

Patient Name	Affix barcode label of Patient's sample here
Date of Birth	

Form instructions:

- ✓ Specify the testing to be performed on pages 1-2 and sign at the bottom of page 2
- ✓ Provide patient's clinical information on page 3
- ✓ Provide patient demographics on page 4

Comprehensive Analyses	
<input type="radio"/> Genomic Unity® Whole Genome Analysis (CP001) <input type="radio"/> Singleton <input type="radio"/> Duo <input type="radio"/> Trio	<p>Provides whole genome sequence analysis of exonic regions, intronic regions and regulatory variants, genome wide copy number changes, deletions, duplications, inversions, regions of homozygosity and mobile element insertions of the nuclear genome, sequence with heteroplasmy, and deletion analyses of the mitochondrial genome, standard tandem repeat expansion analysis of 24 genes, with an option to add <i>HTT</i> and <i>JPH3</i> with special consent.</p> <p>See full test information: https://www.variantyx.com/whole-genome-analysis.</p>
<input type="radio"/> Genomic Unity® Exome Plus Analysis (CP010) <input type="radio"/> Singleton <input type="radio"/> Duo <input type="radio"/> Trio	<p>Provides whole exome sequence analysis of exonic regions, characterized intronic regions and regulatory variants, genome wide copy number changes, deletions, duplications, inversions, regions of homozygosity and mobile element insertions of the nuclear genome, sequence with heteroplasmy, and deletion analyses of the mitochondrial genome, standard tandem repeat expansion analysis of 24 genes, with an option to add <i>HTT</i> and <i>JPH3</i> with special consent.</p> <p>See full test information: https://www.variantyx.com/solutions/diagnostic-testing/genomic-unity-analyses/exome-plus-analysis/</p>
Other Comprehensive Analyses	
<input type="radio"/> Genomic Unity® Exome Analysis (CP002) <input type="radio"/> Singleton <input type="radio"/> Duo <input type="radio"/> Trio <i>Optional add-on tests</i> <input type="radio"/> Genomic Unity® Mitochondrial Genome Analysis (CP003) <input type="radio"/> Genomic Unity® Constitutional Genome-Wide Copy Number Variant Analysis (CP004) <input type="radio"/> If all 3 analyses (CP002, CP003, CP004) are selected please provide a Unified Whole Genome Analysis report.	<p>Provides whole exome sequence analysis of exonic regions, characterized intronic regions and regulatory variants, including tandem repeat expansion analysis of 24 genes, with an option to add <i>HTT</i> and <i>JPH3</i> with special consent.</p> <p>See full test information: https://www.variantyx.com/exome-analysis.</p>
<input type="radio"/> Genomic Unity® Mitochondrial Genome Analysis (CP003)	<p>Provides sequence analysis with heteroplasmy and deletion analysis of the mitochondrial genome.</p> <p>See full test information: https://www.variantyx.com/ mito-genome-analysis.</p>
<input type="radio"/> Genomic Unity® Constitutional Genome-Wide Copy Number Variant Analysis (CP004) <i>Optional add-on variant detection (select below)</i> <input type="radio"/> Single nucleotide variants and small deletion/insertions (<50 bp) that intersect reportable copy number variants.	<p>Provides constitutional genome-wide copy number variant analysis, deletions, duplications, inversions, regions of homozygosity, and mobile element insertions of the nuclear genome.</p> <p>See full test information: https://www.variantyx.com/cnv-analysis.</p>
Phenotype Based Comprehensive Analyses	
<input type="radio"/> Genomic Unity® Comprehensive Mitochondrial Disorders Analysis (MD001)	<p>Provides sequence analysis with heteroplasmy and deletion analysis of the mitochondrial genome and sequence and duplication/deletion analysis of 335 nuclear genes related to mitochondrial disorders.</p> <p>See full test information: https://www.variantyx.com/solutions/diagnostic-testing/genomic-unity-analyses/mitochondrial-analysis/</p>
<input type="radio"/> Genomic Unity® Intellectual Disability Analysis (NR001)	<p>Provides genome-wide copy number variant analysis, tandem repeat expansion analysis of <i>FMR1</i> and <i>AFF2</i>, full gene sequence and duplication/deletion analysis of genes related to intellectual disability: <i>ADNP</i>, <i>CHD2</i>, <i>FOXP1</i>, <i>FOXP2</i>, <i>GRIN2A</i>, <i>GRIN2B</i>, <i>NLGN3</i>, <i>NLGN4X</i>, <i>MECP2</i>, <i>SHANK3</i> and <i>P TEN</i>.</p> <p>See full test information: https://www.variantyx.com/intellectual-disability-analysis.</p>
<input type="radio"/> Genomic Unity® Comprehensive Ataxia Analysis (NR002)	<p>Provides sequence and duplication/deletion analysis of 51 genes related to ataxia as well as tandem repeat expansion analysis of <i>ATN1</i>, <i>ATXN1</i>, <i>ATXN2</i>, <i>ATXN3</i>, <i>ATXN7</i>, <i>ATXN8OS</i>, <i>ATXN10</i>, <i>CACNA1A</i>, <i>FXN</i>, <i>NOP56</i>, <i>PPP2R2B</i>, <i>TBP</i>.</p> <p>See full test information: https://www.variantyx.com/ataxia-analysis.</p>
<input type="radio"/> Genomic Unity® Ataxia Repeat Expansion Analysis (NR003)	<p>Provides sequence, duplication/deletion analysis and tandem repeat expansion analysis of ataxia-associated genes <i>ATN1</i>, <i>ATXN1</i>, <i>ATXN2</i>, <i>ATXN3</i>, <i>ATXN7</i>, <i>ATXN8OS</i>, <i>ATXN10</i>, <i>CACNA1A</i>, <i>FXN</i>, <i>NOP56</i>, <i>PPP2R2B</i>, <i>TBP</i>.</p> <p>See full test information: https://www.variantyx.com/ataxia-repeat-analysis.</p>
<input type="radio"/> Genomic Unity® Epilepsy Analysis (NR004)	<p>Provides sequence and duplication/deletion analysis of genes related to seizures as well as tandem repeat expansion analysis of <i>AFF2</i>, <i>CSTB</i>, <i>DIP2B</i>, <i>FMR1</i>.</p> <p>See full test information: https://www.variantyx.com/epilepsy-analysis.</p>
<input type="radio"/> Genomic Unity® Motor Neuron Disorders Analysis (NR005)	<p>Provides sequence and duplication/deletion analysis of genes related to motor neuron disorders as well as tandem repeat expansion analysis of <i>AR</i>, <i>C9ORF72</i>.</p> <p>See full test information: https://www.variantyx.com/motor-neuron-analysis.</p>



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Phenotype Based Comprehensive Analyses (cont.)

<input type="radio"/> Genomic Unity® Movement Disorders Analysis (NR006)	Provides sequence and duplication/deletion analysis of genes related to movement disorders as well as tandem repeat expansion analysis of <i>ATN1</i> , <i>ATXN1</i> , <i>ATXN2</i> , <i>ATXN3</i> , <i>ATXN7</i> , <i>ATXN8OS</i> , <i>ATXN10</i> , <i>C9ORF72</i> , <i>CACNA1A</i> , <i>FXN</i> , <i>NOP56</i> , <i>NOTCH2NLC</i> , <i>PPP2R2B</i> , <i>TBP</i> . Option to add on tandem repeat expansion of <i>HTT</i> and <i>JPH3</i> with special consent. See full test information: https://www.variantyx.com/movement-analysis .
<input type="radio"/> Genomic Unity® Neuromuscular Disorders Analysis (NR007)	Provides sequence and duplication/deletion analysis of genes related to neuromuscular disorders as well as tandem repeat expansion analysis of the <i>CNBP</i> and <i>DMPK</i> genes. See full test information: https://www.variantyx.com/neuromuscular-analysis .
<input type="radio"/> Genomic Unity® Muscular Dystrophy Analysis (NR008)	Provides sequence and duplication/deletion analysis of genes related to muscular dystrophies. See full test information: https://www.variantyx.com/md-analysis .
<input type="radio"/> Genomic Unity® Neuropathies Analysis (NR009)	Provides sequence and duplication/deletion analysis of genes related to neuropathies. See full test information: https://www.variantyx.com/neuropathies-analysis .

Custom Analysis Select when you want to specify the genes analyzed

<input type="radio"/> Genomic Unity® Custom Analysis (CA001)	Provides results that are filtered from Genomic Unity® Whole Genome Analysis. Test results include sequence, duplication/deletion analysis and tandem repeat analysis (when relevant) for the specific genes requested. See the list of genes available for this analysis: https://www.variantyx.com/custom-analysis .
List the gene(s) to be included in the analysis. If more room is required, please attach a separate page:	

The selected genes included in this custom analysis are filtered from a whole genome backbone whereby variants outside the regions of interest are masked, therefore the performance characteristics are based on Genomic Unity® Whole Genome Analysis. The selected genes may: (1) have not been curated and assessed for clinical relevance and utility; (2) have not been sequenced completely (not fully covered) and therefore pathogenic variants in uncovered regions may not be identified; (3) have variants that are not identified or identified with reduced confidence by the Variantyx platform, included but not limited to non-unique genomic regions and high population frequency variants; and/or (4) have variants that require special interpretation that may not be reported.

Other Analyses Select from additional analyses offered online at [Genomic Unity® Analyses](#)

Test code:	Test name:

Optional Reflex

In case the targeted analysis selected does not yield a positive result, please reflex to Genomic Unity® comprehensive analyses (select all that apply).

See full test information: [Genomic Unity® Analyses](#)

- Genomic Unity® Exome Analysis (CP002)
 - Genomic Unity® Mitochondrial Genome Analysis (CP003)
 - Genomic Unity® Constitutional Genome-Wide Copy Number Variant Analysis (CP004)
- If all 3 analyses (CP002, CP003, CP004) are selected please provide a Unified Whole Genome Analysis report.
- Singleton Duo Trio

Healthcare Provider's Statement

By my signature below, I attest that I am the referring physician, an authorized healthcare provider for the patient, or procurator thereof and this testing is medically necessary for diagnosis and/or treatment of the patient. I attest that the patient (or guardian) has been appropriately consented about the test including possible results and outcomes, has been given the opportunity to ask questions about the testing and/or seek genetic counseling, and agrees to allow an independent genetic counselor facilitated through a third party, DNAVisit, to provide pre-test and/or post-test genetic counseling, if required by the insurer and/or referring institution. I attest that the patient (or guardian) has voluntarily consented to testing performed by Variantyx for diagnostic purposes through both oral and written consent.

Healthcare provider signature _____ Date _____



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Please specify the patient's phenotypes using 1° to indicate the most important primary phenotypes and 2° to indicate less important secondary phenotypes. ICD-10 codes must be specified here and/or in attached clinical notes.

Clinical Information					
ICD-10 Code(s)*					
Patient Phenotypes					
	1° 2°	Phenotype	Age of onset		
Development/Behavior	<input type="radio"/>	<input type="radio"/>	Developmental regression		
	<input type="radio"/>	<input type="radio"/>	Global developmental delay		
	<input type="radio"/>	<input type="radio"/>	Intellectual disability		
	<input type="radio"/>	<input type="radio"/>	Delayed fine motor development		
	<input type="radio"/>	<input type="radio"/>	Delayed gross motor development		
	<input type="radio"/>	<input type="radio"/>	Delayed speech and language development		
	<input type="radio"/>	<input type="radio"/>	Speech articulation difficulties		
	<input type="radio"/>	<input type="radio"/>	Autism spectrum disorder		
	<input type="radio"/>	<input type="radio"/>	Self-injurious behavior		
	<input type="radio"/>	<input type="radio"/>	Stereotypy		
Brain Anomalies	<input type="radio"/>	<input type="radio"/>	Brain atrophy		
	<input type="radio"/>	<input type="radio"/>	Cerebellar hypoplasia		
	<input type="radio"/>	<input type="radio"/>	Cortical dysplasia		
	<input type="radio"/>	<input type="radio"/>	Encephalocele		
	<input type="radio"/>	<input type="radio"/>	Holoprosencephaly		
	<input type="radio"/>	<input type="radio"/>	Hydrocephalus		
	<input type="radio"/>	<input type="radio"/>	Lissencephaly		
	<input type="radio"/>	<input type="radio"/>	Molar tooth sign		
	<input type="radio"/>	<input type="radio"/>	Periventricular leukomalacia		
	<input type="radio"/>	<input type="radio"/>	Polymicrogyria		
Neurological	<input type="radio"/>	<input type="radio"/>	Abnormal nerve conduction velocity		
	<input type="radio"/>	<input type="radio"/>	Ataxia		
	<input type="radio"/>	<input type="radio"/>	Spasticity		
	<input type="radio"/>	<input type="radio"/>	Chorea		
	<input type="radio"/>	<input type="radio"/>	Dystonia		
	<input type="radio"/>	<input type="radio"/>	Foot dorsiflexor weakness		
	<input type="radio"/>	<input type="radio"/>	Headache		
	<input type="radio"/>	<input type="radio"/>	Neurodegeneration		
	<input type="radio"/>	<input type="radio"/>	Motor axonal neuropathy		
	<input type="radio"/>	<input type="radio"/>	Pes cavus		
Muscular	<input type="radio"/>	<input type="radio"/>	Abnormal renal morphology		
	<input type="radio"/>	<input type="radio"/>	Ambiguous genitalia		
	<input type="radio"/>	<input type="radio"/>	Cryptorchidism		
	<input type="radio"/>	<input type="radio"/>	Hydronephrosis		
	<input type="radio"/>	<input type="radio"/>	Hypospadias		
	<input type="radio"/>	<input type="radio"/>	Renal agenesis		
	<input type="radio"/>	<input type="radio"/>	Abnormal vertebral morphology		
	<input type="radio"/>	<input type="radio"/>	Clubfoot		
	<input type="radio"/>	<input type="radio"/>	Craniosynostosis		
	<input type="radio"/>	<input type="radio"/>	Multiple joint contractures		
Metabolic	<input type="radio"/>	<input type="radio"/>	Scoliosis		
	<input type="radio"/>	<input type="radio"/>	Aciduria		
	<input type="radio"/>	<input type="radio"/>	Abnormal CPK circulation concentration		
	<input type="radio"/>	<input type="radio"/>	Decreased plasma carnitine		
	<input type="radio"/>	<input type="radio"/>	Elevated serum alanine aminotransferase		
	<input type="radio"/>	<input type="radio"/>	Increased serum pyruvate		
	<input type="radio"/>	<input type="radio"/>	Ketosis		
	<input type="radio"/>	<input type="radio"/>	Lactic acidosis		
	Endocrine	<input type="radio"/>	<input type="radio"/>	Abnormality of connective tissue	
		<input type="radio"/>	<input type="radio"/>	Abnormality of skin pigmentation	
<input type="radio"/>		<input type="radio"/>	Abnormality of temperature regulation		
<input type="radio"/>		<input type="radio"/>	Ichthyosis		
		Other phenotypes			
Constitutional		<input type="radio"/>	<input type="radio"/>	Cleft lip	
		<input type="radio"/>	<input type="radio"/>	Cleft palate	
		<input type="radio"/>	<input type="radio"/>	Syndactyly	
		<input type="radio"/>	<input type="radio"/>	Polydactyly	
		<input type="radio"/>	<input type="radio"/>	Failure to thrive	
	<input type="radio"/>	<input type="radio"/>	Macrocephaly		
	<input type="radio"/>	<input type="radio"/>	Microcephaly		
	<input type="radio"/>	<input type="radio"/>	Obesity		
	<input type="radio"/>	<input type="radio"/>	Short stature		
	<input type="radio"/>	<input type="radio"/>	Tall stature		
Ophthalmology/Auditory	<input type="radio"/>	<input type="radio"/>	Blindness		
	<input type="radio"/>	<input type="radio"/>	Cataracts		
	<input type="radio"/>	<input type="radio"/>	Coloboma		
	<input type="radio"/>	<input type="radio"/>	External ophthalmoplegia		
	<input type="radio"/>	<input type="radio"/>	Optic atrophy		
	<input type="radio"/>	<input type="radio"/>	Ptosis		
	<input type="radio"/>	<input type="radio"/>	Rod-cone dystrophy		
	<input type="radio"/>	<input type="radio"/>	Visual impairment		
	<input type="radio"/>	<input type="radio"/>	Aminoglycoside-induced hearing loss		
	<input type="radio"/>	<input type="radio"/>	External ear malformation		
Cardiac	<input type="radio"/>	<input type="radio"/>	Hearing loss		
	<input type="radio"/>	<input type="radio"/>	Arrhythmia		
	<input type="radio"/>	<input type="radio"/>	Cardiomyopathy		
	<input type="radio"/>	<input type="radio"/>	Syncope		
Gastrointestinal	<input type="radio"/>	<input type="radio"/>	Tetralogy of Fallot		
	<input type="radio"/>	<input type="radio"/>	Aganglionic megacolon		
	<input type="radio"/>	<input type="radio"/>	Constipation		
	<input type="radio"/>	<input type="radio"/>	Diarrhea		
	<input type="radio"/>	<input type="radio"/>	Elevated hepatic transaminases		
	<input type="radio"/>	<input type="radio"/>	Gastroesophageal reflux		
	<input type="radio"/>	<input type="radio"/>	Gastroschisis		
	<input type="radio"/>	<input type="radio"/>	Omphalocele		
	<input type="radio"/>	<input type="radio"/>	Pyloric stenosis		
	<input type="radio"/>	<input type="radio"/>	Tracheoesophageal fistula		
Genitourinary	<input type="radio"/>	<input type="radio"/>	Vomiting		
	<input type="radio"/>	<input type="radio"/>	Abnormal renal morphology		
	<input type="radio"/>	<input type="radio"/>	Ambiguous genitalia		
	<input type="radio"/>	<input type="radio"/>	Cryptorchidism		
	<input type="radio"/>	<input type="radio"/>	Hydronephrosis		
	<input type="radio"/>	<input type="radio"/>	Hypospadias		
	<input type="radio"/>	<input type="radio"/>	Renal agenesis		
	Skeletal	<input type="radio"/>	<input type="radio"/>	Abnormal vertebral morphology	
		<input type="radio"/>	<input type="radio"/>	Clubfoot	
		<input type="radio"/>	<input type="radio"/>	Craniosynostosis	
<input type="radio"/>		<input type="radio"/>	Multiple joint contractures		
Skin	<input type="radio"/>	<input type="radio"/>	Scoliosis		
	<input type="radio"/>	<input type="radio"/>	Abnormality of connective tissue		
	<input type="radio"/>	<input type="radio"/>	Abnormality of skin pigmentation		
	<input type="radio"/>	<input type="radio"/>	Abnormality of temperature regulation		





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Genomic Unity®
Test Requisition Form

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Patient Name		Affix barcode label of Patient's sample here
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Patient Information					
First Name	Last Name	MI	DOB	Genetic Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____	
Address			ID / MR#	Gender identification (optional): _____	
City	State	Zip Code	Ethnicity <input type="radio"/> Ashkenazi Jewish <input type="radio"/> East Asian <input type="radio"/> African/African American <input type="radio"/> European <input type="radio"/> South Asian <input type="radio"/> Latino <input type="radio"/> Other:		
Phone	Email				

Ordering Healthcare Provider			
First Name	Last Name	Title	NPI #
Facility Name		Phone	
Facility Address		Fax	
City	State	Zip Code	Email
Additional Report Recipients			
Name	Phone	Fax	Email
Name	Phone	Fax	Email

Billing Information		
Insurance Billing		
Insurance Company	Policy #	Group #
Policy Holder First Name	Policy Holder Last Name	Policy Holder DOB
Who is the Policy Holder? <input type="radio"/> Patient <input type="radio"/> Spouse <input type="radio"/> Parent		
Employer's Address		
Institutional Billing		Patient Payment
An invoice will be sent to the institution listed above. Please contact us for alternate billing.		An invoice will be sent to the patient email provided. Insurance will not be billed.

Patient Sample Information		
Sample Type	Sample Will Be Collected	Collection date
<input type="radio"/> Saliva <input type="radio"/> Assisted saliva <input type="radio"/> Blood <input type="radio"/> Genomic DNA <input type="radio"/> Other:	<input type="radio"/> In-house <input type="radio"/> By Variantyx	____/____/____

