NxGen MDx

801 Broadway Ave NW Suite 203, Grand Rapids, MI 49504
Ph: 855-776-9436 • Fax: 616-710-4667 • www.nxgenmdx.com

GENETIC TESTING REQUISITION

V23.1A Revised 10/13/23

Lab Barcode:
Lab Use Only

Patient Information

Name [First] [Last] DOB MM / DD / YYYY

Biological Sex ☐ M ☐ F Tel # ☐ Opt in for Text/Email

Email

Address

City State Zip

Is the patient pregnant? ☐ Yes ☐ No

Specimen Collected
Date MM / DD / YYYY
Time
Collected By:

Specimen Received
Date MM / DD / YYYY

Ordering Clinician Information

Billing Information

☐ **Option 1. Patient Insurance** *Please attach copy of insurance card to this form.*

Name of Insured Date of Birth MM / DD / YYYY

Member ID# Group#

Insurance Company

Patient Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

☐ **Option 2. Self-Pay/Pre-Pay** *Fill out the credit card authorization fields below.*

Name on Card CC#

Expiration Date Security Code ZIP/Postal Code

CC Signature

☐ **Option 3. Client Bill**

PATIENT ACKNOWLEDGEMENT

I acknowledge that the information provided by me is true and accurate. For direct insurance billing, I authorize my insurance benefits to be paid directly to NxGen MDx, LLC. I authorize NxGen MDx, LLC to release medical information concerning my testing to my insurance, to be a designated representative for appealing any denials and requesting additional records on my behalf. I understand that I am financially responsible for any amounts identified as deductible, copay, coinsurance, any amounts not covered and responsible for sending NxGen MDx LLC any monies received by my insurance.

Signature: **Date** MM / DD / YYYY

ACKNOWLEDGEMENT: REQUIRED BY PROVIDER

By signing this form, the medical professional (hereafter, the "Provider") acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in NxGen MDx's Informed Consent for Genetic Testing. If insurance billing was selected, the Patient has been further informed and authorizes NxGen MDx (hereafter, the "Laboratory") and its designees to release information concerning testing to their insurer in order to process and/or appeal claims. The Provider agrees to allow the Laboratory to transfer the information from this requisition to a letter of medical necessity and/or other documentation using the Provider's name as the signature. For amounts received directly, the Patient has agreed to remit payment to the Laboratory for testing services rendered. The Provider acknowledges that the Patient has agreed and that if the Patient's insurer does not reimburse the Laboratory in full for any reason, then the Laboratory may bill the Patient directly for the services, and the Patient will remit payment directly to the Laboratory. The Provider acknowledges that they offered pre-test genetic counseling to the Patient if required by their insurer. The testing ordered is medically necessary and has been documented in the patient's medical record. The Provider attests that they are authorized under applicable law to order this test.

Signature: **Date** MM / DD / YYYY

Please fill out the backside of the final page of this form in its entirety. Failure to do so may affect insurance reimbursement and out-of-pocket costs for patients.

Carrier Screening

L Lavender-top EDTA tube

L ☐ **Essential Panel***
Screens for CF, SMA, & Fragile X

L ☐ **Encompass Panel***
Screens for 19 genetic conditions including Fragile X & *DMD*
☐ Opt in for *CYP21A2*

L ☐ **Early Advantage Panel***
Screens for 68 genetic conditions
☐ Opt in for *CYP21A2* and *DMD*

L ☐ **Super Panel***
Screens for 145 genetic conditions.
☐ Opt in for *CYP21A2*, *DMD*, *HSD3B2*, *CYP11B1*, and *CYP17A1* (Super Panel 147)

L ☐ **Plus Panel**
Adds *F2* (Factor II Deficiency) and *F5* (Factor V Lieden)

☐ **Other**
Screening for a subset of one or more genes from any panel is available.

FOR ALL PATIENTS (CARRIER SCREENING& NIPS)
☐ Patient received counseling • X-linked conditions not screened in males

Clinical Information

*Please select the most applicable diagnosis code(s) below or write in the most applicable code(s).

Procreative Management
☐ Female - Z31.430
☐ Male - Z31.440
☐ Other:

1st pregnancy (primigravida)
☐ 1st tri - Z34.01
☐ 2nd tri - Z34.02
☐ 3rd tri - Z34.03

Not 1st pregnancy (multigravida)
☐ 1st tri - Z34.81
☐ 2nd tri - Z34.82
☐ 3rd tri - Z34.83

Family history of genetic conditions
☐ Yes ☐ No
Affected Relative: Gene / Variant

Other diagnosis (specify ICD-10):
*See back side for further information and ICD-10 chart

Ethnicity
☐ Caucasian/White ☐ Ashkenazi Jewish ☐ African-American ☐ Asian
☐ Hispanic ☐ Other/Mixed

Informed Prenatal Screen

C 8.5mL Cell-Free DNA tube (ROCHE)

C ☐ **NxGen Informed Prenatal Screen^**
☐ Twin Pregnancy
☐ **Opt in** for Expanded Autosomal Aneuploidies (EAA) and microdeletions **(Singletons Only)** (15q11.2, 1p36, 22q11.2, 4p, 5p)
☐ **Opt out** of fetal sex & sex chromosome aneuploidy (SCA)

^Singleton pregnancy will be assumed unless otherwise indicated. Fetal sex & SCA will be reported unless opted out of. If the test information below is filled out, an NIPS order will be run.

EDD: MM / DD / YYYY
☐ LMP ☐ CRL ☐ U/S MM / DD / YYYY
IVF Pregnancy: Yes / No Donor / Self
Age of Egg: yrs
Height: Weight:
☐ Patient received counseling

Clinical Information

*Please select the most applicable diagnosis code(s) below or write in the most applicable code(s).

Advanced Maternal Age (AMA)
(check appropriate box below)

AMA 1st pregnancy (primigravida)
☐ 1st tri - O09.511 ☐ 2nd tri - O09.512

AMA not 1st pregnancy (multigravida)
☐ 1st tri - O09.521 ☐ 2nd tri - O09.522

Other diagnosis (specify ICD-10):
*See back side for further information and ICD-10 chart

☐ Abnormal serum screening - O28.1
☐ Ultrasound indicating structural anomaly - O28.3
☐ Encounter for antenatal screening for chromosomal anomalies - Z36.0
Maternal care for (suspected) chromosomal abnormality in fetus, unspecified
☐ Singleton - O35.10X1 ☐ Twin - O35.10X2

Custom Tests:

☐ **REFLEXIVE TESTING FOR MALE PARTNERS**
Female partner:
Partner DOB: MM / DD / YYYY
Positive gene/variant:
Accession #:
Where was your partner tested?
☐ NxGen MDx ☐ Other Lab:

Patient Name: Q351836
Patient DOB:

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Patient DOB:

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Patient DOB:

Condition: *Gene*	Essential Panel
Cystic Fibrosis and Other *CFTR*-Related Disorders: *CFTR*	✓
Fragile X Syndrome: *FMR1**	✓
Spinal Muscular Atrophy: *SMN1*	✓

Condition: *Gene*	SUP	EAR	ENC
3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency (Congenital Adrenal Hyperplasia): *HSD3B2*^	✓		
3-Hydroxy-3-Methylglutaryl-CoA (HMG-CoA) Lyase Deficiency: *HMGCL*	✓	✓	
3-Methylcrotonyl-CoA Carboxylase (3-MCC) Deficiency, *MCCC1*-Related: *MCCC1*	✓	✓	
3-Methylcrotonyl-CoA Carboxylase (3-MCC) Deficiency, *MCCC2*-Related: *MCCC2*	✓	✓	
3-Methylglutaconic Aciduria Type III (Costeff Optic Atrophy): *OPA3*	✓		
11-Beta-Hydroxylase-Deficient Congenital Adrenal Hyperplasia: *CYP11B1*^	✓		
17-Alpha-Hydroxylase-Deficient Congenital Adrenal Hyperplasia: *CYP17A1*^	✓		
21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia: *CYP21A2*^	✓	✓	
Abetalipoproteinemia: *MTTP*	✓		
Achromatopsia: *CNGB3*	✓		
ADA-Related Conditions: *ADA*	✓	✓	
Adrenoleukodystrophy, X-Linked: *ABCD1**	✓	✓	
Alkaptonuria: *HGD*	✓		
Alpha Thalassemia: *HBA1/HBA2*	✓	✓	✓
Alpha-Mannosidosis: *MAN2B1*	✓		
Alport Syndrome, *COL4A4*-Related: *COL4A4*	✓		
Andermann Syndrome: *SLC12A6*	✓		
Argininosuccinic Aciduria: *ASL*	✓	✓	
Arthrogryposis, Intellectual Disability, and Seizure (AMRS): *SLC35A3*	✓		
Aspartylglucosaminuria: *AGA*	✓		
Ataxia-Telangiectasia: *ATM*	✓		
Ataxia with Vitamin E Deficiency: *TTPA*	✓		
Autoimmune Polyendocrinopathy with Candidiasis and Ectodermal Dystrophy: *AIRE*	✓		
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay (ARSACS): *SACS*	✓		
Bardet-Biedl Syndrome, *BBS1*-Related: *BBS1*	✓		
Bardet-Biedl Syndrome, *BBS10*-Related: *BBS10*	✓		
Bardet-Biedl Syndrome, *MKKS*-Related: *MKKS*	✓		
Beta-Ketothiolase Deficiency: *ACAT1*	✓	✓	
Biotinidase Deficiency: *BTD*	✓	✓	✓
Bloom Syndrome: *BLM*	✓	✓	
Canavan Disease: *ASPA*	✓	✓	
Carnitine Palmitoyltransferase I Deficiency: *CPT1A*	✓		
Carnitine Palmitoyltransferase II Deficiency: *CPT2*	✓	✓	✓
Cartilage-Hair Hypoplasia–Anauxetic Dysplasia Spectrum Disorders: *RMRP*	✓		
Choroideremia: *CHM**	✓		
Citrin Deficiency: *SLC25A13*	✓	✓	
Citrullinemia Type 1: *ASS1*	✓	✓	
Cohen Syndrome: *VSP13B*	✓		
Combined Pituitary Hormone Deficiency: *PROP1*	✓		
Congenital Amegakaryocytic Thrombocytopenia: *MPL*	✓		
Congenital Disorder of Glycosylation, Type 1A: *PMM2*	✓	✓	✓
Congenital Disorder of Glycosylation, Type 1B: *MPI*	✓		
Cystic Fibrosis and Other *CFTR*-Related Disorders: *CFTR*	✓	✓	✓
Cystinosis: *CTNS*	✓		
D-Bifunctional Protein Deficiency: *HSD17B4*	✓		
DHDDS-Related Disorders: *DHDDS*	✓		
Dihydrolipoamide Dehydrogenase Deficiency: *DLD*	✓	✓	
Dihydropyrimidine Dehydrogenase Deficiency: *DPYD*	✓		
DMD-Related Dystrophinopathy (Duchenne Muscular Dystrophy and Becker Muscular Dystrophy): *DMD*^*	✓	✓	✓
Dyskeratosis Congenita: *NOLA3*	✓		
Ehlers-Danlos Syndrome, Dermatosparaxis Type: *ADAMTS2*	✓		
Factor V Leiden Thrombophilia: *F5*			✓
Familial Dysautonomia: *ELP1*	✓	✓	
Familial Hyperinsulinism, *ABCC8*-Related: *ABCC8*	✓	✓	
Familial Mediterranean Fever: *MEFV*	✓		✓
Fanconi Anemia, Type C: *FANCC*	✓	✓	
FKTN-Related Disorders (Including Walker-Warburg Syndrome): *FKTN*	✓	✓	
Fragile X Syndrome: *FMR1**	✓	✓	✓
Galactokinase Deficiency: *GALK1*	✓	✓	
Galactosemia, *GALT*-Related: *GALT*	✓	✓	✓
Gaucher Disease: *GBA*	✓	✓	
Glucose-6-Phosphate Dehydrogenase Deficiency: *G6PD**	✓	✓	
Glutaric Acidemia Type I: *GCDH*	✓	✓	
Glycine Encephalopathy, *AMT*-Related: *AMT*	✓		
Glycine Encephalopathy, *GLDC*-Related: *GLDC*	✓		
Glycogen Storage Disease Type IA: *G6PC*	✓	✓	
Glycogen Storage Disease Type IB: *SLC37A4*	✓		
Glycogen Storage Disease Type II (Pompe Disease): *GAA*	✓	✓	✓
Glycogen Storage Disease Type III: *AGL*	✓		
Glycogen Storage Disease Type IV/Adult Polyglucosan Body Disease: *GBE1*	✓	✓	
Glycogen Storage Disease Type V: *PYGM*	✓		
GRACILE Syndrome/*BCS1L*-Related Disorders: *BCS1L*	✓		
HBB-Related Hemoglobinopathies	✓	✓	✓
Hemophilia C/ Factor XI Deficiency: *F11*	✓		
Hereditary Fructose Intolerance: *ALDOB*	✓		
Holocarboxylase Synthetase Deficiency: *HLCS*	✓	✓	
Homocystinuria, Cobalamin E Type: *MTRR*	✓	✓	
Homocystinuria Due to Cystathionine Beta-Synthase Deficiency: *CBS*	✓	✓	
Hypophosphatasia: *ALPL*	✓		
Inclusion Body Myopathy 2: *GNE*	✓		
Isovaleric Acidemia: *IVD*	✓	✓	
Joubert Syndrome 2/*TMEM216*-Related Disorders: *TMEM216*	✓	✓	

Condition: *Gene*	SUP	EAR	ENC
Junctional Epidermolysis Bullosa, *LAMA3*-Related: *LAMA3*	✓		
Junctional Epidermolysis Bullosa, *LAMB3*-Related: *LAMB3*	✓		
Junctional Epidermolysis Bullosa, *LAMC2*-Related: *LAMC2*	✓		
Juvenile Retinoschisis, X-Linked: *RS1**	✓		
Krabbe Disease: *GALC*	✓	✓	
Limb-Girdle Muscular Dystrophy, Type 2A (Calpainopathy): *CAPN3*	✓		
Limb-Girdle Muscular Dystrophy, Type 2D: *SGCA*	✓		
Limb-Girdle Muscular Dystrophy, Type 2E: *SGCB*	✓		
Lipoid Congenital Adrenal Hyperplasia, *STAR*-Related: *STAR*	✓		
Long Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency: *HADHA*	✓	✓	
Lysosomal Acid Lipase Deficiency: *LIPA*	✓		
Maple Syrup Urine Disease Type, 1A/1B: *BCKDHA/BCKDHB*	✓	✓	
Medium Chain Acyl-CoA Dehydrogenase Deficiency: *ACADM*	✓	✓	✓
Megalencephalic Leukoencephalopathy with Subcortical Cysts Type 1: *MLC1*	✓		
Metachromatic Leukodystrophy, *ARSA*-Related: *ARSA*	✓	✓	
Methylmalonic Acidemia with Homocystinuria, Cobalamin C Type: *MMACHC*	✓	✓	
Methylmalonic Acidemia with Homocystinuria, Cobalamin D Type: *MMADHC*	✓	✓	
Methylmalonic Acidemia, *MMAA*-Related: *MMAA*	✓	✓	
Methylmalonic Acidemia, *MMAB*-Related: *MMAB*	✓	✓	
Mucolipidosis Type IV: *MCOLN1*	✓	✓	
Mucopolysaccharidosis Type I (Hurler Syndrome): *IDUA*	✓	✓	✓
Multiple Sulfatase Deficiency: *SUMF1*	✓		
Nemaline Myopathy 2: *NEB*	✓	✓	
Nephrotic Syndrome/Congenital Finnish Nephrosis, *NPHS1*-Related: *NPHS1*	✓		
Nephrotic Syndrome/Steroid-Resistant Nephrotic Syndrome, *NPHS2*-Related: *NPHS2*	✓		
Neuronal Ceroid Lipofuscinosis, *CLN3*-Related: *CLN3*	✓		
Neuronal Ceroid Lipofuscinosis, *CLN5*-Related: *CLN5*	✓		
Neuronal Ceroid Lipofuscinosis, *PPT1*-Related: *PPT1*	✓		
Neuronal Ceroid Lipofuscinosis, *TPP1*-Related: *TPP1*	✓		
Neuronal Ceroid Lipofuscinosis, *CLN8*-Related: *CLN8*	✓		
Niemann-Pick Disease Type A/B: *SMPD1*	✓	✓	
Niemann-Pick Disease Type C1/D: *NPC1*	✓		
Nijmegen Breakage Syndrome: *NBN*	✓		
Nonsyndromic Hearing Loss: *GJB2/GJB3/GJB6*	✓	✓	✓
NR0B1-Related Congenital Adrenal Hypoplasia, X-Linked: *NR0B1**	✓		
Pendred Syndrome: *SLC26A4/FOXI1/KCNJ10* (also associated with SeSAME syndrome)	✓	✓	
Phenylalanine Hydroxylase Deficiency: *PAH*	✓	✓	✓
Phosphoglycerate Dehydrogenase Deficiency/Neu-Laxova Syndrome: *PHGDH*	✓		
Polycystic Kidney Disease, Autosomal Recessive: *PKHD1*	✓	✓	
POMGNT1-Related Disorders: *POMGNT1*	✓		
Primary Carnitine Deficiency: *SLC22A5*	✓	✓	
Primary Hyperoxaluria, Type 1: *AGXT*	✓		
Primary Hyperoxaluria, Type 2: *GRHPR*	✓		
Propionic Acidemia, *PCCA*-Related: *PCCA*	✓	✓	
Propionic Acidemia, *PCCB*-Related: *PCCB*	✓	✓	
Prothrombin-Related Thrombophilia: *F2*			✓
Pseudocholinesterase Deficiency: *BCHE*	✓		
Pycnodysostosis: *CTSK*	✓		
Rhizomelic Chondrodysplasia, Type 1: *PEX7*	✓		
Short Chain Acyl-CoA Dehydrogenase Deficiency: *ACADS*	✓		
Sialic Acid Storage Disorders: *SLC17A5*	✓		
Sjögren-Larsson Syndrome: *ALDH3A2*	✓		
SLC26A2-Related Disorders: *SLC26A2*	✓	✓	
Smith-Lemli-Opitz Syndrome: *DHCR7*	✓	✓	✓
Spinal Muscular Atrophy: *SMN1/SMN2*	✓	✓	✓
Tay-Sachs Disease: *HEXA*	✓	✓	
Tyrosine Hydroxylase Deficiency: *TH*	✓		
Tyrosinemia, Type I: *FAH*	✓	✓	
Tyrosinemia, Type II: *TAT*	✓	✓	
Usher Syndrome, *CDH23*-Related Disorders: *CDH23*	✓	✓	
Usher Syndrome, *CLRN1*-Related Disorders: *CLRN1*	✓	✓	
Usher Syndrome, *MYO7A*-Related Disorders: *MYO7A*	✓	✓	
Usher Syndrome, *PCDH15*-Related Disorders: *PCDH15*	✓	✓	
Usher Syndrome, *USH2A*-Related Disorders: *USH2A*	✓	✓	✓
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency: *ACADVL*	✓	✓	
Wilson Disease: *ATP7B*	✓	✓	✓
Zellweger Spectrum Disorder, *PEX1*-Related: *PEX1*	✓		

*X-linked condition. Not screened for in males. ^Available upon request

Medicare and other third-party providers require the requesting physician to submit accurate diagnosis information (clinical symptoms) obtained from the patient's medical record for each laboratory test and/or profile to justify the medical necessity for the sciences requested. The ultimate responsibility for correct coding lies with the ordering physician.

ICD-10	Description
d68.51	Activated protein C resistance.
d68.52	Prothrombin gene variant.
d68.59	Other primary thrombophilia.
d68.61	Antiphospholipid syndrome.
d68.62	Lupus anticoagulant syndrome.
d68.8 / d68.9	Coagulation defect, unspecified / Other specified coagulation defects.
o09.511	Supervision of elderly primigravida, first trimester.
o09.521	Supervision of elderly multigravida, first trimester.
o09.522	Supervision of elderly multigravida, second trimester.
o09.523	Supervision of elderly multigravida, third trimester.
o28.9	Unspecified abnormal findings on antenatal screening of mother.
o35.2xx0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified.
z13.228	Encounter for screening for other metabolic disorders.
z13.71	Encounter for nonprocreative screening for genetic disease carrier status.
z13.79	Encounter for other screening for genetic and chromosomal anomalies.
z13.89	Encounter for screening for other disorder.
z31.430	Encounter of female for testing for genetic disease carrier status for procreative management.
z31.440	Encounter of male for testing for genetic disease carrier status for procreative management.
z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester.
z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester.
z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester.
z36.0	Encounter for antenatal screening for chromosomal anomalies.
z36.8a	Encounter for antenatal screening for other genetic defects.
z36.89	Encounter for other specified antenatal screening.
z36.9	Encounter for antenatal screening, unspecified.
z82.79	Family history of other chromosomal abnormalities
z84.81	Family history of carrier of genetic disease.

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DEAR PATIENT,
Your doctor suggests genetic screening as an important tool in your planning. NxGen genetic screening will allow you to plan for the future by identifying your personalized risk of delivering a child with adverse genetic conditions while also giving you insightful analysis to discuss with your doctor.

What is genetic screening?
Carrier screening will determine if you are at risk to give birth to a child with a particular genetic condition. Most often, carriers of these genetic conditions do not exhibit symptoms of the disease and are unaware of their risk. NxGen genetic carrier screening will identify risk, if any, and quantify it with accuracy.

The Non-Invasive Prenatal Screen (NIPS) determines your child's risk for Down syndrome, Edwards syndrome, and Patau syndrome. It also screens for sex chromosome aneuploidies and fetal sex.

How is the genetic screening test performed?
Genetic screening is a laboratory test, performed on blood or other samples from each parent. Should the test results indicate a positive result, additional testing can be performed during pregnancy to see whether your child will be affected.

What will the test tell me?
A positive carrier screening result indicates you are a carrier of a disease causing variant. Should this result occur, your doctor may direct your partner to be tested to determine the overall risk. If your test results are negative, there is still a small chance that you could be a carrier, but your risk is greatly diminished.

A positive NIPS result indicates that your pregnancy is at risk for trisomy 13, 18, 21, or a sex chromosome aneuploidy. With this result, diagnostic testing and genetic counseling are recommended for a more definitive diagnosis.

If you have any questions regarding
- Your bill from NxGen MDx LLC
- The Explanation of Benefit (EOB) from your health insurance company
- If NxGen MDx is a participating provider in your health plan
- Setting up a payment plan
- Applying for our Access for All Program

Please call NxGen MDx Billing Services at 855-776-9436 ext. 1.

Need additional answers?
Our customer service department can be reached at 855-776-9436 ext. 2 between 8:30 am and 7 pm EST to address any of your concerns.

Access for All Program
To apply for our Access for All Program, please call NxGen MDx Billing Services at 855-776-9436 ext. 1.

If you are positive for any of the conditions we screen for, our board-certified genetic counselors are available at your convenience during days, evenings, and weekends to help you understand your results and what they may mean for the future of your family.

Please do not call your physician's office, as we are your best resource for assistance in this matter.

Signature:_____ Date MM / DD / YYYY

Carrier Screening
L Lavender-top EDTA tube

- L ☐ **Essential Panel*** — Screens for CF, SMA, & Fragile X
- L ☐ **Encompass Panel*** — Screens for 19 genetic conditions including Fragile X & *DMD*
  - ☐ Opt in for *CYP21A2*
- L ☐ **Early Advantage Panel*** — Screens for 68 genetic conditions
  - ☐ Opt in for *CYP21A2* and *DMD*
- L ☐ **Super Panel*** — Screens for 145 genetic conditions.
  - ☐ Opt in for *CYP21A2*, *DMD*, *HSD3B2*, *CYP11B1*, and *CYP17A1* (Super Panel 147)
- L ☐ **Plus Panel** — Adds *F2* (Factor II Deficiency) and *F5* (Factor V Lieden)
- ☐ **Other**_____ Screening for a subset of one or more genes from any panel is available.

FOR ALL PATIENTS (CARRIER SCREENING& NIPS)
☐ Patient received counseling • X-linked conditions not screened in males

Clinical Information
*Please select the most applicable diagnosis code(s) below or write in the most applicable code(s).

Procreative Management
☐ Female - Z31.430
☐ Male - Z31.440
☐ Other:_____

1st pregnancy (primigravida)
☐ 1st tri - Z34.01
☐ 2nd tri - Z34.02
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Not 1st pregnancy (multigravida)
☐ 1st tri - Z34.81
☐ 2nd tri - Z34.82
☐ 3rd tri - Z34.83

Family history of genetic conditions
☐ Yes ☐ No
Affected Relative:_____ Gene / Variant

Other diagnosis (specify ICD-10):_____
*See back side for further information and ICD-10 chart

Ethnicity
☐ Caucasian/White ☐ Ashkenazi Jewish ☐ African-American ☐ Asian
☐ Hispanic ☐ Other/Mixed_____

Informed Prenatal Screen
C 8.5mL Cell-Free DNA tube (ROCHE)

- C ☐ **NxGen Informed Prenatal Screen^**
  - ☐ Twin Pregnancy
  - ☐ **Opt in** for Expanded Autosomal Aneuploidies (EAA) and microdeletions **(Singletons Only)** (15q11.2, 1p36, 22q11.2, 4p, 5p)
  - ☐ **Opt out** of fetal sex & sex chromosome aneuploidy (SCA)

^Singleton pregnancy will be assumed unless otherwise indicated. Fetal sex & SCA will be reported unless opted out of. If the test information below is filled out, an NIPS order will be run.

EDD: MM / DD / YYYY
☐ LMP ☐ CRL ☐ U/S MM / DD / YYYY
IVF Pregnancy: Yes / No Donor / Self
Age of Egg: _____ yrs
Height: _____ Weight: _____
☐ Patient received counseling

Clinical Information
*Please select the most applicable diagnosis code(s) below or write in the most applicable code(s).

Advanced Maternal Age (AMA)
(check appropriate box below)

AMA 1st pregnancy (primigravida)
☐ 1st tri - 009.511 ☐ 2nd tri - 009.512

AMA not 1st pregnancy (multigravida)
☐ 1st tri - 009.521 ☐ 2nd tri - 009.522

Other diagnosis (specify ICD-10):_____
*See back side for further information and ICD-10 chart

☐ Abnormal serum screening - O28.1
☐ Ultrasound indicating structural anomaly - O28.3
☐ Encounter for antenatal screening for chromosomal anomalies - Z36.0
Maternal care for (suspected) chromosomal abnormality in fetus, unspecified
☐ Singleton - O35.10X1 ☐ Twin - O35.10X2

Custom Tests:

☐ **REFLEXIVE TESTING FOR MALE PARTNERS**
Female partner: _____
Partner DOB: MM / DD / YYYY
Positive gene/variant: _____
Accession #:_____
Where was your partner tested?
☐ NxGen MDx ☐ Other Lab:_____

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE.

To my knowledge, the participant has not had this test performed previously during the current pregnancy. I, the ordering provider listed above, attest to the following: (please check boxes as applicable)

Please submit this page along with the requisition form

Carrier Screening:

- ☐ Every woman of reproductive age should be offered carrier screening for cystic fibrosis, regardless of her ethnicity, according to independent guidelines from the American College of Obstetricians and Gynecologists (ACOG), the American College of Medical Genetics (ACMG), and the National Society of Genetic Counselors (NSGC).
- ☐ Every woman of reproductive age should also be offered carrier screening for spinal muscular atrophy, regardless of ethnicity, according to both ACOG and ACMG guidelines.
- ☐ ACOG has recommended carrier screening should be made available to all women who are pregnant or considering a pregnancy either through ethnicity-based, pan ethnic, or expanded carrier screening panels.
- ☐ This genetic testing will help estimate the patient's risk to have a child with these conditions and will directly impact the patient's medical management. The purpose of carrier screening is to identify couples who are at an increased risk to have a child with these autosomal recessive conditions.
- ☐ This individual has a family history of a recessive condition that is part of this carrier screening.
- ☐ This individual has ancestry that indicates elevated risk to be a carrier of a recessive condition. It is also standard of care to offer carrier screening for specific ethnic groups, such as those of Ashkenazi Jewish, African American, Asian, or Mediterranean ancestry.
- ☐ Carrier screening is also recommended for the reproductive partners of those who screen positive for an autosomal recessive condition because both parents must carry a pathogenic change in the same gene to have an affected child.

Non-Invasive Prenatal Screen (NIPS):

- ☐ The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recommend that cell-free DNA analysis be offered as a screening option for all pregnant women, regardless of age or risk factors.
- ☐ This individual will be maternal age of 35 years or older at delivery. NIPS has been widely accepted as an appropriate screening option for patients above 35 years.
- ☐ There are fetal ultrasound findings indicating an increased risk of aneuploidy. As such, we have offered NIPS to assess the risk to the pregnancy.
- ☐ This individual had a serum screening test, and results indicated a high risk for aneuploidy. As such, we have offered NIPS to assess the risk to the pregnancy.
- ☐ This individual has had a prior pregnancy with a chromosomal abnormality such as trisomy.

Signature of Ordering Provider	Date
Patient Name	Date of Birth

Submitting the request: Submission of this completed form certifies that the information is true and accurate. All fields are required for processing of this request.