INVITAE

INVITAE CONFIRMATION CODE Place sticker with IB code here	ORDER ID For Invitae internal use only	**Requisition Form** **BEHIND THE SEIZURE TRF914-5**

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. 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:

- Child age at test order: ≥24 months to <60 months
- Unprovoked seizure onset at ≥24 months

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:		
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:

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

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

PRACTICE INFORMATION

Practice name and address

Institution/practice 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 STUDY CODE Behind the Seizure

BEHIND THE SEIZURE PROGRAM ELIGIBILITY/CLINICAL INFORMATION

Required patient information:

Eligibility information:

Current age of child (in months): _____ months
(For eligibility the patient must be ≥24 months and <60 months old; age must be reported in months)

Age of child (in months) at onset of unprovoked seizures: _____ months
(For eligibility patient's unprovoked seizure onset must be ≥24 months)

Suspicion of genetic basis epilepsy
(check any and all that apply; checks are not required for eligibility):

- ☐ General suspicion, non-specific
- ☐ Metabolic disorder
- ☐ Mitochondrial disorder
- ☐ Neuronal ceroid lipofuscinosis (NCL), sub-type unclear
- ☐ CLN2 disease
- ☐ Specific genetic disorder/disease: _____
- ☐ Specific epilepsy syndrome: _____
- ☐ Unknown

Medical History *(not required for eligibility)*:

Language delay present ▪ first two word sentence later than 24 months (or never) ▪ first whole sentences later than 36 months (or never)	☐Y ☐N ☐Unknown ☐Y ☐N ☐Unknown
Motor difficulty present. One or more of: ataxic gait, clumsiness/tripping or frequent falls	☐Y ☐N ☐Unknown
Abnormal EEG: Positive PPR with low frequency (1–2 Hz)	☐Y ☐N ☐Unknown
Abnormal MRI: cerebellar atrophy, periventricular white matter hyperintensities	☐Y ☐N ☐Unknown
Language development delay preceded child's seizure onset	☐Y ☐N ☐Unknown
Developmental delay preceded child's seizure onset	☐Y ☐N ☐Unknown
Family history of epilepsy	☐Y ☐N ☐Unknown
Sibling with CLN2 disease diagnosis If known, familial variant _____*(please send copy of results)*	☐Y ☐N ☐Unknown
Previous TPP1 enzyme testing performed *(please send copy of results)*	☐Y ☐N ☐Unknown
Other relevant previous results *(please send copy of results)*	☐Y ☐N ☐Unknown

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 overnight in insulated containers:

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		125	ADSL, ALDH5A1, ALDH7A1, ALG13, ARHGEF9, ARX, ATP1A2, ATP1A3, ATRX, BRAT1, C12orf57, CACNA2D2, CASK, CDKL5, CHD2, CHRNA2, CHRNA4, CHRNB2, CLN2 (TPP1), CLN3, CLN5, CLN6, CLN8, CNTNAP2, CSTB, CTSD, DEPDC5, DNAJC5, DNM1, DYRK1A, EEF1A2, EFHC1, EHMT1, EPM2A, FOLR1, FOXG1, FRRS1L, GABRA1, GABRB3, GABRG2, GAMT, GATM, GLRA1, GNAO1, GOSR2, GRIN1, GRIN2A, GRIN2B, HCN1, HNRNPU, IER3IP1, IQSEC2, ITPA, KANSL1, KCNA2, KCNB1, KCNC1, KCNH2, KCNJ10, KCNQ2, KCNQ3, KCNT1, KCTD7, KIAA2022, LGI1, LIAS, MBD5, MECP2, MEF2C, MFSD8, NGLY1, NHLRC1, NRXN1, PACS1, PCDH19, PIGA, PIGN, PIGO, PLCB1, PNKD, PNKP, PNPO, POLG, PPT1, PRICKLE1, PRRT2, PURA, QARS, ROGDI, SATB2, SCARB2, SCN1A, SCN1B, SCN2A, SCN3A, SCN8A, SCN9A, SERPINI1, SGCE, SLC13A5, SLC19A3, SLC25A22, SLC2A1, SLC35A2, SLC6A1, SLC6A8, SLC9A6, SMC1A, SNX27, SPATA5, SPTAN1, STX1B, STXBP1, SYN1, SYNJ1, SYNGAP1, SZT2, TBC1D24, TCF4, TSC1, TSC2, UBE3A, WWOX, ZDHHC9, ZEB2
	○ 03401.1 *Fill in the circle to add these genes to your order*	Add-on preliminary-evidence genes	58	ABAT, ARHGEF15, ATP6AP2, CACNA1A, CACNA1H, CACNB4, CARS2, CASR, CBL, CERS1, CLCN4, CNTN2, COQ4, CPA6, DIAPH1, DOCK7, FARS2, FASN, GABBR2, GABRB2, GABRD, GAL, GPHN, JMJD1C, KCNA1, KCND2, KCNH5, KCNMA1, KPNA7, LMNB2, MTOR, NECAP1, NEDD4L, NPRL3, PIGG, PIGQ, PIK3AP1, PRDM8, PRICKLE2, PRIMA1, RBFOX1, RBFOX3, RELN, RYR3, SCN5A, SETD2, SIK1, SLC12A5, SLC25A12, SLC35A3, SNAP25, SRPX2, ST3GAL3, ST3GAL5, STRADA, TBL1XR1, TPK1, WDR45
	○ 03401.2	Add-on genes for glycine encephalopathy	3	AMT, GCSH, GLDC
	○ 03401.3	Add-on FLNA gene	1	FLNA
	○ 03401.7	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 practice information set forth above may be shared with third parties, including BioMarin Pharmaceutical Inc., 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. 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	Date

