

This requisition form can be used to submit a specimen for the Hypophosphatemia* program, a complimentary testing program for **genetic hypophosphatemic disorders** brought to you by Ultragenyx Pharmaceutical, Inc. Patients must meet 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. For more information, contact www.invitae.com/contact or call +1-800-436-3037.

PROGRAM ELIGIBILITY:
The patient must be aged 1 year or older

 EITHER with a completed CRYSVITA® Start Form

OR

 have a previous diagnosis related to hypophosphatemia*

OR

Exhibit two or more of the following clinical signs and/or symptoms:

- Family member of a confirmed XLH patient
- Short stature
- Lower limb deformities
- Fractures/pseudo-fractures
- Tooth abscesses and/or excessive dental caries
- Bone, joint pain, and/or joint stiffness
- Muscle pain, weakness, and/or fatigue
- Gait abnormalities

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	
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.
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)

ORGANIZATION INFORMATION	
Organization name and address	
Organization name	
Phone	Fax
Address	
City	
State	ZIP code
Country United States	
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)

Biochemical markers (optional):
<input type="checkbox"/> Reduced serum phosphate (<LLN) _____ / _____
<input type="checkbox"/> Reduced TmP/GFR (<LLN) _____ / _____

Patient value/reference range

INVITAE PARTNER CODE	XLH
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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.

*Hypophosphatemic disorders are also referred to as X-Linked Hypophosphatemia, X-linked hypophosphatemic rickets, hereditary hypophosphatemic rickets, familial hypophosphatemic rickets, vitamin D-resistant rickets (VDRR), vitamin D-resistant osteomalacia, X-linked vitamin D-resistant rickets, hypophosphatemic rickets, hypophosphatemic vitamin D-resistant rickets (HPDR), genetic rickets, or familial hypophosphatemia.

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 HYPOPHOSPHATEMIA PANEL

Test code	Test name	# of genes	Gene list
<input checked="" type="radio"/> 72039	Invitae Hypophosphatemia Panel	13	ALPL, CLCN5, CYP2R1, CYP27B1, DMP1, ENPP1, FAH, FAM20C, FGF23, FGFR1, PHEX, SLC34A3, VDR

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 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 retain a written copy of the consent and produce it upon request, and 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 Ultragenyx, that may contact the medical professional directly in connection with the Program, and that they have made the Patient aware that third parties including Ultragenyx may contact their medical professional regarding de-identified information gathered through the Program. For orders originating outside the United States, the Patient has been informed that their personal information and specimen will be transferred to and processed in the United States and that de-identified Patient data may be used and shared for research purposes in the United States. 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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