INVITAE

ORDER ONLINE at www.invitae.com/signin.

ORDER ID
For Invitae internal use only

Requisition Form

Dermatology, Hematology, and Ophthalmology
TRF908-9

PATIENT INFORMATION

First name	MI	Last name

Date of birth (MM/DD/YYYY)	Sex ◯ M ◯ F	MRN (medical record number)

Ancestry ◯ Asian ◯ Black/African American ◯ White/Caucasian ◯ Ashkenazi Jewish ◯ Hispanic ◯ Native American ◯ Pacific Islander ◯ Other:

Email address (for report access after release by medical professional)

Phone	Is this patient deceased? ◯ Yes ◯ No Deceased date:

Address	City

State	ZIP code	Country

SPECIMEN INFORMATION

Label each tube with the patient's full name, date of birth, and specimen collection date.
A requisition form MUST accompany each specimen. www.invitae.com/specimen-requirements

Specimen type : ◯ Blood ◯ Saliva ◯ Assisted saliva ◯ DNA - source:

DNA must be extracted in a CLIA or other suitably certified laboratory

We are unable to accept blood/saliva from patients with:

- *Allogeneic bone marrow transplants*
- *Blood transfusion <2 weeks prior to specimen collection*

Collection date (MM/DD/YYYY)	Special cases ◯ History of/current hematologic malignancy ◯ Resubmission

REASON FOR TESTING

Primary indication:

ICD-10 codes	**Previous results**

Testing for a personal history of disease? ◯ **Yes** ◯ **No** If yes, describe below.
Age at diagnosis: _____

ORGANIZATION INFORMATION

Organization name and address

Organization name

Phone	Fax

Address	City

State	ZIP code	Country

Primary clinical contact

Name	Role/title

Phone	NPI

Email address (for report access)

Ordering physician

◯ **Same as primary clinical contact**

Name	NPI

Email address (for report access)

Additional clinical or laboratory contact (optional)

Name	Email address (for report access)

Letter of Medical Necessity (LMN)

◯ I have attached an LMN and/or other documentation for insurance billing purposes.
◯ I agree to allow Invitae to transfer the information from this requisition to an LMN and/or other documentation using the ordering physician's name as the signature for insurance billing.

Family history? ◯ **Yes** ◯ **No** If yes, describe in detail below or attach pedigree. If there is a known familial variant, indicate here.

◯ INSURANCE BILLING (U.S. ONLY)

◯ **I have attached a copy of the patient's card**

Insurance company name	Member ID#

Patient relation to policy holder: ◯ Self ◯ Child ◯ Spouse ◯ Other

Policy holder name	Prior-authorization #

◯ PATIENT PAY BILLING

Invitae will send an electronic invoice to the patient email listed above

◯ INSTITUTIONAL BILLING

◯ **Send invoice to organization address above**

Billing contact name	Phone	Fax

Billing email address

Billing address	City

State	ZIP code	Country

◯ OTHER BILLING

Invitae partner code:

By signing this form, the medical professional 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 Invitae's Informed Consent for Genetic Testing (www.invitae.com/patient-consent), and has been informed that Invitae may notify them of clinical updates related to genetic test results (in consultation with the ordering medical professional as indicated). The Patient has further been informed and hereby authorizes Invitae Corporation ("Invitae") and its designees to release information concerning testing to their insurer in order to process and/or appeal claims on behalf of the Patient. For amounts received directly, the Patient agrees to remit payment to Invitae for testing services rendered. I acknowledge that I offered pre-test Genetic Counseling to the Patient, if required by their insurer. In addition to the above, I attest that I am the ordering physician, or I am authorized by the ordering physician to order this test, or I am authorized under applicable state law to order this test.

Medical professional signature	**Date**

HEADQUARTERS & LABORATORY | 1400 16th Street, San Francisco, CA 94103 | www.invitae.com | IN THE US | clientservices@invitae.com | p: 800-436-3037 | f: 415-276-4164
OUTSIDE THE US | globalsupport@invitae.com or visit www.invitae.com/contact |

ORDER INSTRUCTIONS

Select a pre-curated test, combine multiple tests, or customize your own test for each patient. Invitae's pricing is per clinical area for initial order and re-requisition. All tests on this form are organized by clinical area. If your order contains tests from multiple clinical areas, you will need to send in two sample tubes and your order will represent two billable events. Your test results will be delivered as two reports. Please contact Client Services with any questions. For Invitae full test menu, please visit www.invitae.com.

RE-REQUISITION

Invitae offers one re-requisition at no additional charge within 90 days for genes within the original clinical area. For more information and to request online, please visit www.invitae.com/re-requisition.

FAMILY VARIANT TESTING

Invitae offers Family Variant Testing at no additional charge within 90 days for the genes in which the original family member's variant was identified. In such cases, please use the Family Variant Testing/VUS Resolution requisition form (TRF920), available at www.invitae.com/forms.

To request a complimentary specimen collection kit visit www.invitae.com/request-a-kit

SHIPPING INSTRUCTIONS

Please ship specimen overnight in insulated containers:

Attn: Invitae Client Services
1400 16th Street
San Francisco, CA 94103
USA

PRELIMINARY-EVIDENCE GENES

Invitae's primary panels contain genes for which there is definitive evidence that variants in these genes cause specific diseases. Preliminary-evidence genes are genes for which there is only early evidence of a relationship between variants in these genes and specific diseases. All preliminary-evidence genes are indicated as such on the requisition form below.

ASSAY

Invitae is a CAP-accredited and CLIA-certified clinical diagnostic laboratory performing full-gene sequencing and deletion/duplication analysis using next-generation sequencing technology (NGS). Search for details on the analysis of any gene in our test catalog at www.invitae.com/physician/search.

Invitae continually updates its panels based on the most recent evidence. Please note that if an order is placed using an older version of this form, Invitae reserves the right to upgrade any ordered panel(s) to the current version(s). To avoid confusion, please consider placing your order using our online test catalog.

DERMATOLOGY

CLINICAL AREA: HEREDITARY CANCER

Test code	Test name	# gene(s)	Gene list
Dermatology-Related Cancer Syndromes			
○ 01722	Invitae Basal Cell Nevus Syndrome Panel	2	PTCH1, SUFU
	○ 01722.1 Add-on preliminary-evidence gene	1	PTCH2
○ 01720	Invitae Birt-Hogg-Dubé Syndrome Test	1	FLCN
○ 01702	Invitae Lynch Syndrome Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
○ 01561	Invitae Melanoma Panel	9	BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53
	○ 01561.1 Add-on preliminary-evidence genes	3	BRCA1, MC1R, TERT
○ 01713	Invitae Melanoma-Pancreatic Cancer Syndrome Panel	2	CDK4, CDKN2A
○ 04167	Invitae Neurofibromatosis Type 2 Test	1	NF2
	○ 04167.1 Add-on schwannomatosis gene	1	SMARCB1
○ 04168	Invitae Schwannomatosis Test	1	SMARCB1
	○ 04168.1 Add-on neurofibromatosis type 2 gene	1	NF2
○ 01721	Invitae Tuberous Sclerosis Complex Panel	2	TSC1, TSC2

DERMATOLOGY-RELATED CANCER SYNDROMES INDIVIDUAL GENES

○ BAP1	○ CDKN2A	○ MC1R	○ MSH2	○ PMS2	○ PTCH2	○ SMARCB1	○ TP53
○ BRCA1	○ EPCAM	○ MITF	○ MSH6	○ POT1	○ PTEN	○ SUFU	○ TSC1
○ BRCA2	○ FLCN	○ MLH1	○ NF2	○ PTCH1	○ RB1	○ TERT	○ TSC2
○ CDK4							

DERMATOLOGY

CLINICAL AREA: PEDIATRIC AND RARE DISEASE

Test code	Test name	# gene(s)	Gene list
Skin Disorders			
○ 04163	Invitae Cardio-Facio-Cutaneous Syndrome Panel	6	BRAF, KRAS, MAP2K1, MAP2K2, SHOC2, SOS1
○ 05021	Invitae Ectodermal Dysplasia with or without Tooth Agenesis Panel	8	EDA, EDAR, EDARADD, LTBP3, MSX1, NFKBIA, PAX9, WNT10A
	○ 05021.1 Add-on Clouston syndrome and TP63-related disorder genes	2	GJB6, TP63
○ 04165	Invitae Legius Syndrome Test	1	SPRED1
	○ 04165.1 Add-on neurofibromatosis type 1 gene	1	NF1
○ 04162	Invitae Noonan Syndrome with Multiple Lentigines Panel	3	BRAF, PTPN11, RAF1
○ 01704	Invitae PTEN-Related Disorders Test	1	PTEN
○ 05022	Invitae TP63-Related Disorders Test	1	TP63
○ 04735	Invitae van der Woude Syndrome Panel	2	GRHL3, IRF6

SKIN DISORDERS INDIVIDUAL GENES

○ BRAF	○ EDARADD	○ IRF6	○ MAP2K1	○ NF1	○ PTEN	○ SHOC2	○ TP63
○ EDA	○ GJB6	○ KRAS	○ MAP2K2	○ NFKBIA	○ PTPN11	○ SOS1	○ WNT10A
○ EDAR	○ GRHL3	○ LTBP3	○ MSX1	○ PAX9	○ RAF1	○ SPRED1	

HEMATOLOGY

CLINICAL AREA: HEREDITARY CANCER

Test code	Test name	# gene(s)	Gene list
Bone Marrow Failure Syndromes			
○ 05301	Invitae Bone Marrow Failure Syndromes Panel	39	BRCA2, BRIP1, CTC1, DKC1, ELANE, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL26, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, RUNX1, SLX4, TERC, TERT, TINF2, WAS, XRCC2
○ 05312	Invitae Congenital Amegakaryocytic Thrombocytopenia Test	1	MPL
○ 05313	Invitae Diamond-Blackfan Anemia Panel	10	GATA1, RPL11, RPL26, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7
○ 05314	Invitae Dyskeratosis Congenita Panel	7	CTC1, DKC1, NHP2, NOP10, TERC, TERT, TINF2
○ 05315	Invitae ELANE-Related Neutropenia Test	1	ELANE
○ 05311	Invitae Fanconi Anemia Panel	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
○ 05316	Invitae GATA1-Related X-Linked Cytopenia Test	1	GATA1
○ 05317	Invitae GATA2 Deficiency Test	1	GATA2
○ 05318	Invitae WAS-Related Disorders Test	1	WAS

BONE MARROW FAILURE SYNDROMES INDIVIDUAL GENES

○ BRCA2	○ ERCC4	○ FANCE	○ FANCM	○ NOP10	○ RPL35A	○ RPS26	○ TERT
○ BRIP1	○ FANCA	○ FANCF	○ GATA1	○ PALB2	○ RPL5	○ RPS7	○ TINF2
○ CTC1	○ FANCB	○ FANCG	○ GATA2	○ RAD51C	○ RPS10	○ RUNX1	○ WAS
○ DKC1	○ FANCC	○ FANCI	○ MPL	○ RPL11	○ RPS19	○ SLX4	○ XRCC2
○ ELANE	○ FANCD2	○ FANCL	○ NHP2	○ RPL26	○ RPS24	○ TERC	

CLINICAL AREA: NON-MALIGNANT HEMATOLOGY

Test code	Test name	# gene(s)	Gene list
Hereditary Hemochromatosis			
○ 05201	Invitae Hereditary Hemochromatosis Panel	5	HAMP, HFE, HFE2, SLC40A1, TFR2
Hereditary Thrombophilia			
○ 05251	Invitae Hereditary Thrombophilia Panel	5	F2, F5, PROC, PROS1, SERPINC1
○ 05251.1	Add-on F9 gene	1	F9
○ 05251.2	Add-on MPL gene	1	MPL
○ 05261	Invitae Antithrombin III Deficiency Test	1	SERPINC1
○ 05262	Invitae Protein C Deficiency Test	1	PROC
○ 05263	Invitae Protein S Deficiency Test	1	PROS1

NON-MALIGNANT HEMATOLOGY INDIVIDUAL GENES

○ F2	○ F9	○ HFE	○ ITGA2B	○ MPL	○ PROC	○ SERPINC1	○ TFR2
○ F5	○ HAMP	○ HFE2	○ ITGB3	○ MTHFR	○ PROS1	○ SLC40A1	

OPHTHALMOLOGY

CLINICAL AREA: PEDIATRIC AND RARE DISEASE

Test code	Test name	# gene(s)	Gene list
Eye Disorders			
○ 04722	Invitae Aniridia Test	1	PAX6
○ 04723	Invitae Axenfeld-Rieger Panel	2	FOXC1, PITX2
○ 04723.1	Add-on aniridia gene	1	PAX6
○ 04112	Invitae Bardet-Biedl Syndrome Panel	16	ARL6, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BBS9, CEP290, MKKS, MKS1, SDCCAG8, TRIM32, TTC8, WDPCP
○ 04211	Invitae CHARGE Syndrome Test	1	CHD7
○ 05131	Invitae Choroideremia Test	1	CHM
○ 05132	Invitae Congenital Cataracts Panel	32	AGK, BCOR, BFSP1, BFSP2, CRYAA, CRYAB, CRYBA1, CRYBB1, CRYBB2, CRYBB3, CRYGC, CRYGD, CRYGS, CTDP1, EPHA2, FAM126A, FOXC1, FYCO1, GALK1, GCNT2, GJA3, GJA8, HSF4, MAF, MIP, NHS, OCRL, PAX6, PITX2, PITX3, SIL1, VSX2
○ 05132.1	Add-on preliminary-evidence genes	6	CHMP4B, CRYBA4, CRYGB, LIM2, TDRD7, VIM
○ 04728	Invitae Duane-Radial Ray Syndrome Test	1	SALL4
○ 05133	Invitae Early-Onset Glaucoma Panel	3	CYP1B1, FOXC1, PITX2
○ 05143	Invitae Leber Congenital Amaurosis Panel	19	AIPL1, CEP290, CRB1, CRX, GDF6, GUCY2D, IQCB1, KCNJ13, LCA5, LRAT, NMNAT1, OTX2, PRPH2, RD3, RDH12, RPE65, RPGRIP1, SPATA7, TULP1
○ 05143.1	Add-on preliminary-evidence genes	2	BBS4, IMPDH1
○ 05142	Invitae Microphthalmia/Anophthalmia Disorders Panel	15	ALDH1A3, BCOR, BMP4, FOXE3, GDF6, MFRP, OTX2, PAX2, PRSS56, PXDN, RAX, SHH, SOX2, STRA6, VSX2
○ 05142.1	Add-on preliminary-evidence genes	5	GDF3, HESX1, MAB21L2, RARB, VAX1
○ 04213	Invitae Oculo-Facio-Cardio-Dental Syndrome Test	1	BCOR
○ 01738	Invitae Retinoblastoma Test	1	RB1
○ 04114	Invitae Senior-Loken Syndrome Panel	8	CEP290, INVS, IQCB1, NPHP1, NPHP3, NPHP4, SDCCAG8, WDR19

OPHTHALMOLOGY INDIVIDUAL GENES

○ AGK	○ BFSP2	○ CRYAB	○ FAM126A	○ IMPDH1	○ MKS1	○ PRPH2	○ SIL1
○ AIPL1	○ BMP4	○ CRYBA1	○ FOXC1	○ INVS	○ NHS	○ PRSS56	○ SOX2
○ ALDH1A3	○ CEP290	○ CRYBA4	○ FOXE3	○ IQCB1	○ NMNAT1	○ PXDN	○ SPATA7
○ ARL6	○ CHD7	○ CRYBB1	○ FYCO1	○ KCNJ13	○ NPHP1	○ RARB	○ STRA6
○ BBS1	○ CHM	○ CRYBB2	○ GALK1	○ LCA5	○ NPHP3	○ RAX	○ TDRD7
○ BBS10	○ CHMP4B	○ CRYBB3	○ GCNT2	○ LIM2	○ NPHP4	○ RB1	○ TRIM32
○ BBS12	○ CLN2 (TPP1)	○ CRYGB	○ GDF3	○ LRAT	○ OCRL	○ RD3	○ TTC8
○ BBS2	○ CLN3	○ CRYGC	○ GDF6	○ MAB21L2	○ OTX2	○ RDH12	○ TULP1
○ BBS4	○ CLN5	○ CRYGD	○ GJA3	○ MAF	○ PAX2	○ RPE65	○ VAX1
○ BBS5	○ CLN6	○ CRYGS	○ GJA8	○ MFRP	○ PAX6	○ RPGRIP1	○ VIM
○ BBS7	○ CLN8	○ CTDP1	○ GUCY2D	○ MFSD8	○ PITX2	○ SALL4	○ VSX2
○ BBS9	○ CRB1	○ CTSD	○ HESX1	○ MIP	○ PITX3	○ SDCCAG8	○ WDPCP
○ BCOR	○ CRX	○ CYP1B1	○ HSF4	○ MKKS	○ PPT1	○ SHH	○ WDR19
○ BFSP1	○ CRYAA	○ EPHA2					

