

This form is required to complete an online submission for the Behind The Seizure® program, a complimentary Invitae Epilepsy Panel Canada 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](http://www.invitae.com/order-forms).

### PROGRAM ELIGIBILITY:

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

Patient name	Date of birth (MM/DD/YYYY)
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### BEHIND THE SEIZURE PROGRAM ELIGIBILITY/CLINICAL INFORMATION

<p><b>Required patient information:</b></p> <p><b>Eligibility information (required).</b>          Current age of child (in months): _____ months  <i>(For eligibility the patient must be &lt;60 months old)</i></p> <p>Age of child (in months) at onset of unprovoked seizures: _____ months</p> <p><b>Required medical history:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Generalized seizures (check all that apply)</th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">Unknown</th> </tr> </thead> <tbody> <tr> <td>Febrile seizures</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Generalized seizures</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Focal seizures</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>Family history of epilepsy</b> <span style="float: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </span></p>	Generalized seizures (check all that apply)	Y	N	Unknown	Febrile seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generalized seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Focal seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Required medical history:</b></p> <table style="width: 100%; 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Please specify:</p> <hr/> <hr/>	Developmental delays	Y	N	Unknown	Language development delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental delay preceded seizure onset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Y	N	Unknown	Genetic (single gene, panel, exome, or CMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biochemical (including metabolic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal EEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous CLN2 (TPP1) enzyme testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

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](http://www.invitae.com/patient-consent)). And in connection with the Behind the Seizure program, the Patient 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) and has been informed that Invitae may share clinician and institution contact information and certain Patient de-identified information (age, gene, variant, and classification) but not including the name of Patient or Patient's guardian, with third parties, including BioMarin Pharmaceuticals, Inc., Stoke Therapeutics, and Xenon Pharmaceuticals, for research and commercial purposes and to contact their medical professional. The Patient has been informed that (i) the Patient's personal information and specimen will be transferred from Canada to the U.S. for processing in the U.S. and (ii) de-identified Patient data may be used and shared for research and commercial purposes in the U.S. The medical professional warrants that he/she will not seek reimbursement for this sponsored test from any third party, including but not limited to government 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 Pharmaceuticals, Inc., Stoke Therapeutics, and Xenon Pharmaceuticals that may contact the medical professional directly in connection with the Behind the Seizure program, or their products. The medical professional understands that the use of this sponsored test is not intended to be, nor should it be construed as, either express or implied, an obligation or inducement for the medical professional to recommend, purchase, order, prescribe, promote, administer or otherwise support any commercial product or any other Invitae product or service. 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 law to order this test.

<b>Medical professional signature (required)</b>	Date
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