

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 <input type="radio"/> M <input type="radio"/> F	MRN (medical record number)
Ancestry <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Ashkenazi Jewish <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Pacific Islander <input type="radio"/> French Canadian <input type="radio"/> Sephardic Jewish <input type="radio"/> Mediterranean <input type="radio"/> 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 : <input type="radio"/> Blood <input type="radio"/> Saliva <input type="radio"/> Assisted saliva <input type="radio"/> DNA - source: <i>DNA must be extracted in a CLIA or other suitably certified laboratory</i> <i>We are unable to accept blood/saliva from patients with:</i> <ul style="list-style-type: none"> • 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 : <input type="radio"/> History of/current hematologic malignancy <input type="radio"/> Resubmission		
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	
<input type="radio"/> 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
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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):

- | | |
|---|---|
| <input type="checkbox"/> General suspicion, non-specific | <input type="checkbox"/> Specific genetic disorder/disease: _____ |
| <input type="checkbox"/> Metabolic disorder | |
| <input type="checkbox"/> Mitochondrial disorder | <input type="checkbox"/> Specific epilepsy syndrome: _____ |
| <input type="checkbox"/> Neuronal ceroid lipofuscinosis (NCL), sub-type unclear | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> CLN2 disease | |

Medical History:

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

FAMILY VARIANT TESTING

Behind the Seizure offers no-charge Family Variant Testing in CLN2 (TPP1) for siblings of patients tested within 90 days. In such cases, please use the Family Variant Testing requisition form (TRF927), available at www.invitae.com/behindtheseizure-family.

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).

TESTS INCLUDED IN THE PROGRAM

INVITAE EPILEPSY PANEL			
Test code	Test name	# of genes	Gene list
<input checked="" type="radio"/> 03401	Invitae Epilepsy Panel	133	ADSL, ALDH5A1, ALDH7A1, ALG13, ARHGEF9, ARX, ATP1A2, ATP1A3, ATRX, BRAT1, C12orf57, CACNA1A, CACNA2D2, CASK, CDKL5, CHD2, CHRNA2, CHRNA4, CHRN2, CLCN4, CLN2 (TPP1), CLN3, CLN5, CLN6, CLN8, CNTNAP2, CSTB, CTSD, DEPDC5, DNAJC5, DNM1, DOCK7, 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, MFSO8, MTOR, NEDD4L, 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, SLC12A5, SLC13A5, SLC19A3, SLC25A22, SLC2A1, SLC35A2, SLC6A1, SLC6A8, SLC9A6, SMC1A, SNX27, SPATA5, SPTAN1, ST3GAL5, STRADA, STX1B, STXBP1, SYN1, SYNJ1, SYNGAP1, SZT2, TBC1D24, TCF4, TSC1, TSC2, UBE3A, WWOX, ZDHHC9, ZEB2
<input type="radio"/> 03401.1	Add-on preliminary-evidence genes <i>Fill in the circle to add these genes to your order</i>	50	ABAT, ARHGEF15, ATP6AP2, CACNA1H, CACNB4, CARS2, CASR, CBL, CERS1, CNTN2, COQ4, CPA6, DIAPH1, FARS2, FASN, GABBR2, GABRB2, GABRD, GAL, GPHN, JMJD1C, KCNA1, KCND2, KCNH5, KCNMA1, KPNA7, LMNB2, NECAP1, NPRL3, PIGG, PIGQ, PIK3AP1, PRDM8, PRICKLE2, PRIMA1, RBFOX1, RBFOX3, RELN, RYR3, SCN5A, SETD2, SIK1, SLC25A12, SLC35A3, SNAP25, SRPX2, ST3GAL3, TBL1XR1, TPK1, WDR45
<input type="radio"/> 03401.2	Add-on genes for glycine encephalopathy	3	AMT, GCSH, GLDC
<input type="radio"/> 03401.3	Add-on FLNA gene	1	FLNA
<input type="radio"/> 03401.7	Add-on PTEN gene	1	PTEN
<input type="radio"/> 03401.5	Add-on RANBP2 gene	1	RANBP2

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

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., 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