specify) _____

For Administrative Use Only

Fee Schedule: ACC DIR ____ Other _____

Discount: _____ %

Specify order type: **MOL**

Special Discounts: (place on the back of this form)

PTEN Gene Testing - Ohio State Clinical Features Checklist

THIS FORM MUST BE COMPLETED IN ORDER FOR RESULTS TO BE REPORTED!

Indicate whether each feature has been documented to be present (by exam/records), absent, or is unknown.

PLEASE INCLUDE A COPY OF THE PEDIGREE (& MEDICAL SUMMARY, IF AVAILABLE)

Contact Rob Pilarski, M.S. at Ohio State Cancer Genetics (614-293-7774) with questions

Patient Name: _____ DOB _____ Date _____
 Contact Person: _____ Email & Phone _____

CLINICAL FEATURE	PROBAND			REST OF FAMILY	
	Document. Present	Document. Absent	Undocum./ unknown	Document. Present	Absent/ unknown
CNS					
Macrocephaly (list OFC or %ile)					
Megencephaly (MRI proven)					
Lhermitte-Duclos disease					
Benign Tumors					
Malignant Tumors					
MR/DD (list IQ)					
THYROID					
Benign (eg. Multinod. goiter)					
Malignant					
BREASTS					
Benign (e.g., fibrocystic)					
Malignant					
SKIN/MUCOSA					
Lipomas					
Trichilemmoma					
Papillomatous Papules					
Pigmented Macules on Penis					
Benign Tumor					
Malignant Tumor					
GASTROINTESTINAL TRACT					
Glycogenic Acanthosis					
Benign (e.g., hamartomas)					
Malignant					
GENITO-URINARY					
Endometrial fibroids					
Endometrial cancer					
Renal cell cancer					
GU developmental anomalies					
OTHER (Specify)					

OSU Molecular Pathology Lab - Polyp Checklist

THIS FORM MUST BE COMPLETED IN ORDER FOR RESULTS TO BE REPORTED FOR BMPRIA, MADH4/SMAD4, MYH, PTEN AND STK11/LKB1 GENE TESTING

Patient Name: _____

Ethnicity _____

Completed by: _____ Date _____

PATIENT HISTORY

Cancer Diagnosis: No ___ Yes: ___ Location _____ Age of Dx _____

of colonoscopies: ___ # of upper endoscopies: ___ Age at first polyp dx: ___

Polyp Histology	Number of polyps	Location in GI Tract (e.g., colon, small intestine, stomach)
Adenoma		
Fundic Gland		
Hamartoma		
Hyperplastic		
Inflammatory		
Juvenile		
Mixed, in same polyp(s) (specify types)		
Peutz-Jegher		
Sessile serrated		
Other/Unknown		

Relevant clinical history: _____

FAMILY HISTORY

Relative	Polyp Histology	Number of polyps	Location in GI Tract	Type of cancer, if any

Relevant clinical history: _____

Ohio State University Molecular Pathology

12/04/07

Test	Billing Code	CPT Codes	Fee (\$)	TAT (days)
Acute Promyelocytic Leukemia (APML) t(15:17)	APML	83891,84311, 83902, 3 x 83898, 83894	450.00	14
Acute Myelogenous Leukemia (AML) t(8:21) & inv(16)	AMLPCR	83890,84311, 3 x 83898, 3 x 83894, 83892	475.00	14
Angiotensin Coverting Enzyme (ACE) Genotype	ACEGB	83890, 84311, 2 x 83898, 83894	325.00	14
ARX Gene Characterization	ARXSEQ	83890, 84311, 7 x 83898, 83894, 7 x 83904	825	60
BCL2 (Non Hodgkin's Lymphoma)/ t(14:18)	BCL2B	83890, 84311, 5 x 83898, 83894	500.00	14
BCR abl PCR Philadelphia Chromosome	BCRAB	83891,84311, 83902, 3 x 83898, 2 x 83894, 83892	475.00	14
BMPRI1 Gene Characterization Juvenile Polyposis (Sequencing of entire coding region)	BMPRI1	83890, 84311, 11 x 83898, 83894, 11 x 83904	1030.00	95
DMD Carrier Study (Females only)	DMDCS	83890, 84311, 2 x 83898, 2 x 83897, 4 x 83894, 2 x 83896, 83892	480.00	35
DNA Sequence Analysis Analysis of specific mutation in specified gene (eg. PTEN, SMAD4, LKB1, MSH2, BMPRI1, MLH1)	DNASEQ	83890, 84311, 83898, 83904, 83894	275.00	60
Duchenne/Becker Muscular Dystrophy (DMD/BMD) / DNA Analysis of Dystrophin Gene by PCR and Southern (Males only)	DYSTRO	83890, 84311, 3 x 83901, 5 x 83894, 2 x 83892, 3 x 83896, 2 x 83897	600.00	90
Factor V Mutation FacV Leiden / APC Resistance	FACVMB	83890, 84311, 83898, 83892, 2 x 83894	200.00	14
Factor V + MTHFR Analysis	FVMFRB	83890, 84311, 2 x 83898, 2 x 83892, 4 X 83894	395.00	14
Factor V + Prothrombin Analysis	FVMPRM	83890, 84311, 83901, 83892 ,2 x 83894	265.00	14
Fragile X Carrier Study	FXCS	83890, 84311, 2 x 83898, 3 x 83894, 2 x 83892, 83896, 83897	430.00	35
Fragile X Diagnostic	FRAGX	83890, 84311, 83898, 3 x 83894, 2 x 83892, 83896, 83897	325.00	35
Hereditary Hemochromatosis	HHCH	83890, 84311, 2 x 83898, 2 x 83892, 2 x 83894	240.00	14
Huntington's Disease (Huntington's Chorea)	HUNTB	83890, 84311, 2 x 83898, 83894, 2 x 83896	350.00	35
Kearns Sayre DNA Analysis Mitochondrial DNA Analysis by Southern	KSS	83891, 84311, 83892, 2 x 83894, 83896, 83897	200.00	35
Kennedy Syndrome PCR Triplet repeat in AR gene	KENN	83890, 84311, 83898, 83903	240.00	14

All Blood in EDTA (Lavender) Tubes. 5 - 10 ml Shipped Overnight to arrive Monday - Friday
Muscle must be shipped on dry ice. No Prenatal SMA samples from outside institutions.

Ohio State University Molecular Pathology

12/04/07

Test	Billing Code	CPT Codes	Fee (\$)	TAT (days)
Leber's Hereditary Optic Neuropathy (LHON) Mitochondrial DNA Analysis by PCR	LHONB	83890, 84311, 4 x 83898, 3 x 83892, 2 x 83894	525.00	14
LKB1 Gene Characterization Peutz-Jeghers Syndrome (Sequencing of entire coding region)	LKB4	83890, 84311, 9 x 83898, 83894, 9 x 83904	975.00	95
Medium Chain Acyl CoA (MCAD) Mutation	MCAD	83890, 84311, 83898, 83892, 2 x 83894	250.00	14
Microsatellite Instability (BAT 25 & BAT 26)/HNPCC	MSIBAT	83891, 84311, 2 x 83896, 2 x 83898, 83894	400.00	35
Mitochondrial Muscle Panel Analysis by PCR and Southern - requires muscle	MIMP	83891, 84311, 6 x 83898, 6 x 83892, 4 x 83894, 83897, 83896	730.00	35
Mitochondrial PCR Panel (6 point mutations by PCR)	MITOPA	83890, 84311, 6 x 83898, 6 x 83892, 2 x 83894	660.00	14
Methylene TetraHydroFolate Reductase (MTHFR)	MTHFRB	83890, 84311, 83898, 83892, 2 x 83894	200.00	14
Multiple Endocrine Neoplasia MENII / Ret-Proto-oncogene	MEN2	83890, 84311, 6 x 83898, 3 x 83892, 3 x 83894, 3 x 83904	700.00	35
MYH Gene Characterization	MYH	83890, 84311, 4 x 83898, 83894, 4 x 83904	625.00	60
Myotonic Dystrophy	MYOT	83890, 84311, 83898, 3 x 83894, 2 x 83892, 83896, 83897	325.00	35
Neuronal Ataxia Retinitis Pigmentosa (NARP) PCR	NARP	83890, 84311, 83898, 83892, 2 x 83894	250.00	14
PCR for MERRF, MELAS 5 mitochondrial point mutations	MERF	83890, 84311, 5 x 83898, 5 x 83892, 2 x 83894	580.00	14
Prothrombin A20210G Mutation	PROMUT	83890, 84311, 83898, 83892, 2 x 83894	230.00	14
PTEN Gene Characterization Cowden Syndrome/ BRR (Sequencing of entire coding region)	PTEN	83890, 84311, 9 x 83898, 83894, 9 x 83904	975.00	95
Skeletal Dysplasia Achondroplasia/Hypochondroplasia	SKEL	83890, 84311, 3 x 83898, 3 x 83892, 2 x 83894	485.00	14
SMA Dosage Spinal Muscular Atrophy Carrier Test	SMADOS	83890, 84311, 2 x 83901, 83892, 83894, 83896	400.00	21
SMN Sequencing for Compound Heterozygotes	SMNSEQ	83890, 84311, 7 x 83898, 83894, 7 x 83904	825.00	60
SMAD4 Gene Characterization Juvenile Polyposis (Sequencing of entire coding region)	SMAD4	83890, 84311, 11 x 83898, 83894, 11 x 83904	1030.00	95
Spinal Muscular Atrophy (SMA) Diagnostic	SMAMUT	83890, 84311, 2 x 83898, 2 x 83892, 2 x 83894	300.00	14
Thanatophoric Dysplasia Types I & II	THAN	83890, 84311, 2 x 83898, 2 x 83892, 2 x 83894	350.00	14

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