sequenom

PRENATAL TEST REQUISITION FORM

877.821.7266

sequenom.com | Mon–Fri 5 am–5 pm PST
3595 John Hopkins Ct San Diego, CA 92121
CLIA# 05D2015356 | CAP# 7527138

PLACE BARCODED PATIENT ID LABEL HERE

Sample collection date: ____/____/_____

No known high risk - test requisition form

PATIENT INFORMATION AND ACKNOWLEDGMENT & PHYSICIAN ACKNOWLEDGMENT

Last name: _____ First name: _____ DOB: ____/____/_____ Sex: ☐ Male ☐ Female

Street address: _____ City / State / ZIP: _____

Phone: (_____) _____ – _____ Email: _____ MRN (optional): _____

I understand that my healthcare provider may ask Sequenom Laboratories to provide a genetic counseling session. My healthcare provider has informed me about the test requested on this form and the availability of genetic counseling. I authorize Sequenom Laboratories to share with my designated insurance carrier the information on this form, my test results and other information requested by my carrier for coverage. I authorize payment of my insurance benefits to Sequenom Laboratories. If insurance payment is sent to me, I will promptly endorse and forward the payment to Sequenom Laboratories. If applicable, I authorize Sequenom Laboratories to appeal any coverage denial made by my carrier on my behalf. This test will not be covered if it falls outside of my insurance carrier's medical and coverage guidelines. I understand that if the test is not a covered benefit, I will be responsible for payment estimated at $200. Sequenom Laboratories is required by law to maintain the privacy and security of your protected health information in accordance with our Notice of Privacy Practices (www.sequenom.com/notice-patient-privacy-practices).

Upon completion of the test, and with my consent, my remaining sample and test data may be de-identified and all personal information will be removed. Sequenom Laboratories or other third party may store and use my de-identified sample and test data for quality improvement, and/or research studies. My name or other personal identifying information will not be used in, or linked to, the results of any studies and publications.

☐ I authorize Sequenom Laboratories to store and use my de-identified sample and test data as described above.
☐ I do not authorize Sequenom Laboratories to store and use my de-identified sample and test data as described above.

Patient's signature: _____ Date: ____/____/_____ Physician's signature: _____ Date: ____/____/_____

CLINICIAN INFORMATION

Sequenom lab account #: AA47241
Account name: UR Medicine Labs
Account address: 77 Ridgeland Road Room 137
City / State / ZIP: Rochester, NY 14623
Ordering physician: _____ NPI #: _____
Phone: (_____) _____ – _____ Fax: (585) 475 – 0862

ADDITIONAL COPY OF RESULTS *(optional)*

Referring clinician: _____ Fax: (_____) _____–_____
Other clinical recipient: _____ Fax: (_____) _____–_____

INSURANCE INFORMATION *Attach copy of both sides of insurance card*

Policyholder name: _____
Patient relationship to policyholder: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____
Policyholder date of birth: ____/____/_____
Insurance company name: _____
Billing address: _____
City / State / ZIP: _____
Policy / Medicaid #: _____ Group #: _____
Authorization #: _____ No out-of-pocket costs for covered services for Medicaid patients

NONINVASIVE PRENATAL TEST MENU

MT21P - **MaterniT® 21 PLUS** Select fetal aneuploidies - ***choose one option:***

☐ Core (chr 21, 18, 13, sex) **URMC Phlebotomy: order MT21P for all**
☐ Core + ESS*
☒ Core + SCA**
☐ Core + ESS + SCA

* ESS = chr 16, chr 22, and select microdeletions **SCA = sex chromosome aneuploidies

☐ Provider authorizes genetic counseling services for abnormal results

REQUIRED CLINICAL INFORMATION

Gestational age: _____ weeks _____ days *or* EDD: ____/____/_____
Gestation: ☐ Singleton ☐ Twins ☐ Triplets ☐ Other: _____
Maternal height: _____ ft. _____ in. Maternal weight: _____ lbs.

MEDICAL INDICATION FOR TESTING *Select one or more ICD10 codes*

No known high risk for fetal chromosomal aneuploidies
☐ Z34.91 1st tri ☐ Z34.92 2nd tri ☐ Z34.93 3rd tri ☐ Other ICD10 code: _____

COMMENTS

MaterniT® 21 PLUS ORDERING OPTIONS. SEE LIMITATIONS OF TESTS SECTION

The core MaterniT 21 PLUS test includes T21, T18, T13 and fetal sex. Select desired content on reverse.

SEX CHROMOSOME ANEUPLOIDIES OPTION:
Includes sex chromosome aneuploidies. See list in column to the right.

MICRODELETIONS/ENHANCED SEQUENCING SERIES (ESS) OPTION:
Includes T22, T16, and selected microdeletions (Enhanced Sequencing Series). See list in column to the right.

* Reported as additional findings

MaterniT 21 PLUS CORE
Trisomy 21 (Down syndrome)
Trisomy 18 (Edwards syndrome)
Trisomy 13 (Patau syndrome)
Fetal sex

SEX CHROMOSOME ANEUPLOIDIES*
45,X (Turner syndrome)
47,XXY (Klinefelter syndrome)
47,XXX (Triple X syndrome)
47,XYY (XYY syndrome)

MICRODELETIONS (ESS)*
22q (DiGeorge syndrome)
5p (Cri-du-chat syndrome)
1p36 deletion syndrome
15q (Angelman/Prader-Willi syndromes)
11q (Jacobsen syndrome)
8q (Langer-Giedion syndrome)
4p (Wolf-Hirschhorn syndrome)
Trisomy 22
Trisomy 16

LIMITATIONS OF THE TEST

NONINVASIVE PRENATAL TEST: MaterniT 21 PLUS - While the results of the MaterniT 21 PLUS test are highly accurate, discordant results, including inaccurate fetal sex prediction, may occur due to: placental, maternal, or fetal mosaicism or neoplasm; vanishing twin; prior maternal organ transplant; or other causes. This test is a screening test and not diagnostic; it does not replace the accuracy and precision of prenatal diagnosis with CVS or amniocentesis. Sex chromosomal aneuploidies are not reportable for known multiple gestations. A patient with a positive MaterniT 21 PLUS test result or presence of an Additional Finding should be referred for genetic counseling and offered invasive prenatal diagnosis for confirmation of test results. A negative MaterniT 21 PLUS test result does not ensure an unaffected pregnancy nor does it exclude the possibility of other chromosomal abnormalities or birth defects which are not a part of this test. The absence of an Additional Finding does not indicate a negative result. The MaterniT 21 PLUS test is not intended to identify pregnancies at risk for neural tube defects or ventral wall defects. Testing for whole chromosome abnormalities (including sex chromosomes) and for subchromosomal abnormalities could lead to the potential discovery of both fetal and maternal genomic abnormalities that could have major, minor, or no, clinical significance. Evaluating the significance of a positive or a non-reportable test result may involve both invasive testing and additional studies on the mother. Such investigations may lead to a diagnosis of maternal chromosomal or subchromosomal abnormalities, which on occasion may be associated with benign or malignant maternal neoplasms. This test may not accurately identify fetal triploidy, balanced rearrangements, or the precise location of subchromosomal duplications or deletions; these may be detected by prenatal diagnosis with CVS or amniocentesis. The ability to report results may be impacted by maternal BMI, maternal weight, maternal systemic lupus erythematosus (SLE) and/or by certain pharmaceutical agents such as low molecular weight heparin (for example: Lovenox®, Xaparin®, Clexane® and Fragmin®). The results of this testing, including the benefits and limitations, should be discussed with a qualified health care provider. Pregnancy management decisions, including termination of the pregnancy, should not be based on the results of this test alone. The health care provider is responsible for the use of this information in the management of their patient.

ADDITIONAL INFORMATION

The MaterniT 21 PLUS test is a laboratory-developed test that was validated under Federal CLIA laboratory guidelines by Sequenom Laboratories, a wholly owned subsidiary of Sequenom, Inc. SEQUENOM®, MaterniT® 21 PLUS, and Sequenom Laboratories™ are trademarks of Sequenom, Inc. All other trademarks and service marks are the property of their respective owners.