INVITAE

ORDER ID
For Invitae internal use only

Requisition Form
BEHIND THE SEIZURE TRF914-12

This requisition form can be used to submit a specimen for the Behind The Seizure® program, a complimentary Invitae Epilepsy Panel U.S. testing program brought to you by BioMarin Pharmaceutical Inc., Stoke Therapeutics, Xenon Pharmaceuticals, and Invitae Corporation. Please confirm that the patient meets the eligibility requirements for the program. To submit orders for genetic testing outside of this program, please order through Invitae's online portal or use a standard requisition form, accessible at www.invitae.com/order-forms.

PROGRAM ELIGIBILITY:

Any child up to 60 months old who has had an unprovoked seizure.

PATIENT INFORMATION

First name | MI | Last name

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

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

Phone | Email address

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) *If not provided, date will be 1 day prior to our receipt of specimen. For DNA, provide date retrieved from archive.*

Special cases : ◯ History of/current hematologic malignancy

REASON FOR TESTING

Previous results *(if applicable and not included in clinical criteria below)*

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)

INVITAE PARTNER CODE Behind the Seizure

FAMILY VARIANT TESTING

Invitae's family variant testing programs involves full analysis of the gene in which the original family member's variant was identified. For more information, visit www.invitae.com/family-testing.

Please attach the proband's clinical report or provide Invitae RQ#

INVITAE PROBAND RQ#	RELATIONSHIP TO PROBAND	GENE(S)	VARIANT(S)

BEHIND THE SEIZURE PROGRAM ELIGIBILITY/ CLINICAL INFORMATION

Required patient information:

Eligibility information (required).

Current age of child (in months): _____ months
(For eligibility the patient must be <60 months old)

Age of child (in months) at onset of unprovoked seizures: _____ months

Required medical history:

Generalized seizures (check all that apply)	Y	N	Unknown
Febrile seizures	☐	☐	☐
Generalized seizures	☐	☐	☐
Focal seizures	☐	☐	☐
Other	☐	☐	☐
Family history of epilepsy	☐	☐	☐
Developmental delays	☐	☐	☐
Language development delay	☐	☐	☐
Motor difficulty	☐	☐	☐
Developmental delay preceded seizure onset	☐	☐	☐
Other:			

Previous test results if available (please append any relevant results at the end of this form)	Y	N	Unknown
Genetic (single gene, panel, exome, or CMA)	☐	☐	☐
Biochemical (including metabolic)	☐	☐	☐
Abnormal EEG	☐	☐	☐
Abnormal MRI	☐	☐	☐
Previous CLN2 (TPP1) enzyme testing	☐	☐	☐

Suspicion of genetic basis of epilepsy

Clinical diagnosis or suspicion of a specific syndrome or disorder. Please specify:

Y = test performed and/or medical history taken AND material finding reported; N = test performed and/or medical history taken AND no material finding; Unknown = not in medical record and/or test not performed

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

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.

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

SHIPPING INSTRUCTIONS
Please ship specimen to Invitae

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

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).

TESTS INCLUDED IN THE PROGRAM

INVITAE EPILEPSY PANEL

Test code	Test name		# of genes	Gene list
◉ 03401	Invitae Epilepsy Panel		146	ADSL, ALDH5A1, ALDH7A1, ALG13, ARHGEF9, ARX, ATP1A2, ATP1A3, ATRX, BRAT1, C12orf57, CACNA1A, CACNA2D2, CARS2, CASK, CDKL5, CHD2, CHRNA2, CHRNA4, CHRNB2, CLCN4, CLN2 (TPP1), CLN3, CLN5, CLN6, CLN8, CNTNAP2, CSTB, CTSD, DEPDC5, DNAJC5, DNM1, DOCK7, DYRK1A, EEF1A2, EFHC1, EHMT1, EPM2A, FARS2, FOLR1, FOXG1, FRRS1L, GABBR2, GABRA1, GABRB2, GABRB3, GABRG2, GAMT, GATM, GLRA1, GNAO1, GOSR2, GRIN1, GRIN2A, GRIN2B, HCN1, HNRNPU, IER3IP1, IQSEC2, ITPA, JMJD1C, KANSL1, KCNA2, KCNB1, KCNC1, KCNH2, KCNJ10, KCNMA1, KCNQ2, KCNQ3, KCNT1, KCTD7, LGI1, LIAS, MBD5, MECP2, MEF2C, MFSD8, MTOR, NEDD4L, NEXMIF, NGLY1, NHLRC1, NPRL3, NRXN1, PACS1, PCDH19, PIGA, PIGN, PIGO, PLCB1, PNKD, PNKP, PNPO, POLG, PPT1, PRICKLE1, PRIMA1, PRRT2, PURA, QARS, RELN, ROGDI, SATB2, SCARB2, SCN1A, SCN1B, SCN2A, SCN3A, SCN8A, SCN9A, SERPINI1, SGCE, SIK1, SLC12A5, SLC13A5, SLC19A3, SLC25A12, SLC25A22, SLC2A1, SLC35A2, SLC6A1, SLC6A8, SLC9A6, SMC1A, SNX27, SPATA5, SPTAN1, ST3GAL5, STRADA, STX1B, STXBP1, SYN1, SYNGAP1, SYNJ1, SZT2, TBC1D24,TCF4, TPK1, TSC1, TSC2, UBE3A, WDR45, WWOX, ZDHHC9, ZEB2
	○ 03401.1 *Fill in the circle to add these genes to your order*	Add-on preliminary-evidence genes	35	ABAT, ARHGEF15, ATP6AP2, CACNA1H, CACNB4, CASR, CERS1, CNTN2, CPA6, DIAPH1, FASN, GABRD, GAL, GPHN, KCNA1, KCND2, KCNH5, KPNA7, LMNB2, NECAP1, PIGG, PIGQ, PIK3AP1, PRDM8, PRICKLE2, RBFOX1, RBFOX3, RYR3, SCN5A, SETD2, SLC35A3, SNAP25, SRPX2, ST3GAL3, TBL1XR1
	○ 03401.2	Add-on genes for glycine encephalopathy	3	AMT, GCSH, GLDC
	○ 03401.3	Add-on FLNA gene	1	FLNA
	○ 03401.4	Add-on PTEN gene	1	PTEN
	○ 03401.5	Add-on RANBP2 gene	1	RANBP2

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 in connection with the Behind the Seizure program, 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 medical professional warrants that he/she will not seek reimbursement for this no-cost test from any third party, including but not limited to federal healthcare programs. The medical professional also hereby acknowledges that organization and clinician contact information provided in the order may be shared with third parties, including BioMarin Pharmaceutical Inc., Stoke Therapeutics, and Xenon Pharmaceuticals, that may contact the medical professional directly in connection with the Behind the Seizure program, and that they have made the Patient aware that third parties, including BioMarin Pharmaceutical Inc., Stoke Therapeutics, and Xenon Pharmaceuticals, may contact their medical professional regarding de-identified information gathered through the program. 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 (required)	Date