

### Client/Ordering Physician Information

Practice or Facility Name		Ordering Physician	NPI	Physician Email
Address		Genetic Counselor/Contact Person	Contact Phone	Contact Email
City, State, ZIP		Fax (for results)	Referring Physician	Referring Physician Fax
Phone	Fax	Referral Lab Contact	Referral Lab Phone	Referral Lab Fax

### Patient Information

Last Name		First Name	DOB	Last 4 of Patient's SSN XXX-XX-
Address		City, State ZIP	Phone	Medical Record Number
Sex <input type="radio"/> Male <input type="radio"/> Female	For pediatric samples, parent/guardian name:		Authorized Signature (certifying medical necessity of testing) X	Date
ICD-9 Codes – Guide to ICD-9 codes for common indications on reverse Dx 1: _____ Dx 4: _____ Dx 2: _____ Dx 5: _____ Dx 3: _____ Dx 6: _____			Clinical synopsis:	

### Required Billing Information

<input type="radio"/> See attached – copy of insurance card enclosed <input type="radio"/> No copy of insurance card – please complete all required insurance information		Bill to:	
Name of Insurance Carrier		<input type="radio"/> Private insurance carrier (specify name) <input type="radio"/> Medicare / Medicaid (circle correct one) <input type="radio"/> Hospital / Client (direct billing) <input type="radio"/> Self Pay	
Insurance Claims Address		Last 4 of Guarantor's SSN XXX-XX-	
City, State, Zip		Claims Phone	Member ID #      Group #

### Specimen Information

(See reverse for specimen requirements)

Collection Date and Time:	# Samples/Tubes:	Specimen ID#:	<b>Prenatal</b>	<b>Pediatric</b>
Have any family members been tested at CombiMatrix? If so, please provide the following:			<input type="radio"/> Amniotic fluid <input type="radio"/> Cultured amniocytes <input type="radio"/> CVS tissue <input type="radio"/> Cultured CVS	<input type="radio"/> Peripheral blood – NaHep (green top) <input type="radio"/> Peripheral blood – EDTA (purple top) <input type="radio"/> DNA Source: _____
1) Report Reference #: _____ Name _____			<b>Products of Conception (POC)</b>	
2) Report Reference #: _____ Name _____			<input type="radio"/> Tissue, POC (Specify tissue type: _____)	<input type="radio"/> FFPE block, POC (Specify source: _____)

### Test Information

(See reverse for test descriptions)

<b>Pediatric</b>	<b>DNAarray™</b> <input type="radio"/> Oligo 180K Microarray <input type="radio"/> BAC 3000 Microarray <input type="radio"/> Chromosome Analysis <input type="radio"/> Fragile X
<b>Prenatal</b> Please include parental blood, 4cc each in EDTA (purple top) tube and NaHep (green top) tube	<b>DNAarray™</b> <input type="radio"/> Prenatal Oligo Microarray <input type="radio"/> Prenatal BAC Microarray <input type="radio"/> Chromosome Analysis Gestational age: _____ Weeks _____ Days <input type="radio"/> reflex to microarray if normal Dated by: <input type="radio"/> Ultrasound <input type="radio"/> LMP    Result of previous studies: _____ <input type="radio"/> Maternal Cell Contamination <input type="radio"/> AneuVysion® FISH <input type="radio"/> AF-AFP <sup>†</sup> <small><sup>†</sup>Reflex AChE will be performed (for an additional charge) when AF-AFP is elevated</small>
<b>Products of Conception</b>	<b>DNAarray™</b> <input type="radio"/> POC Oligo+Triploidy FISH (Fresh tissue) <input type="radio"/> POC BAC 3000+Triploidy FISH (Fresh tissue) <input type="radio"/> POC BAC 3000 (FFPE) Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown

Final Ordering Checklist <input type="radio"/> <b>Physician signature and ICD9 codes</b> <input type="radio"/> Attach front and back copy of insurance card (or fully complete the billing section) <input type="radio"/> Attach previous cytogenetic, FISH, and genetic testing results and any clinic notes <input type="radio"/> For prenatal samples, send 4cc of parental blood in EDTA (purple top) and 4cc in NaHep (green top) for each parent (when available)	Special Requests/Comments:  <input type="radio"/> Check here if you are the Technical Only Program
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## DNAarray™ Test Descriptions\*

Test Name	Description
<b>DNAarray™</b> -Oligo 180K	180K oligonucleotide array with an average probe spacing of 3.2kb in regions of clinical significance (including all 41 unique subtelomeric regions) and 21.6kb across the genome. Includes copy number evaluation of 510 genes associated with known developmental disorders, 2126 annotated genes, and over 100 genomic loci demonstrated to be associated with autism spectrum disorders.
<b>DNAarray™</b> -Prenatal Oligo -POC Oligo	105K oligonucleotide array with a minimum of 1 probe every 10kb in regions of clinical significance (including all 41 unique subtelomeric regions) and 1 probe every 35kb across the genome. Detects genomic copy number changes associated with over 260 known developmental disorders.
<b>DNAarray™</b> -Pediatric BAC -POC BAC	Over 3000 unique clones for detection of genomic copy number changes associated with over 260 constitutional genetic disorders, as well as an average of 0.8Mb resolution across the entire genome. Extensive (5Mb) coverage of all 41 unique subtelomeric regions, with an average resolution of 252kb.
<b>DNAarray™</b> -Prenatal BAC	Clinically targeted array with over 2100 unique clones for detection of genomic copy number changes associated with 111 constitutional genetic disorders, as well as extensive (5Mb) coverage of all 41 unique subtelomeric regions, with an average resolution of 290kb.

## Commonly Used Prenatal ICD-9 Codes\*

796.5	Abnormal findings on antenatal screening	658.03	Oligohydramnios
655.03	Central nervous system malformation in fetus	655.83	Other known or suspected fetal abnormality NEC**
659.53	Elderly primagravida (659.63 for elderly multigravida)	657.03	Polyhydramnios
V19.5	Family history, congenital anomalies	656.53	Poor fetal growth affecting antepartum management
655.23	Hereditary disease in family possibly affecting fetus	655.53	Suspected damage to fetus from drugs
655.13	Known or suspected chromosomal abnormality in fetus	656.93	Unspecified fetal and placental problem affecting management

\*If the code you want is not listed here, please refer to [www.icd9data.com](http://www.icd9data.com) for more information.

\*\* NEC = Not Elsewhere Classified

## Commonly Used Pediatric ICD-9 Codes\*

314.01	Attention deficit hyperactivity disorder	315.4	Developmental coordination disorder
299.00	Autism, current infantile or childhood	783.41	Failure to thrive
749.00	Cleft palate unspecified (749.10 cleft lip unspecified)	315.5	Mixed developmental disorder
743.9	Congenital anomalies of the eye	315.32	Mixed receptive-expressive language disorder
744.89	Congenital anomalies of the face and neck	759.7	Multiple congenital anomalies so described
746.9	Other congenital anomalies of the heart	237.71	Neurofibromatosis type 1 (237.72 = neurofibromatosis type 2)
756.0	Congenital anomalies of skull and face bones	755.9	Other congenital anomalies, limbs
759.9	Congenital anomaly unspecified	752.89	Other specified anomalies of genital organs
753.9	Congenital anomalies, urinary system	783.43	Short stature
754.0	Congenital musculoskeletal deformities	751.9	Unspecified congenital anomaly of the digestive system
783.42	Delayed milestones	710.9	Unspecified diffuse connective tissue (collagen) disease

\*If the code you want is not listed here, please refer to [www.icd9data.com](http://www.icd9data.com) for more information.

## Specimen Requirements

Sample Type	Required Amount
Peripheral blood	4cc EDTA (purple top) tube for any DNAarray testing and 4cc NaHep (green top) tube for follow-up FISH analysis 4cc each EDTA (purple top) tube and NaHep (green top) tube for parental evaluation as requested 4cc NaHep (green top) tube for chromosome analysis only
Cultured amniocytes	Two T-25 flasks OR one T-75 flask (at least 70% confluent)
Uncultured amniotic fluid	15cc for microarray only (culturing requires 10-13 days); 20cc for chromosome analysis with reflex to microarray
CVS	15-20 mg tissue in sterile media or saline OR two T-25 flasks (at least 70% confluent)
Products of conception (POC)	15-20 mg tissue in sterile media or saline
FFPE block, POC	Paraffin-embedded tissue preferred, otherwise submit 5-10 slides with 7-10 micron thick sections

## Specimen Requirements

Place your sample in the shipping kit. Insert kit and requisition into the FedEx Clinical Pak and seal. Affix the pre-paid shipping label to the Clinical Pak and drop off or call FedEx for pick-up. All samples should be sent at room temperature. Our shipping address is: **310 Goddard, Suite 150, Irvine, CA 92618**

***If you have any questions regarding the test ordering or shipping process, please do not hesitate to contact Client Services at (800) 710-0624 x450 or (949) 753-0624.***