CEI Molecular Diagnostics Laboratory - Requisition Form

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CASEY EYE INSTITUTE
Oregon Health & Science University

CEI Molecular Diagnostics Laboratory | 3375 SW Terwilliger Blvd, Rm 3110, Portland, OR 97239 | 503 418-2535 | ceidiagnostics@ohsu.edu

Patient Information

Last Name:

First Name: **M.I.**

DOB: **Pt. ID/Med Rec #:**

Address:

City: **State/Pr:** **Zip:**

Preferred Phone:

Gender: ☐ Male ☐ Female ☐ Unknown

Parent name (if pt is a minor)**:**

Ethnicity of pt. (check all that apply):

☐ African-American ☐ Asian ☐ Caucasian/NW European
☐ E. Indian ☐ Hispanic ☐ Jewish-Ashkenazi ☐ Jewish-Sephardic
☐ Native American ☐ Native Hawaiian/Other Pacific Islander
☐ Other

Physician Ordering Test

Name:

Institution (if applicable)**:**

Address:

City: **State/Pr:** **Zip:**

Phone: **Fax:**

Email:

Referring Hospital or Laboratory (if applicable)

Name:

Address:

City: **State/Pr:** **Zip:**

Phone: **Fax:**

Email:

☐ **Referring lab/provider has obtained genetic testing informed consent from patient. (Please send copies of signed consent with specimen).**

Specimen Information

Date/Time Collected:

Sample Type

☐ Blood (B) ☐ Serum (S) ☐ Plasma (P) ☐ DNA
☐ Amniotic Fluid (AF) ☐ POC ☐ Chorionic Villi (CV)
☐ Saliva (SL) ☐ Dried Blood Spot (DBS) ☐ Other

Test Requested

Gene/Disease Name:*

** Please also indicate the tests you are ordering on pages 2-4 of this form*

☐ **Testing for known familial mutation:**

Mutation:

Name/ID of relative: Relationship:

If expedited testing is requested, please indicate reason:

☐ Pregnancy Gestational Age (weeks)

☐ Other Reason:

Reason for Testing

Indication: ☐ Diagnostic ☐ Carrier ☐ Prenatal
☐ Presymptomatic ☐ Other

ClinicalDiagnosis:

Family History

Please provide relevant information below including the names or ID# of any relatives previously tested.

CEI Diagnostics Lab Internal Use Only:

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Disorders of Ocular Pigmentation

Oculocutaneous Albinism Type 1A & 1B (OCA1)	
☐ *TYR* sequencing	$400
Oculocutaneous Albinism Type 2 (OCA2)	
☐ *P-gene* sequencing	$600
Oculocutaneous Albinism Type 3 (OCA3)	
☐ *TYRP1* sequencing	$400
Oculocutaneous Albinism Type 4 (OCA4)	
☐ *MATP* sequencing	$400
Ocular Albinism, X-linked (XLOA)	
☐ *GPR143 (OA1)* sequencing	$450
Albinism Panel (OCA/XLOA), 5 genes	
☐ *TYR, P-gene, TYRP1, MATP, GPR143 (OA1)*	$1,800

Hermansky-Pudlak Syndrome 1 (HPS1)	
☐ *HPS1* sequencing	$500
☐ *HPS1* common Puerto Rican mut	$250
Hermansky-Pudlak Syndrome 2 (HPS2)	
☐ *AP3B1* sequencing	$650
Hermansky-Pudlak Syndrome 3 (HPS3)	
☐ *HPS3* sequencing	$550
☐ *HPS3* common Puerto Rican mut	$250
☐ *HPS3* common AJ mut	$250
Hermansky-Pudlak Syndrome 4 (HPS4)	
☐ *HPS4* sequencing	$500
Hermansky-Pudlak Syndrome 5 (HPS5)	
☐ *HPS5* sequencing	$600
Hermansky-Pudlak Syndrome 6 (HPS6)	
☐ *HPS6* sequencing	$400
Hermansky-Pudlak Syndrome 7 (HPS7)	
☐ *DTNBP1* sequencing	$500
Hermansky-Pudlak Syndrome 8 (HPS8)	
☐ *BLOC1S3* sequencing	$300
Hermansky-Pudlak Syndrome (HPS) 1-8 Panel, 8 genes	
☐ *HPS1, AP3B1, HPS3, HPS4, HPS5, HPS6, DTNBP1, BLOC1S3*	$2,500

Chediak-Higashi Syndrome (CHS)	
☐ *LYST/CHS1* sequencing	$950

Piebald Trait	
☐ *KIT* sequencing	$600
☐ *SNAI2* sequencing	$300

Eye Disorders/Vision Loss/Blindness

ABCA4-Related Disorders: Stargardt Disease; Autosomal Recessive Retinitis Pigmentosa; Cone-Rod Dystrophy 3	
☐ *ABCA4* sequencing	$950

Achromatopsia	
☐ *CNGA3* sequencing	$450
☐ *CNGB3* sequencing	$600
☐ *GNAT2* sequencing	$400
☐ *PDE6C* sequencing	$600
Achromatopsia Panel, 4 genes	
☐ *CNGA3, CNGB3, GNAT2, PDE6C*	$1,800

Alstrom Syndrome	
☐ *ALMS1* sequencing	$950

Anirdia	
☐ *PAX6* sequencing	$500

Best Macular Dystrophy	
☐ *VMD2/BEST1* sequencing	$500

Congenital Stationary Night Blindness (CSNB), X-linked	
☐ *CACNA1F* sequencing	$700
☐ *NYX* sequencing	$350
Congenital Stationary Night Blindness (CSNB), X-linked Panel, 2 genes	
☐ *CACNA1F, NYX*	$1,000
Congenital Stationary Night Blindness (CSNB), Autosomal Dominant (AD)	
☐ *GNAT1* sequencing	$400
☐ *PDE6B* sequencing	$600
☐ *RHO* sequencing	$350
Congenital Stationary Night Blindness (CSNB), Autosomal Recessive (AR)	
☐ *CABP4* sequencing	$350
☐ *GRK1* sequencing	$400
☐ *GRM6* sequencing	$600
☐ *SAG* sequencing	$500
☐ *SLC24A1* sequencing	$550
☐ *TRPM1* sequencing	$650
Congenital Stationary Night Blindness Panel (CSBNB) AD & AR, 9 genes	
☐ *CABP4, GRK1, GNAT1, GRM6, PDE6B, RHO, SAG, SLC24A1, TRPM1*	$2,500

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Eye Disorders/Vision Loss/Blindness (continued)

Cone-Rod/ Cone Dystrophy, Autosomal Dominant	
☐ *AIPL1* sequencing	$400
☐ *CRX* sequencing	$300
☐ *GUCA1A* sequencing	$350
☐ *GUCY2D* sequencing	$600
☐ *PITPNM3* sequencing	$600
☐ *PROM1* sequencing	$600
☐ *RIMS1* sequencing	$700
☐ *RD3* sequencing	$300
☐ *SEMA4A* sequencing	$500
☐ *UNC119* sequencing	$350
Cone-Rod / Cone Dystrophy, AD Panel, 10 genes	
☐ *AILP1, CRX, GUCA1A, GUCY2D, PITPNM3, PROM1, RIMS1, RD3, SEMA4A, UNC119*	$2,500

Cone-Rod/Cone Dystrophy, Autosomal Recessive	
☐ *ABCA4* sequencing	$950
☐ *ADAM9* sequencing	$600
☐ *CACNA2D4* sequencing	$700
☐ *CERKL* sequencing	$500
☐ *CDHR1* sequencing	$600
☐ *CNGB3* sequencing	$600
☐ *KCNV2* sequencing	$400
☐ *PDE6C* sequencing	$600
☐ *RAX2* sequencing	$300
☐ *RDH5* sequencing	$350
☐ *RPGRIP1 sequencing*	$600
Cone-Rod/Cone Dystrophy AR Panel, 11 genes	
☐ *ABCA4. ADAM9, CACNA2D4, CERKL CDHR1, CNGB3, KCNV2, PDE6C, RAX2, RDH5, RPGRIP1*	$2,500

Enhanced S-Cone Syndrome	
☐ *NR2E3* sequencing	$400

Leber Congenital Amaurosis (LCA)	
☐ *AIPL1* sequencing	$400
☐ *CABP4* sequencing	$350
☐ *CEP290* sequencing	$950
☐ *CRB1* sequencing	$500
☐ *CRX* sequencing	$300
☐ *GUCY2D* sequencing	$600
☐ *IMPDH1* sequencing	$500
☐ *IQCB1* sequencing	$500
☐ *LCA5* sequencing	$500
☐ *LCA5* common AJ mutation	$180

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Eye Disorders/Vision Loss/Blindness (continued)

Leber Congenital Amaurosis (LCA) - continued	
☐ *LRAT* sequencing	$300
☐ *OTX2* sequencing	$350
☐ *RD3* sequencing	$300
☐ *RDH12* sequencing	$400
☐ *RPE65* sequencing	$500
☐ *RPGRIP1* sequencing	$600
☐ *SPATA7* sequencing	$500
☐ *TULP1* sequencing	$500
Leber Congenital Amaurosis Panel (LCA), 17 genes	
☐ *AIPL1, CABP4, CEP290, CRB1, CRX, GUCY2D, IMPDH1, IQCB1, LCA5, LRAT, OTX2, RD3, RDH12, RPE65, RPGRIP1, SPATA7, TULP1*	$2,500

Pattern Dystrophy	
☐ *PRPH2/RDS* sequencing	$300

Retinitis Pigmentosa (RP), Autosomal Dominant	
☐ *ASCC3L1* sequencing	$700
☐ *CA4* sequencing	$400
☐ *CRX* sequencing	$300
☐ *FSCN2* sequencing	$400
☐ *GUCA1B* sequencing	$350
☐ *IMPDH1* sequencing	$500
☐ *KLHL7* sequencing	$500
☐ *NR2E3* sequencing	$400
☐ *NRL* sequencing	$300
☐ *PRPF3* sequencing	$500
☐ *PRPF8* sequencing	$600
☐ *PRPF31* sequencing	$500
☐ *PRPH2/RDS* sequencing	$300
☐ *RDH12* sequencing	$400
☐ *RHO* sequencing	$350
☐ *ROM1* sequencing	$300
☐ *RP1* sequencing	$500
☐ *RP9* sequencing	$400
☐ *SEMA4A* sequencing	$500
☐ *TOPORS* sequencing	$400
☐ *VMD2/BEST1* sequencing	$500
Retinitis Pigmentosa (RP), Autosomal Dominant Panel, 21 genes	
☐ *ASCC3L1, CA4, CRX, FSCN2, GUCA1B, IMPDH1, KLHL7, NR2E3, NRL, PRPF3, PRPF8, PRPF31, PRPH2/RDS, RDH12, RHO, ROM1, RP1, RP9, SEMA4A, TOPORS, VMD2 (BEST1)*	$2,500

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Retinitis Pigmentosa (RP), Autosomal Recessive	
☐ *PDE6A* sequencing	$600
☐ *CNGA1* sequencing	$500
☐ *CNGB1* sequencing	$650

**** An expanded AR RP panel is under development*****

Stargardt Disease, Autosomal Recessive	
☐ *ABCA4* sequencing	$950
Stargardt Disease, Autosomal Dominant	
☐ *ELOVL4* sequencing	$400

Syndromes

CEP290-Related Disorders: Joubert Syndrome, Meckel Syndrome, Senior-Loken Syndrome	
☐ *CEP290* sequencing	$950

Norrie Disease	
☐ *NDP* sequencing	$300

Rubenstein-Taybi Syndrome	
☐ *CREBBP* sequencing	$700
☐ *EP300* sequencing	$700

Senior-Loken Syndrome	
☐ *CEP290* sequencing	$950
☐ *IQCB1* sequencing	$500
☐ *NPHP1* sequencing	$600
☐ *NPHP4* sequencing	$650
Senior-Loken Syndrome Panel, 4 genes	
☐ *CEP290, IQCB1, NPHP1, NPHP4*	$2,500

Usher Syndrome	
☐ *USH2A* sequencing	$1,200

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Syndromes (continued)

Waardenburg Syndrome Type I	
☐ *PAX3* sequencing	$500
Waardenburg Syndrome Type IIA	
☐ *MITF* sequencing	$500
Waardenburg Syndrome Type IID	
☐ *SNAI2* sequencing	$300
Waardenburg Syndrome Type IIE	
☐ *SOX10* sequencing	$300

Waardenburg Syndrome Type III	
☐ *PAX3* sequencing	$500
Waardenburg Syndrome Type IVA	
☐ *EDNRB* sequencing	$400
Waardenburg Syndrome Type IVB	
☐ *EDN3* sequencing	$400
Waardenburg Syndrome Panel, 6 genes	
☐ *EDN3, EDNRB, MITF, PAX3, SNAI2, SOX10*	$1,800

Expanded Panels under development for the following syndromes: Bardet-Biedl Syndrome, Meckel Syndrome, Joubert Syndrome, Usher Syndrome*

Miscellaneous Tests

DNA Isolation	$75
Specific Mutation (for MOST genes listed): **1-2 mutations.**	$250
Specific Mutations (for ANY gene **NOT** listed): 1-2 mutations.	$350
qPCR Analysis of Copy Number Variations (for **MOST** genes listed)	$450
Prenatal test: **1 known mutation** (also order MCC).	$500
Prenatal test: **2 known mutations** (also order MCC).	$800
MCC. Maternal Cell Contamination Study (required for all prenatal tests).	$350

* Segregation analysis on parents included for free with child's testing when indicated. However, only one report will be issued. If separate reports are required, the cost is $100 per report.

Prices listed are intended for private pay and institutional billing only. Insurances will be billed at full usual and customary rates. Patients' out of pocket will vary depending on insurance coverage.

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Institutional Billing Information

PO#/Dept. Code:

Hospital/Lab Name:

Contact Name:

Address:

City: State: Zip:

Phone: Fax:

Institutional Billing Stamp

Payment By Credit Card

The full amount of the test fee is due prior to service being rendered.International orders must be made in US Funds.

Name (as it appears on card):

Billing Address:

City: State: Zip:

Phone:

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Account #:

Expiration Date: Security Code:

Please bill my credit card in the amount of $

for diagnostic laboratory tests performed by CEI Molecular Diagnostics.

Signature (required)

Insurance Billing

(Must also complete credit card info)

CEI Molecular Diagnostics cannot bill Medicare or Medicaid.

We will bill health plans only if proof of coverage for genetic testing and copies of front and back of insurance card are provided.

I UNDERSTAND THAT I AM RESPONSIBLE IN ALL CASES FOR ALL FEES NOT COVERED BY INSURANCE.

Signature (required)

Prices listed on this requisition form are intended for private pay and institutional billing only.

Insurances will be billed at full usual and customary rates. Patients' out of pocket will vary depending on insurance coverage.

Payment by Check or Money Order

The full amount of the test fee is due prior to service being rendered. International orders must be made in US Funds.

Check or money order enclosed in the amount of $

ICD9 Code:

The ICD9 code is provided by the referring physician or laboratory.