Hematology Genetics Test Requisition Form

Phone: 800-245-3117 x6250 | Fax 414-937-6206 | 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: ☐Male ☐Female ☐Intersex ☐Unknown Karyotype:

Patient-reported Ancestry (check all that apply): ☐Ashkenazi Jewish ☐Black/African American ☐Central Asian ☐East Asian ☐Hispanic/Latino ☐Middle Eastern ☐Native American ☐South Asian ☐White ☐Other:

Specimen Information

Specimen Type: ☐ACD Blood ☐Buccal Swabs ☐EDTA Blood ☐Bone Marrow ☐DNA ☐Sodium Heparin Blood ☐Other:

Fetal Specimen Type: ☐Amniotic Fluid ☐Cultured Amniocytes ☐CVS ☐Cultured CVS ☐DNA ☐Other:

Maternal Cell Contamination (MCC): ☐Maternal sample sent for MCC only ☐Maternal sample sent for MCC and testing

Patient History

Gender: ☐Man ☐Woman ☐Non-binary ☐Self-described:

Is patient currently pregnant? ☐Yes ☐No Due Date:

Has patient had an allogeneic stem cell transplant? ☐ Yes* ☐ No *If yes, send pre-transplant extracted sample

Has patient had a blood transfusion in the last 2 weeks? ☐Yes ☐No Date and type of transfusion:_____

Clinical Diagnosis:

Relevant clinical presentation and laboratory findings (attach case notes if available):

Family history of clinical diagnosis listed above? ☐No ☐Yes (describe or include pedigree):

Other contributory family history: ☐No ☐Yes (describe):

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 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 & 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.

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. 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 _____

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

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	**Versiti Use Only** ___ EDTA ___ACDA ___Amnio ___Buccal ___ CVS ___Heparin ___BM ___Other Opened By:_____ Evaluated By:_____

Order Form Continued on Page 2 (Required)

Rev. Date: 01-30-2023 CLIA #: 52D1009037 Medicare Provider #: 84481

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Patient Information	
Last Name:	First Initial:

Sample Requirements

Source	Specimen Type	Volume Required
Parental/Patient/Pediatric	Whole blood or bone marrow (EDTA preferred)	3-5 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	5-10 mg
	Cultured amniocytes or CVS	Two T25 flasks ($2x10^6$ minimum)

Single Genes and Panels *Select only ONE test methodology where multiple options are available*

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
☐ aHUS Genetic Evaluation NGS (all genes) + MPLA (select exons of *CFH, CFHR1, CFHR3, CFHR4, CFHR5*)	1200				
Autosomal Dominant Thrombocytopenia Panel	4865	☐	☐	☐	☐
Bernard-Soulier Syndrome Panel	4880	☐	☐	☐	☐
Coagulation Disorder Panel	4815	☐	☐	☐	☐
Comprehensive Bleeding Disorder Panel	4825	☐*	☐	☐	☐
Comprehensive Platelet Disorder Panel	4830	☐*	☐	☐	☐
Congenital Neutropenia Panel	4845	☐	☐	☐	☐
Fibrinolytic Disorder Panel	4860	☐*	☐	☐	☐
Fibrinogen Disorders Panel	4885	☐	☐	☐	☐
Glanzmann Thrombasthenia Panel	4870	☐	☐	☐	☐
Hermansky-Pudlak Syndrome Panel	4875	☐	☐	☐	☐
Inherited Thrombocytopenia Panel	4840	☐	☐	☐	☐
Platelet Function Disorder Panel	4835	☐*	☐	☐	☐
Thrombosis Panel	4820	☐	☐	☐	☐
Single Gene Analysis (See available genes on page 3)	4855	☐	☐	☐	☐
Custom Blood Disorder Panel (Two gene minimum, 10 gene maximum.)	4850	☐	☐	☐	☐

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

* Includes *PLAU* performed by aCGH

Specific Orders *Select only ONE test methodology where multiple options are available*

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

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

Gene: _____ Exon: _____ Variant: _____ 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.

Rev. Date: 01-30-2023 CLIA #: 52D1009037 Medicare Provider #: 84481

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Hematology Genetics Single Genes

For additional information about genetic panels and more, visit Versiti.org/HG

ABCG5	*BLOC1S6*	*F7*	*FLI1*	*GP1BB*	*ITGA2B*	*MPL*	*RAB27A*	*SERPINF2*	*THPO*
ABCG8	*CDC42*	*F8*	*FLNA*	*GP6*	*ITGB3*	*MYH9*	*RAC2*	*SLC37A4*	*TUBB1*
ACTB	*CSF3R*	*F9*	*FYB1(FYB)*	*GP9*	*JAGN1*	*NBEA*	*RASGRP2*	*SLFN14*	*USB1*
ACTN1	*CXCR4*	*F10*	*G6PC3*	*HAX1*	*KDSR*	*NBEAL*	*RBM8A*	*SRC*	*VIPAS39*
ADAMTS13	*CYCS*	*F11*	*GATA1*	*HOXA11*	*KNG1*	*P2RY12*	*RNU4ATAC*	*STIM1*	*VKORC1*
ANKRD26	*DIAPH1*	*F13A1*	*GATA2*	*HPS1*	*LAMTOR2*	*PLA2G4A*	*RUNX1*	*STXBP2*	*VPS13B*
ANO6	*DTNBP1*	*F13B*	*GFI1*	*HPS3*	*LMAN1*	*PLAU**	*SBDS*	*TAZ*	*VPS33B*
AP3B1	*ELANE*	*FERMT3*	*GFI1B*	*HPS4*	*LYST*	*PLG*	*SERPINA1§*	*TBXA2R*	*VPS45*
AP3D1	*ETV6*	*FGA*	*GGCX*	*HPS5*	*MCFD2*	*PRKACG*	*SERPINC1*	*TBXAS1*	*VWF*
ARPC1B	*F2*	*FGB*	*GNE*	*HPS6*	*MECOM*	*PROC*	*SERPIND1*	*TCIRG1*	*WAS*
BLOC1S3	*F5*	*FGG*	*GP1BA*	*HRG*	*MPIG6B*	*PROS1*	*SERPINE1*	*THBD*	*WIPF1*

aHUS/DDD Genetic Panel genes *C3, C4BPA, C4BPB, CFB, CFH, CFHR1, CFHR3, CFHR4, CFHR5, CFI, DGKE, LMNA, MCP* are NOT available for single gene analysis
**PLAU* available via aCGH only
§*SERPINA1* is targeted for the Pittsburgh allele in exon 5 only

Hematology Genetics Panel Information

Panel Name	Genes Tested
aHUS Genetic Evaluation	*ADAMTS13, C3, C4BPA, C4BPB, CFB, CFH, CFHR1, CFHR3, CFHR4, CFHR5, CFI, DGKE, LMNA, 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, VKORCI, VWF*
Comprehensive Bleeding Disorder Panel	*ANO6, AP3B1, AP3D1, ARPC1B, BLOC1S3, BLOC1S6(HPS9), DTNBP1(HPS7), F2, F5, F7, F8, F9, F10, F11, F13A1, F13B, FERMT3, FGA, FGB, FGG, FLI1, FLNA, FYB1(FYB), GATA1, GFI1B, GGCX, GP1BA, GP1BB, GP6, GP9, HPS1, HPS3, HPS4, HPS5, HPS6, ITGA2B, ITGB3, KDSR, LMAN1, LYST, MCFD2, NBEA, NBEAL2, P2RY12, PLA2G4A, PLAU*, PRKACG, RASGRP2, RUNX1, SERPINA1§, SERPINE1, SERPINF2, SLFN14, SRC, STIM1, TBXA2R, TBXAS1, VIPAS39, VKORCI, 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	*AP3B1, AP3D1, 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*
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*
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
**Prothombin 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

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