INVITAE

ORDER ID
For Invitae internal use only

INVITAE CHROMOSOMAL DEVELOPMENTAL DISORDERS REQUISITION FORM

PATIENT INFORMATION

First name	MI	Last name	Date of birth (MM/DD/YYYY)	Biological sex ◯ Male ◯ Female	MRN (medical record number)
Email address	Mobile phone	Ancestry: ◯ Asian ◯ Black/African American ◯ White/Caucasian ◯ Ashkenazi Jewish ◯ Hispanic ◯ Native American ◯ Pacific Islander ◯ French Canadian ◯ Sephardic Jewish ◯ Mediterranean ◯ Other:			
Address	City	State/Prov	Zip/Postal code	Country	

ORGANIZATION INFORMATION

Organization name	Phone	Fax		
Address	City	State/Prov	Zip/Postal code	Country

Primary clinical contact name (contact for general inquiries)		Phone	Fax	Email address
Ordering physician name	NPI	Phone	Fax	Email address
Referring physician name		Phone	Fax	Email address
Additional clinical or laboratory contact name		Fax	Email address	

◯ INSURANCE BILLING (attach front and back of insurance card)

Attach applicable clinical notes and medical records. We do not accept insurance for patients outside the US. www.invitae.com/billing

Policyholder name	Patient relationship to policyholder ◯ Self ◯ Spouse ◯ Child ◯ Other:	Indicate ICD-10 code in Reason for testing
Primary insurance company name	Primary member ID # / Primary insurance phone	Prior-authorization #
Secondary insurance company name	Secondary member ID # / Secondary insurance phone	Prior-authorization #

◯ PATIENT PAY BILLING

Invitae will send an electronic invoice to the patient email address listed above.

◯ INSTITUTIONAL BILLING

Invitae will send an invoice to the organization listed above.

Collection date: _____/_____/_____ **# tubes:** _____ **Specimen ID#s:** _____

CHROMOSOMAL DEVELOPMENTAL DISORDERS

◯ Invitae Chromosomal Microarray Analysis (with follow-up FISH when required)
◯ Fragile X Syndrome
◯ Invitae Karyotype (Chromosome Analysis)

Specimen type:
◯ Blood (4-mL purple EDTA and 4-mL green NaHep tubes) ◯ Buccal swab (Microarray and Fragile X only)

Reason for testing (select all that apply):
◯ F84 Autistic disorder
◯ F80.9 Development disorder of speech & language, unspecified
◯ F82 Specific developmental disorder of motor function
◯ R62.0 Delayed milestone in childhood
◯ F81.9 Developmental disorder of scholastic skills, unspecified
Intellectual disability: ◯ F70 Mild ◯ F71 Moderate ◯ F72 Severe
◯ Other ICD-10: _____

CLINICAL PHENOTYPE

Indicate abnormalities on the Chromosomal Developmental Disorders Checklist on page 2

PARENTAL FOLLOW-UP

◯ Invitae Parental Chromosomal Microarray Analysis
◯ Invitae Parental FISH Analysis
◯ Invitae Parental Karyotype (Chromosome Analysis)

Specimen type: Blood
4-mL purple EDTA and
4-mL green NaHep tubes

Previous testing:
◯ Previous testing was performed at Invitae/Combimatrix - provide previously tested info:
Invitae accession#: _____ Relationship to patient: _____
Full name: _____ DOB: _____
◯ Previous testing was performed at another lab:
◯ Report is available - include copy with sample shipment
◯ Report is not available - call Invitae genetic counseling 800-436-3037 to confirm testing

Reason for testing (select all that apply):
Evaluation of genetic disease carrier status for procreative management ◯ Z31.430 Female ◯ Z31.440 Male
◯ Z82.79 Family history of a chromosome abnormality ◯ Other ICD-10: _____

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/cytogenomic-consent), 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 for orders originating outside the US, has been informed that the Patient's personal information and specimen will be transferred to and processed in the US. The Patient has further been informed and authorizes Invitae Corporation ("Invitae") and its designees to release information concerning testing to their insurer, if applicable, in order to process and/or appeal claims on behalf of the Patient. If a letter of medical necessity (LMN) has not been provided, the medical professional agrees to allow Invitae to transfer the information from this requisition to a LMN and/or other documentation using the medical professional's name as the signature for insurance billing. For amounts received directly, the Patient has agreed to remit payment to Invitae for testing services rendered. I acknowledge that the Patient has agreed that if the Patient's insurer does not reimburse Invitae in full for any reason, including if the insurer considers the genetic test ordered to be a non-covered service or not medically necessary, then Invitae may bill the Patient directly for the services and the Patient will remit payment directly to Invitae. I acknowledge that I offered pre-test genetic counseling to the Patient, if required by their insurer. 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.

Medical professional signature (required)	**Date**

INVITAE

Patient's first name

Patient's last name

CHROMOSOMAL DEVELOPMENTAL DISORDERS CHECKLIST

The accurate interpretation and reporting of genetic results relies on the provision of pertinent clinical and family history information. To help ensure the most clinically appropriate interpretation of results, complete this clinical information form. Testing cannot be initiated without a reason for referral.

Please check all that apply

Perinatal history

- ○ Prematurity
- ○ IUGR
- ○ Oligohydramnios
- ○ Polyhydramnios
- ○ Other fetal anomaly: _____

Developmental/behavioral

- ○ Fine motor delay
- ○ Gross motor delay
- ○ Speech delay
- ○ Learning disability
- ○ Intellectual disability
- ○ Autistic features
- ○ Autism spectrum disorder
- ○ Oppositional-defiant disorder
- ○ Psychiatric illness:
  - ○ Bipolar disorder
  - ○ Anxiety
  - ○ Depression
  - ○ ADHD
  - ○ Other: _____

Craniofacial

- ○ Cleft lip
- ○ Cleft palate
- ○ Coloboma
- ○ Craniosynostosis
- ○ Dysmorphic facial features
- ○ Macrocephaly
- ○ Microcephaly
- ○ Hearing loss
- ○ Ear malformation
- ○ Cataracts

Cardiac

- ○ Atrial septal defect
- ○ AVSD/AV canal defect
- ○ Coarctation of the aorta
- ○ Hypoplastic left heart
- ○ Tetralogy of Fallot
- ○ Ventricular septal defect
- ○ Dilated aortic root
- ○ Cardiomyopathy: _____
- ○ Arrhythmia

Cutaneous

- ○ Hyperpigmentation
- ○ Hypopigmentation
- ○ Café au lait spots
- ○ Eczema

Gastrointestinal

- ○ Gastroschisis
- ○ Hirschprung disease
- ○ Omphalocele
- ○ Pyloric stenosis
- ○ Trachealesophageal fistula
- ○ Meconium ileus
- ○ Anal atresia
- ○ Diaphragmatic hernia

Genitourinary

- ○ Ambiguous genitalia
- ○ Hydronephrosis
- ○ Kidney anomaly: _____
- ○ Hypospadias

Genitourinary

- ○ Short stature
- ○ Tall stature
- ○ Obesity
- ○ Failure to thrive
- ○ Delayed puberty
- ○ Precocious puberty

Musculoskeletal

- ○ Contractures (arthrogryposis)
- ○ Club foot
- ○ Diaphragmatic hernia
- ○ Limb anomaly
- ○ Polydactyly (hands)
- ○ Polydactyly (feet)
- ○ Syndactyly (hands)
- ○ Syndactyly (feet)
- ○ Vertebral anomaly

Neurological

- ○ Ataxia
- ○ Cerebral palsy
- ○ Dystonia
- ○ Hypotonia
- ○ Hypertonia
- ○ Developmental regression
- ○ Muscle weakness
- ○ Neural tube defect
- ○ Seizures
- ○ Abnormal brain MRI: _____

Family history

- ○ Patient with ≥ 2 miscarriages
- ○ Relative with known chromosome abnormality: _____
- ○ Other relatives with clinical history similar to patient (please describe)

_____

_____

Other (describe below)

_____

_____

_____

_____

Testing notes

Invitae will attempt to perform all tests ordered. If the sample size is insufficient to do so, Invitae will promptly notify the client and discuss what testing can and cannot be performed. If Invitae is unable to make contact with a client the same day (the day the sample was received) to determine what testing is desired, Invitae will run only the tests that are possible based on the sample received.