

Versiti does NOT bill patients or their insurance. Call 800-245-3117 ext. 6250 for your Client#.

Person Completing Requisition		
Institution	Client#	
Dept	Physician/Provider	
Address		
City	ST	ZIP
Phone (Lab)	Phone/Email (Provider)	



Hematology Genetics Test Requisition Form
Phone 800-245-3117 x 6250 / Fax (414) 937-6206

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? *Yes No

*If YES, please complete the **beneficiary form** located at www.versiti.org/medical-professionals/products-services/requisitions and submit with this requisition.

Special Reporting Requests:	PO#:
-----------------------------	------

PATIENT INFORMATION

Last Name:	First Name:	MI:	DOB:
MR#:	Accession#:	Draw Date:	Draw Time:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Karyotype: _____	Is patient currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due date: _____		
Has patient had an allogeneic stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send pre-transplant extracted DNA sample	Has patient had a blood transfusion in the last 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and type of transfusion: _____		
Specimen Type: <input type="checkbox"/> ACD Blood <input type="checkbox"/> Buccal Swabs <input type="checkbox"/> EDTA Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> DNA <input type="checkbox"/> Sodium Heparin Blood <input type="checkbox"/> Other _____			
Fetal Specimen Type: <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Cultured Amniocytes <input type="checkbox"/> CVS <input type="checkbox"/> Cultured CVS <input type="checkbox"/> DNA <input type="checkbox"/> Other _____			

Please complete patient history on page 2

Hematology Genetics Panels (for additional panel details, visit versiti.org/HG)

<input type="checkbox"/> aHUS Genetic Evaluation (1200) 15 genes	<input type="checkbox"/> Congenital Neutropenia Panel (4845) 23 genes
<input type="checkbox"/> Autosomal Dominant Thrombocytopenia Panel (4865) 14 genes	<input type="checkbox"/> Fibrinolytic Disorder Panel (4860) 8 genes, one deletion/duplication
<input type="checkbox"/> Coagulation Disorder Panel (4815) 19 genes, one targeted variant	<input type="checkbox"/> Inherited Thrombocytopenia Panel (4840) 23 genes
<input type="checkbox"/> Comprehensive Bleeding Disorder Panel (4825) 51 genes	<input type="checkbox"/> Platelet Function Disorder Panel (4835) 31 genes
<input type="checkbox"/> Comprehensive Platelet Disorder Panel (4830) 43 genes	<input type="checkbox"/> Thrombosis Panel (4820) 12 genes
<input type="checkbox"/> Custom Blood Disorder Panel (4850) (Two gene minimum, 10 gene maximum. If greater than 10 genes desired, please call 800-245-3117 ext 6250)	
Genes: _ _ _ _ _	

Single Gene, Targeted Sequence Analysis, and Other Testing (additional tests available, see [catalog](#))

Hemophilia	Thrombotic Disorders
<input type="checkbox"/> Factor VIII (F8) Inversion Analysis <input type="checkbox"/> Intron 22 (1400) <input type="checkbox"/> Intron 1 (1401)	<input type="checkbox"/> ADAMTS13 Sequence Analysis (1300)
<input type="checkbox"/> Factor VIII (F8) Inversion Analysis (1402) Introns 1 and 22	<input type="checkbox"/> Prothrombin Gene Mutation (1024)
<input type="checkbox"/> Factor VIII (F8) Severe HA Analysis Reflex (1403) inversion, reflex to sequencing	<input type="checkbox"/> Factor V Leiden (1035)
<input type="checkbox"/> Factor VIII (F8) Sequence Analysis (1404)	von Willebrand Disease
<input type="checkbox"/> Factor IX (F9) Sequence Analysis (1405)	<input type="checkbox"/> VWF Sequence Analysis (All Exons) (1395)
Platelet and Neutrophil Disorders	<input type="checkbox"/> VWF D1472H Ristocetin-Binding Polymorphism (1301)
<input type="checkbox"/> Bernard Soulier Sequence Analysis (1290) (GPIBA, GPIIB, GP9)	<input type="checkbox"/> VWF Exon 28 Sequence Analysis (For Type 2M or 2B VWD) (1284)
<input type="checkbox"/> ELANE Sequence Analysis (5107) <input type="checkbox"/> RUNX1 Sequence Analysis–Inherited (5763)	<input type="checkbox"/> VWD Platelet-Type Sequence Analysis (1289) (GPIbA)
<input type="checkbox"/> HAX1 Sequence Analysis (5762) <input type="checkbox"/> MYH9 Sequence Analysis–Inherited (5765)	<input type="checkbox"/> VWD Type 2N Sequence Analysis (1288) (VWF exons 17-21, 24-27)
<input type="checkbox"/> WAS Sequence Analysis (5761) <input type="checkbox"/> MPL Sequence Analysis (5760)	Sickle Cell Disease
Familial Testing	<input type="checkbox"/> Hemoglobin SC Mutation Analysis (4624)
<input type="checkbox"/> Targeted Familial Variant Analysis (4970)	Single and Other Genetic Test Orders
Gene: _____ Exon: _____ Variant: _____	<input type="checkbox"/> Single Gene Sequence Analysis (4855) : _____
Index name: _____ Relationship to Index: _____	Please select from the drop-down menu, or write in your single gene selection above.
	(If more than one gene is considered, please contact our client services team at 800-2453-117 ext. 6250 to determine if a custom panel is a more cost effective option.)

Deletion/Duplication Analysis	Maternal Cell Contamination (MCC)	Versiti Use Only	
<input type="checkbox"/> aCGH Deletion/Duplication Analysis (4800) Gene(s): _____	<input type="checkbox"/> Maternal sample sent for MCC only <input type="checkbox"/> Maternal sample sent for MCC and testing	____ EDTA ____ ACDA ____ Amnio ____ CVS ____ Heparin ____ BM	Opened By _____ Evaluated By _____

For consultation regarding genetic test selection, please call 800-245-3117 (x6250) to speak to our laboratory genetic counselors.

PATIENT HISTORY (Necessary for optimal interpretation of test results and recommendations)

Ethnic Background (check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____	Clinical Diagnosis:
Relevant Clinical Presentation and Laboratory Findings (attach case notes if available):	
Family history of disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please describe in detail below. Attach pedigree if available.	

VERIFICATION OF INFORMED CONSENT

It is recommended that healthcare providers obtain a signed informed consent from the patient when genetic testing is ordered. By signing the informed consent, the patient agrees that they have received and understand the indications and implications of the genetic test and are voluntarily agreeing to have the test performed. In some states, informed consent is **required** by existing laws and regulations. Versiti recommends that ordering healthcare providers verify their state laws and regulations regarding informed consent for genetic testing. An informed consent form may be available from your institution or one can be found at <http://www.versiti.org/hg> under forms. Information regarding a general description of the test, purpose, sensitivity, analytical limitations, and the features and genetics of the condition(s) is also available [in the Versiti test catalog](#).

New York State patients: New York state healthcare providers are required to provide verification that informed consent (complying with New York State Department of Health Genetic Testing Standard 5 [GT S5] and New York State Civil Rights Law, Section 79-l) has been obtained from their patient. In order for genetic testing to be performed in our laboratory, please sign the verification below or submit a signed informed consent form. The sample will be destroyed not more than 60 days after the sample was obtained, unless a longer period of retention is expressly authorized in the consent

Verification of Informed Consent: I am a healthcare provider for the patient named on this requisition. I have obtained the required informed consent from the patient or the patient's legal guardian for each genetic test(s) ordered above and I authorize the testing of the enclosed specimen(s). I understand that no tests other than those authorized will be performed on genetic samples.

Signature of healthcare provider

Date

If patient is making payment, please select payment type and submit a completed [Patient Billing Form](#) (Versiti.org/patientbilling):

Check (Payable to Versiti Wisconsin)

Credit Card

SAMPL REQUIREMENTS Label samples clearly with full name of individual, date, and time drawn.

Source	Specimen Type	Volume Required
Parental/Patient/Pediatric	Whole Blood (lavender top)	3-5 mL
	Bone marrow (lavender top)	2-5 mL
	Buccal Swabs	3-4 swabs
	High Quality DNA	≥1µg of DNA at ≥50ng/µL
Fetal – MCC Studies recommended	Amniotic Fluid	7-15 mL
	CVS	5-10mg
	Cultured Amniocytes or CVS	Two T25 flasks (2x10 ⁶ minimum)

SHIPPING REQUIREMENTS

Ship on an ice pack or at room temperature, protect from freezing. Place the specimen and the requisition into plastic bags and seal. Insert into a Styrofoam container, seal and place into a sturdy cardboard box, and tape securely. Ship the package in compliance with your overnight carrier guidelines. Label with the following address:

Versiti Wisconsin – Client Services
638 N. 18th St. Milwaukee, WI 53233-2121

Please call the laboratory (800-245-3117 ext 6250) for advice if you will ship samples near a major holiday

HEMATOLOGY GENETICS PANEL INFORMATION

Panel Name	Genes Tested
aHUS Genetic Evaluation	ADAMTS13, C3, C4BPA, C4BPB, CFB, CFHR1, CFHR3, CFHR4,CFHR5, DGKE, CFH, CFI, LMNA, MCP(CD46), THBD
Autosomal Dominant Thrombocytopenia Panel	ACTN1, ANKRD26, CYCS, ETV6, FLI1,GFI1B, GP1BA, GP1BB, GP9, ITGA2B, ITGB3, MYH9, RUNX1, TUBB1
Coagulation Disorder Panel	F2, F5, F7, F8, F9, F10, F11, F13A1, F13B, FGA, FGB, FGG, GGX, LMAN1, MCFD2, SERPINA1, SERPINE1, SERPINF2, VKORC1, VWF
Comprehensive Bleeding Disorder Panel (Coagulation Disorder and Platelet Function Disorder Panels combined)	ANO6, AP3B1, BLOC1S3, BLOC1S6, DTNBP1, F2, F5, F7, F8, F9, F10, F11, F13A1, F13B, FERMT3, FGA, FGB, FGG, FLI1, GATA1, GFI1B, GGX, GP1BA, GP1BB, GP6, GP9, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, LMAN1, LYST, MCFD2, NBEAL2, P2RY12, PLA2G4A, PRKACG, RASGRP2, RUNX1, SERPINA1, SERPINE1, SERPINF2, STIM1, TBXA2R, VIPAS39, VKORC1, VPS33B, VWF
Comprehensive Platelet Disorder Panel (Inherited Thrombocytopenia and Platelet Function Disorder Panels combined)	ACTN1, ANKRD26, ANO6, AP3B1, BLOC1S3, BLOC1S6, CYCS, DTNBP1, ETV6, FERMT3, FLI1, GATA1, GFI1B, GP1BA, GPIBB, GP6, GP9, HOXA11, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, LYST, MPL, MYH9, NBEAL2, P2RY12, PLA2G4A, PRKACG, RASGRP2, RBM8A, RUNX1, STIM1, STXB2P, TBXA2R, TUBB1, VIPAS39, VPS33B, WAS, WIPF1
Congenital Neutropenia Panel	AP3B1, CSF3R, CXCR4, ELANE, G6PC3, GATA1, GATA2, GFI1, HAX1, JAGN1, LAMTOR2, LYST, RAB27A, RAC2, SBDS, SLC37A4, TAZ, TCIRG1,USB1, VPS13B, VPS45, WAS, WIPF1
Fibrinolytic Disorder Panel	F13A1, F13B, FGA, FGB, FGG, PLAU, SERPINA1, SERPINE1, SERPINF2
Inherited Thrombocytopenia Panel	ACTN1, ANKRD26, CYCS, ETV6, FLI1, GATA1, GFI1B, GP1BA, GP1BB, GP9, HOXA11, ITGA2B, ITGB3, MPL, MYH9, NBEAL2, PRKACG, RBM8A, RUNX1, STXB2P, TUBB1, WAS, WIPF1
Platelet Function Disorder Panel	ANO6, AP3B1, BLOC1S3, BLOC1S6, DTNBP1, FERMT3, FLI1, GATA1, GFI1B, GP1BA, GP1BB, GP6, GP9, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, LYST, NBEAL2, P2RY12, PLA2G4A, PRKACG, RASGRP2, RUNX1, STIM1, TBXA2R, VIPAS39, VPS33B
Thrombosis Panel	ADAMTS13, F2, F5, FGA, FGB, FGG, HRG, KNG1, PROC, PROS1, SERPINC1, THBD
Custom Blood Disorder Panel	Selected any genes from established panels. Two gene minimum, 10 gene maximum. If greater than 10 genes desired, please call 800-245-3117 ext 6250. For a full list of available genes, visit Versiti.org/SingleGeneCPT