

# Hematology Genetics Test Requisition Form

Phone: 800-245-3117 x6250 | Fax: 414-937-6206 | [Versiti.org/HG](http://Versiti.org/HG)



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

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information			
Person Completing Requisition:		Physician/Provider:	
Institution:		Client #:	
Dept:		Address:	
City:	State:	Zip Code:	
Phone (Lab):		Provider Contact (phone/email):	
Special Reporting Requests:		PO #:	
Patient Information			
Last Name:		First Name:	MI: DOB:
MR#:	Accession #:	Draw Date:	Draw Time:
Biologic Sex/Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown <input type="checkbox"/> Karyotype:			
Patient-reported Ancestry (check all that apply): <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Black/African American <input type="checkbox"/> Central Asian <input type="checkbox"/> East Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Other:			
Specimen Information			
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:			
Maternal Cell Contamination (MCC): <input type="checkbox"/> Maternal sample sent for MCC only <input type="checkbox"/> Maternal sample sent for MCC and testing			
Patient History			
Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Self-described:			
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 sample			
Has patient had a whole blood transfusion in the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of transfusion: _____			
Clinical Diagnosis:			
Relevant clinical presentation and laboratory findings (attach case notes if available):			
Family history of clinical diagnosis listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe or include pedigree):			
Other contributory family history: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):			
Verification of Informed Consent			
<p>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 <a href="http://www.versiti.org/hg">http://www.versiti.org/hg</a> under Forms &amp; Materials. 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.</p> <p><b>New York State patients:</b> NY State healthcare providers are required to provide verification that informed consent (complying with NY State Department of Health Genetic Testing Standard 5 [GT S5] and NY State Civil Rights Law, Section 79-l) has been obtained from their patient. For genetic testing to be performed in our laboratory, please sign the verification below or submit a signed informed consent form. NY patients may opt in for further retention and use of their sample by submitting a completed Versiti Informed Consent form (available at the website noted above); otherwise, samples will not be used for research or quality assurance and will be disposed of within 60 days of collection.</p> <p><b>Verification of Informed Consent:</b> 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).</p> <p>Signature of healthcare provider _____ Date _____</p>			
Shipping Requirements <i>Please call the laboratory (800-245-3117 ext. 6250) for advice if you will ship samples near a major holiday</i>			
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.		Ship to: Versiti Wisconsin – Client Services 638 N. 18th St. Milwaukee, WI 53233-2121	<b>Versiti Use Only</b> <input type="checkbox"/> EDTA <input type="checkbox"/> ACDA <input type="checkbox"/> Amnio <input type="checkbox"/> Buccal <input type="checkbox"/> CVS <input type="checkbox"/> Heparin <input type="checkbox"/> BM <input type="checkbox"/> Other Opened By: _____ Evaluated By: _____

**Order Form Continued on Page 2 (Required)**

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Rev. Date: 09-04-2025

CLIA #: 52D1009037

Medicare Provider #: 84481

# Hematology Genetics Test Requisition Form

## Patient Information

Last Name:

First Initial:

## Sample Requirements

Source	Specimen Type	Volume Required	Shipping Temperature
Parental/Patient/Pediatric	Whole blood or bone marrow (EDTA preferred)	3-5 mL	Room Temperature or Refrigerated
	Buccal swabs	3-4 swabs	
	High-quality DNA	≥1µg of DNA at ≥50ng/µL	
Fetal – MCC studies recommended	Amniotic fluid	7-15 mL	
	CVS	5-10 mg	
	Cultured amniocytes or CVS	Two T25 flasks (2x10 <sup>6</sup> minimum)	

## Single Genes and Panels

Methodologies (Select only ONE)

Test Name (Refer to page 3 for full list of genes included in panels)	Test Code	NGS only	Del/Dup by aCGH only	NGS with reflex to aCGH	NGS with concurrent aCGH
<input type="checkbox"/> aHUS Genetic Evaluation NGS (all genes) + MPLA (select exons of CFH, CFHR1, CFHR3, CFHR4, CFHR5)	1200				
Autosomal Dominant Thrombocytopenia Panel	4865	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bernard-Soulier Syndrome Panel	4880	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Disorder Panel	4815	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Bleeding Disorder Panel	4825	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Platelet Disorder Panel	4830	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congenital Neutropenia Panel	4845	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibrinolytic Disorder Panel	4860	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibrinogen Disorders Panel	4885	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glanzmann Thrombasthenia Panel	4870	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermansky-Pudlak Syndrome Panel	4875	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hereditary Hemorrhagic Telangiectasia Panel	4895	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inherited Thrombocytopenia Panel	4840	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelet Function Disorder Panel	4835	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosis Panel	4820		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Gene Analysis _____ (See available genes on page 3)	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custom Blood Disorder Panel (Two gene minimum, 10 gene maximum.)	4850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Includes PLAU performed by aCGH

## Specific Orders

Methodologies (Select only ONE)

Test Name	Test Code	NGS only	Del/Dup by aCGH only	NGS with reflex to aCGH	NGS with concurrent aCGH
<b>Hemophilia</b>					
F8 (Factor VIII) Genetic Analysis (Inversion analysis not included)	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F8 (Factor VIII) Severe HA Analysis Reflex (inversion, reflex to sequencing) <input type="checkbox"/> Check here for reflex to F8 aCGH <input type="checkbox"/> Check here to add concurrent F8 aCGH	1403				
F8 (Factor VIII) Inversion Analysis <input type="checkbox"/> Both Introns 1 and 22 (1402) <input type="checkbox"/> Intron 22 only (1400) <input type="checkbox"/> Intron 1 only (1401)	1402, 1400, or 1401				
F9 (Factor IX) Genetic Analysis	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>von Willebrand Disease</b>					
VWF Genetic Analysis (all exons)	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VWF Exon 28 Sequence Analysis (for type 2M or 2B VWD)	1284	<input type="checkbox"/>			
VWD Platelet-Type Sequence Analysis (GP1BA)	1289	<input type="checkbox"/>			
VWD Type 2N Sequence Analysis (VWF exons 17-21, 24-27)	1288	<input type="checkbox"/>			
<b>Other Testing</b>					
ADAMTS13 Genetic Analysis	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELANE Genetic Analysis	4855	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Factor V Leiden	1035				
<input type="checkbox"/> Hemoglobin SC Mutation Analysis	4624				
<input type="checkbox"/> Prothrombin Gene Mutation	1024				

## Familial Testing

☐ Targeted Familial Variant Analysis (4970) If proband was not tested at Versiti, send a copy of report and call to discuss if a control sample is needed.

Gene: Variant: c. p. Proband Name: Relationship to Proband:

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

If yes, please complete the beneficiary form located at <https://www.versiti.org/products-services/requisitions> and submit with this requisition.

# Hematology Genetics Test Requisition Form



Hematology Genetics Single Genes									
For additional information about genetic panels and more, visit <a href="https://www.versiti.org/HG">Versiti.org/HG</a>									
ABCG5	BLOC1S6	EPHB4	FGB	GNE	ITGA2B	NBEAL2	RUNX1	SRP54	USB1
ABCG8	BTB	ETV6	FGG	GP1BA	ITGB3	P2RY12	SBDS	SRP68	VIPAS39
ACTB	CDC42	F2	FLI1	GP1BB	JAGN1	PLA2G4A	SERPINA1§	SRP72	VKORC1
ACTN1	CLPB	F5	FLNA	GP6	KDSR	PLAU*	SERPINC1	SRPRA	VPS13B
ACVRL1	CSF3R	F7	FYB1(FYB)	GP9	KNG1	PLG	SERPIND1	STIM1	VPS33B
ADAMTS13	CXCR2	F8	G6PC3	HAX1	LMAN1	PRKACG	SERPINE1	STXBP2	VPS45
AK2	CXCR4	F9	GATA1	HOXA11	LYST	PROC	SERPINF2	TAFAZZIN	VWF
ANKRD26	CYCS	F10	GATA2	HPS1	MCFD2	PROS1	SLC37A4	TBXA2R	WAS
ANO6	DIAPH1	F11	GDF2	HPS3	MECOM	RAC2	SLFN14	TBXAS1	WDR1
AP3B1	DTNBP1	F13A1	GFI1	HPS4	MPIG6B	RASA1	SMAD4	TCIRG1	WIPF1
AP3D1	EFL1	F13B	GFI1B	HPS5	MPL	RASGRP2	SMARCD2	THBD	
ARPC1B	ELANE	FERMT3	GGCX	HPS6	MYH9	RBM8A	SRC	THPO	
BLOC1S3	ENG	FGA	GIN1	HRG	NBEA	RNU4ATAC	SRP19	TUBB1	

NOTE: aHUS/DDD Genetic Panel genes C3, C4BPA, C4BPB, CFB, CFH, CFHR1, CFHR3, CFHR4, CFHR5, CFI, DGKE, MCP are NOT available for single gene analysis

Hematology Genetics Panel Information	
Panel Name	Genes Tested
aHUS Genetic Evaluation	ADAMTS13, C3, C4BPA, C4BPB, CFB, CFH, CFHR1, CFHR3, CFHR4, CFHR5, CFI, DGKE, MCP(CD46), THBD
Autosomal Dominant Thrombocytopenia Panel	ACTB, ACTN1, ANKRD26, CDC42, CYCS, DIAPH1, ETV6, FLI1, GFI1B, GP1BA, GP1BB, GP9, HOXA11, ITGA2B, ITGB3, MECOM, MYH9, RUNX1, SLFN14, SRC, STIM1, TUBB1
Bernard-Soulier Syndrome Panel	GP1BA, GP1BB, GP9
Coagulation Disorder Panel	F2, F5, F7, F8, F9, F10, F11, F13A1, F13B, FGA, FGB, FGG, GGCX, LMAN1, MCFD2, SERPINA1§, SERPINE1, SERPINF2, VKORC1, VWF
Comprehensive Bleeding Disorder Panel	ACVRL1, ANO6, AP3B1, AP3D1, ARPC1B, BLOC1S3, BLOC1S6(HPS9), DTNBP1(HPS7), ENG, EPHB4, F2, F5, F7, F8, F9, F10, F11, F13A1, F13B, FERMT3, FGA, FGB, FGG, FLI1, FLNA, FYB1(FYB), GATA1, GDF2, GFI1B, GGCX, GP1BA, GP1BB, GP6, GP9, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, KDSR, LMAN1, LYST, MCFD2, NBEA, NBEAL2, P2RY12, PLA2G4A, PLAU*, PRKACG, RASA1, RASGRP2, RUNX1, SERPINA1§, SERPINE1, SERPINF2, SLFN14, SMAD4, SRC, STIM1, TBXA2R, TBXAS1, VIPAS39, VKORC1, VPS33B, VWF
Comprehensive Platelet Disorder Panel	ABCG5, ABCG8, ACTB, ACTN1, ANKRD26, ANO6, AP3B1, AP3D1, ARPC1B, BLOC1S3, BLOC1S6(HPS9), CDC42, CYCS, DIAPH1, DTNBP1(HPS7), ETV6, FERMT3, FLI1, FLNA, FYB1(FYB), GATA1, GFI1B, GNE, GP1BA, GP1BB, GP6, GP9, HOXA11, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, KDSR, LYST, MECOM, MYH9, MPIG6B, MPL, NBEA, NBEAL2, P2RY12, PLA2G4A, PLAU*, PRKACG, RASGRP2, RBM8A, RNU4ATAC, RUNX1, SLFN14, SRC, STIM1, STXBP2, TBXA2R, TBXAS1, THPO, TUBB1, VIPAS39, VPS33B, WAS, WIPF1
Congenital Neutropenia Panel	AK2, AP3B1, AP3D1, BTK, CLPB, CSF3R, CXCR2, CXCR4, EFL1, ELANE, G6PC3, GATA1, GATA2, GFI1, GINS1, HAX1, JAGN1, LYST, RAC2, SBDS, SLC37A4, SMARCD2, SRP19, SRP54, SRP68, SRP72, SRPRA, TAFAZZIN, TCIRG1, USB1, VPS13B, VPS45, WAS, WDR1, WIPF1
Fibrinolytic Disorder Panel	F13A1, F13B, FGA, FGB, FGG, PLAU*, SERPINA1§, SERPINE1, SERPINF2
Fibrinogen Disorders Panel	FGA, FGB, FGG
Glanzmann Thrombasthenia Panel	ITGA2B, ITGB3
Hermansky-Pudlak Syndrome Panel	AP3B1, AP3D1, BLOC1S3, BLOC1S6 (HPS9), DTNBP1 (HPS7), HPS1, HPS3, HPS4, HPS5, HPS6
Hereditary Hemorrhagic Telangiectasia Panel	ACVRL1, ENG, EPHB4, GDF2, RASA1, SMAD4
Inherited Thrombocytopenia Panel	ABCG5, ABCG8, ACTB, ACTN1, ANKRD26, ARPC1B, CDC42, CYCS, DIAPH1, ETV6, FLI1, FLNA, FYB1(FYB), GATA1, GFI1B, GNE, GP1BA, GP1BB, GP9, HOXA11, ITGA2B, ITGB3, KDSR, MECOM, MPIG6B, MPL, MYH9, NBEAL2, PRKACG, RBM8A, RNU4ATAC, RUNX1, SLFN14, SRC, STIM1, STXBP2, THPO, TUBB1, VIPAS39, VPS33B, WAS, WIPF1
Platelet Function Disorder Panel	ANO6, AP3B1, AP3D1, ARPC1B, BLOC1S3, BLOC1S6(HPS9), DTNBP1(HPS7), FERMT3, FLI1, FLNA, FYB1(FYB), GATA1, GFI1B, GP1BA, GP1BB, GP6, GP9, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, KDSR, LYST, NBEA, NBEAL2, P2RY12, PLA2G4A, PLAU*, PRKACG, RASGRP2, RUNX1, SLFN14, SRC, STIM1, TBXA2R, TBXAS1, VIPAS39, VPS33B
Thrombosis Panel	ADAMTS13, F2**, F5***, FGA, FGB, FGG, HRG, KNG1, PLG, PROC, PROS1, SERPINC1, SERPIND1, THBD

\*PLAU available via aCGH only    \*\*Prothrombin gene c.\*97G>A variant only (legacy nomenclature G20210A)  
 \*\*\*Factor V Leiden variant only c.1601G>A, p.Arg534Gln (legacy nomenclature G1691A, p.R506Q)    § SERPINA1 is targeted for the Pittsburgh allele in exon 5 only