

This requisition form can be used to submit a specimen for the Uncovering Periodic Paralysis program, a complimentary Invitae Periodic Paralysis Panel U.S. testing program brought to you by Strongbridge Biopharma™ 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.

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

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	
<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)

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>We are unable to accept blood/saliva from patients with:</i> • Allogeneic bone marrow transplants • Blood transfusion <2 weeks prior to specimen collection	
Collection date (MM/DD/YYYY)	<i>If not provided, date will be 1 day prior to our receipt of specimen. For DNA, provide date retrieved from archive.</i>
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)	

INVITAE PARTNER CODE	UPP
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UNCOVERING PERIODIC PARALYSIS PROGRAM ELIGIBILITY/CLINICAL INFORMATION

Required patient information:	
Eligibility information:	
Episodic muscle weakness/paralysis attacks or episodic pain after attacks (more than one occurrence)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episodes are provoked by at least one of the common triggers for hyperkalemic or hypokalemic primary periodic paralysis (see www.invitae.com/UncoveringPeriodicParalysis for more information)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical History:	
Age of onset for signs/symptoms:	_____
Family history of periodic paralysis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient previously been diagnosed with periodic paralysis through another diagnostic test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," through which diagnostic test?	_____
<input type="checkbox"/> Nerve conduction/electromyogram (EMG)	
<input type="checkbox"/> Electrocardiogram (EKG)	
<input type="checkbox"/> Documented serum potassium (K+) changes during an attack	
<input type="checkbox"/> Long exercise test (CMAP)	
<input type="checkbox"/> Response to medication trial	
<input type="checkbox"/> Other, please specify:	_____

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 Uncovering Periodic Paralysis 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 Strongbridge Biopharma, that may contact the medical professional directly in connection with the Uncovering Periodic Paralysis program, and that they have made the Patient aware that third parties including Strongbridge Biopharma 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
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RE-REQUISITION

The Uncovering Periodic Paralysis Program offers one re-requisition to the Invitae Comprehensive Neuromuscular Disorders Panel at no additional cost within 90 days. For more information and to request online, please visit www.invitae.com/re-requisition.



If you would like to automatically reflex to the Invitae Comprehensive Neuromuscular Disorders Panel upon a negative result in the Invitae Periodic Paralysis Panel, please check here.

FAMILY VARIANT TESTING

The Uncovering Periodic Paralysis Program offers Family Variant Testing at no additional cost within 90 days for the genes in which the original family member's variant was identified. In such cases, please use the Uncovering Periodic Paralysis Family Variant Testing requisition form (TRF925), available at www.invitae.com/uncoveringperiodicparalysis-family.

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 PERIODIC PARALYSIS PANEL

Test code	Test name	# of genes	Gene list
03373	Invitae Periodic Paralysis Panel	4	CACNA1S, KCNJ2, RYR1, SCN4A

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