INVITAE

BEHIND the SEIZURE®

ORDER ID
For Invitae internal use only

Requisition Form

BEHIND THE SEIZURE TRF914-TEMP-13

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. 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.

REQUIRED PROGRAM ELIGIBILITY

(Please check both boxes and enter patient age in months)

☐ Patient is currently under 8 years of age **AND** ☐ Patient has had an unprovoked seizure

Required: Age of child **(in months)** at onset of unprovoked seizures: _____months

PATIENT INFORMATION

First name	MI	Last name

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

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 - enclose copy of report)*

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)

Medical history:

Seizure types	Y	N	UNKNOWN
Generalized onset motor seizures	☐	☐	☐
Generalized onset nonmotor (absence) seizures	☐	☐	☐
Focal seizures	☐	☐	☐
Febrile seizures	☐	☐	☐
Infantile spasms	☐	☐	☐
Other	☐	☐	☐
Family history of epilepsy (please provide details below)	☐	☐	☐

Development	Y	N	UNKNOWN
Intellectual disability	☐	☐	☐
Motor developmental delay	☐	☐	☐
Language developmental delay	☐	☐	☐
Limited or absent speech	☐	☐	☐
Autism spectrum disorder	☐	☐	☐
Developmental delay preceded seizure onset	☐	☐	☐
Developmental regression	☐	☐	☐

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

Medical history (continued):

Tone and movement	Y	N	UNKNOWN
Hypotonia	☐	☐	☐
Hypertonia	☐	☐	☐
Ataxia	☐	☐	☐
Dyskinesia	☐	☐	☐
Dystonia	☐	☐	☐
Spasticity	☐	☐	☐
Tremor	☐	☐	☐
Other movement disorder	☐	☐	☐
Other clinical features			
Microcephaly	☐	☐	☐
Macrocephaly	☐	☐	☐
Dysmorphic facial features	☐	☐	☐
Blindness or visual impairment	☐	☐	☐
Abnormal eye movements	☐	☐	☐

Previous test results (please append any relevant results)	Y	N	UNKNOWN
Abnormal EEG	☐	☐	☐
Abnormal MRI	☐	☐	☐
Genetic (single gene, panel, exome, or CMA)	☐	☐	☐
Biochemical (including metabolic)	☐	☐	☐
Previous CLN2 (TPP1) enzyme testing	☐	☐	☐

Seizure and treatment history	0	1-3	4-6	7-10	>10	UNKNOWN
Number of prolonged seizures (>5 min) in last 6 months	☐	☐	☐	☐	☐	☐
Number of convulsive seizures in last month	☐	☐	☐	☐	☐	☐
Current number of anti-epilepsy drugs	☐	☐	☐	☐	☐	☐
Total number of anti-epilepsy drugs discontinued	☐	☐	☐	☐	☐	☐

ADDITIONAL CLINICAL INFORMATION

(Optional but useful for variant interpretation)

Does this patient have a clinical or suspected diagnosis of a specific syndrome or disorder? If so, please provide diagnosis.

☐ Clinical Diagnosis ☐ Suspected Diagnosis

Please provide information about any relevant clinical findings not addressed in the checklist above.

If there is a family history of epilepsy, please specify who is affected and their symptoms/diagnosis.

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

TEST OPTIONS

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

Test code	Test name		# of gene(s)	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, 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, 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