variantyx

DCVXTYCRF004S

Genomic Unity®
Test Requisition Form

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	
◯ Genomic Unity® Whole Genome Analysis (CP001) ◯ Singleton ◯ Duo ◯ Trio	Provides sequence changes analysis of exonic regions, characterized intronic regions and regulatory variants, genome wide copy number analysis, deletions, duplications, inversions, regions of homozygosity, and mobile element insertions of the nuclear genome, sequence changes with heteroplasmy and deletion analysis of the mitochondrial genome and tandem repeat expansion analysis of 25 loci, with an option to add tandem repeat expansion analysis of *HTT* and *JPH3* with special consent. See full test information: https://www.variantyx.com/whole-genome-analysis.
Other Comprehensive Analyses	
◯ Genomic Unity® Exome Analysis (CP002) ◯ Singleton ◯ Duo ◯ Trio *Optional add-on tests* ◯ 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 Genomic Unity® Whole Genome Analysis (CP001)	Provides sequence change analysis of exonic regions, characterized intronic regions and regulatory variants, and tandem repeat expansion analysis of 25 loci. Option to add tandem repeat expansion analysis of *HTT* and *JPH3* with special consent. See full test information: https://www.variantyx.com/exome-analysis.
◯ Genomic Unity® Mitochondrial Genome Analysis (CP003)	Provides sequence changes with heteroplasmy and deletion analysis of the mitochondrial genome. See full test information: https://www.variantyx.com/mito-genome-analysis.
◯ Genomic Unity® Constitutional Genome-Wide Copy Number Variant Analysis (CP004) *Optional add-on variant detection (select below)* ◯ Small sequence changes intersecting reportable copy number variants.	Provides constitutional genome-wide copy number variant analysis, deletions, duplications, inversions, regions of homozygosity, and mobile element insertions of the nuclear genome. See full test information: https://www.variantyx.com/cnv-analysis.
Neurology Targeted Analyses: Select when you want to limit the analysis to a pre-selected list of genes	
◯ Genomic Unity® Intellectual Disability Analysis (NR001)	Provides genome-wide copy number variant analysis, tandem repeat expansion analysis of *FMR1* and *AFF2*, full gene sequence and duplication/deletion analysis of genes related to intellectual disability: *ADNP, CHD2, FOXG1, FOXP1, FOXP2, GRIN2A, GRIN2B, NLGN3, NLGN4X, MECP2, SHANK3* and *PTEN*. See full test information: https://www.variantyx.com/intellectual-disability-analysis.
◯ Genomic Unity® Comprehensive Ataxia Analysis (NR002)	Provides sequence and duplication/deletion analysis of 51 genes related to ataxia as well as tandem repeat expansion analysis of *ATN1, ATXN1, ATXN2, ATXN3, ATXN7, ATXN8OS, ATXN10, CACNA1A, FXN, NOP56, PPP2R2B, TBP*. See full test information: https://www.variantyx.com/ataxia-analysis.
◯ Genomic Unity® Ataxia Repeat Expansion Analysis (NR003)	Provides sequence, duplication/deletion analysis and tandem repeat expansion analysis of ataxia-associated genes *ATN1, ATXN1, ATXN2, ATXN3, ATXN7, ATXN8OS, ATXN10, CACNA1A, FXN, NOP56, PPP2R2B, TBP*. See full test information: https://www.variantyx.com/ataxia-repeat-analysis.
◯ Genomic Unity® Epilepsy Analysis (NR004)	Provides sequence and duplication/deletion analysis of genes related to seizures as well as tandem repeat expansion analysis of *AFF2, AFF3, CSTB, DIP2B, FMR1*. See full test information: https://www.variantyx.com/epilepsy-analysis.
◯ Genomic Unity® Motor Neuron Disorders Analysis (NR005)	Provides sequence and duplication/deletion analysis of genes related to motor neuron disorders as well as tandem repeat expansion analysis of *AR, C9ORF72*. See full test information: https://www.variantyx.com/motor-neuron-analysis.
◯ 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 A*TN1, ATXN1, ATXN2, ATXN3, ATXN7, ATXN8OS, ATXN10, C9ORF72, CACNA1A, FXN, NOP56, NOTCH2NLC, PPP2R2B, TBP*. Option to add on tandem repeat expansion of *HTT* and *JPH3* with special consent. See full test information: https://www.variantyx.com/movement-analysis.
◯ 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 *CNBP* and *DMPK* genes. See full test information: https://www.variantyx.com/neuromuscular-analysis.
◯ 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.
◯ 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.

Address: 1671 Worcester Rd, Suite 300 Framingham, MA 01701 | **Phone**: 617-209-2090 | **Fax**: 617-433-5024 | **Email**: info@variantyx.com
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Custom Analysis: Select when you want to specify the genes analyzed

◉ 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 Analysis: 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 report, which is the equivalent to the Genomic Unity® Whole Genome Analysis (CP001).

◯ 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	○	○	Developmental regression	
	○	○	Global developmental delay	
	○	○	Intellectual disability	
	○	○	Delayed fine motor development	
	○	○	Delayed gross motor development	
	○	○	Delayed speech and language development	
	○	○	Speech articulation difficulties	
	○	○	Autism spectrum disorder	
	○	○	Self-injurious behavior	
	○	○	Stereotypy	
Brain Anomalies	○	○	Brain atrophy	
	○	○	Cerebellar hypoplasia	
	○	○	Cortical dysplasia	
	○	○	Encephalocele	
	○	○	Holoprosencephaly	
	○	○	Hydrocephalus	
	○	○	Lissencephaly	
	○	○	Molar tooth sign	
	○	○	Periventricular leukomalacia	
	○	○	Polymicrogyria	
Neurological	○	○	Abnormal nerve conduction velocity	
	○	○	Ataxia	
	○	○	Spasticity	
	○	○	Chorea	
	○	○	Dystonia	
	○	○	Foot dorsiflexor weakness	
	○	○	Headache	
	○	○	Neurodegeneration	
	○	○	Motor axonal neuropathy	
	○	○	Pes cavus	
	○	○	Reduced deep tendon reflexes	
	○	○	Seizures	
	○	○	Sleep apnea	
	○	○	Stroke-like episodes	
	○	○	Tremor	
	○	○	Vocal cord paresis	
Muscular	○	○	Dysphagia	
	○	○	Exercise intolerance	
	○	○	Hypertonia	
	○	○	Hypotonia	
	○	○	Muscle fasciculations	
	○	○	Muscle wasting	
	○	○	Muscle weakness	
	○	○	Muscular dystrophy	
	○	○	Myotonia	
Metabolic	○	○	Aciduria	
	○	○	Abnormal CPK circulation concentration	
	○	○	Decreased plasma carnitine	
	○	○	Elevated serum alanine aminotransferase	
	○	○	Increased serum pyruvate	
	○	○	Ketosis	
	○	○	Lactic acidosis	
Endocrine	○	○	Adrenal hyperplasia	
	○	○	Adrenal insufficiency	
	○	○	Cushing syndrome	
	○	○	Diabetes Mellitus Type I	
	○	○	Diabetes Mellitus Type II	
	○	○	Hypothyroidism	
	○	○	Hypoparathyroidism	
	○	○	Hypogonadism	
	○	○	Paraganglioma	

	1°	2°	Phenotype	Age of onset
Constitutional	○	○	Cleft lip	
	○	○	Cleft palate	
	○	○	Syndactyly	
	○	○	Polydactyly	
	○	○	Failure to thrive	
	○	○	Macrocephaly	
	○	○	Microcephaly	
	○	○	Obesity	
	○	○	Short stature	
	○	○	Tall stature	
Ophthalmology/Auditory	○	○	Blindness	
	○	○	Cataracts	
	○	○	Coloboma	
	○	○	External ophthalmoplegia	
	○	○	Optic atrophy	
	○	○	Ptosis	
	○	○	Rod-cone dystrophy	
	○	○	Visual impairment	
	○	○	Aminoglycoside-induced hearing loss	
	○	○	External ear malformation	
	○	○	Hearing loss	
Cardiac	○	○	Arrhythmia	
	○	○	Cardiomyopathy	
	○	○	Syncope	
	○	○	Tetralogy of Fallot	
Gastrointestinal	○	○	Abdominal wall defect	
	○	○	Aganglionic megacolon	
	○	○	Constipation	
	○	○	Diarrhea	
	○	○	Elevated hepatic transaminases	
	○	○	Gastroesophageal reflux	
	○	○	Gastroschisis	
	○	○	Omphalocele	
	○	○	Pyloric stenosis	
	○	○	Tracheoesophageal fistula	
	○	○	Vomiting	
Genitourinary	○	○	Abnormal renal morphology	
	○	○	Ambiguous genitalia	
	○	○	Cryptochidism	
	○	○	Hydronephrosis	
	○	○	Hypospadias	
	○	○	Renal agenesis	
Skeletal	○	○	Abnormal vertebral morphology	
	○	○	Clubfoot	
	○	○	Craniosynostosis	
	○	○	Multiple joint contractures	
	○	○	Scoliosis	
Skin	○	○	Abnormality of connective tissue	
	○	○	Abnormality of skin pigmentation	
	○	○	Abnormality of temperature regulation	
	○	○	Icthyosis	
			Other phenotypes	

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Patient Information

First Name	Last Name	MI	DOB	Genetic Sex
				◯ Male ◯ Female ◯ Other _____
Address		ID / MR#		Gender identification (optional): _____
City	State	Zip Code	Ethnicity	◯ African/African American
Phone	Email		◯ Ashkenazi Jewish ◯ East Asian ◯ Latino ◯ European ◯ South Asian ◯ Other:	

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? ◯ Patient ◯ Spouse ◯ 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
◯ Saliva ◯ Assisted saliva ◯ Blood ◯ Genomic DNA ◯ Other:	◯ In-house ◯ By Variantyx	____/____/_____