



# Genetic Carrier Screening Requisition Form

## A - Patient Information

1. First Name	2. Last Name	3. Date of Birth MM / DD / YYYY	4. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	5. Phone Number ( )
6. Email Address	7. Street Address	8. City	9. State	10. Postal Code (ZIP)

## B - Ordering Clinician Information

11. Gene by Gene Account (if filled out, please skip 13-16)	12. Ordering Clinician	13. Clinic Street Address		
14. City	15. State	16. Postal Code (ZIP)	17. Phone Number ( )	18. Fax Number ( )

## C - Patient Health & Family History

19. Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish Ashkenazi <input type="checkbox"/> Jewish, Non-Ashkenazi _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	20. Reason for testing <input type="checkbox"/> Screening (no family history) <input type="checkbox"/> Family history of genetic condition or carrier status <input type="checkbox"/> Egg or sperm donor * Relationship to patient or patient's partner <input type="checkbox"/> Other _____ * Genetic condition
21. Has the patient ever received genetic carrier screening? <input type="checkbox"/> YES <input type="checkbox"/> NO	22. If so, did the patient test positive as a carrier? <input type="checkbox"/> YES, patient tested positive as a carrier for _____ <input type="checkbox"/> NO
23. Is the patient currently pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. ICD 10 codes <input type="checkbox"/> Z13.228 <input type="checkbox"/> Z31.430 (Female) <input type="checkbox"/> Z31.440 (Male) <input type="checkbox"/> Z34.80 <input type="checkbox"/> Z84.81 <input type="checkbox"/> Other: _____

## D - Test Panel Options

25. Panels <input type="checkbox"/> Gene by Gene Carrier Screen Base Panel (males will not be screened for X-linked conditions). <input type="checkbox"/> Gene by Gene Carrier Screen Expanded Panel (males will not be screened for X-linked conditions).
---

## E - Payment Information

26. <input type="checkbox"/> Check to Bill Insurance. Attach a copy of insurance card (front and back, including any potential secondary insurance) to this form	-OR- <input type="checkbox"/> Check to Bill Patient. Please call 713-474-2401, option #4 to review payment options			
27. Insurance Company	28. Member ID	29. Group Policy Number		
If the patient is not the policy owner, please fill out the following:				
30. Policy Owner's First Name	31. Policy Owner's Last Name	32. Policy Owner's Phone Number	33. Policy Owner's DOB MM / DD / YYYY	34. Policy Owner's Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
35. Relationship to Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	36. Policy Owner's Street Address	37. City	38. State	39. Postal Code (ZIP)

## F - Patient Sample - Only applicable for patients collecting away from the clinic

40. Does the patient already have a sample kit number? <input type="checkbox"/> YES, Sample kit number _____ <input type="checkbox"/> NO	41. If your answer to number 40 is NO <input type="checkbox"/> Ship the kit to the patient address listed above		
-OR- Ship the kit to the following address:			
42. Street Address	43. City	44. State	45. Postal Code (ZIP)

## G - Sample Results

Send results to treating clinician at the following address (if other than ordering clinician)			
46. Street Address	47. City	48. State	49. Postal Code (ZIP)



Address:  
1445 North Loop West, Suite 820  
Houston, TX 77008

Phone:  
(713) 474-2401

email:  
info@genebygene.com

Copyright 2015 - 2016  
Gene by Gene, Ltd.



# Genetic Carrier Screening Requisition Form

## Patient Informed Consent

This form reviews the benefits, risks and limitations of genetic carrier screening offered by your healthcare provider. Your test will not be processed without your permission. The choice to undergo testing is yours. You may request genetic counseling prior to taking the test to provide you with more information about carrier screening and the Gene by Gene Carrier Screen.

**General Information:** The purpose of genetic carrier screening is to provide you information on specific changes (called mutations) to your genes that may increase your risk of having a child with a genetic condition. The genes included in this test are associated with various conditions. A summary of conditions and additional resources are available at [www.genebygene.com/carrier-screening](http://www.genebygene.com/carrier-screening). For the most accurate test results, you must correctly inform the laboratory of your ethnicity and family background of genetic conditions. The buccal swab or blood submitted to Gene by Gene will be subject to a DNA extraction process in preparation for the genetic carrier screen assay.

**Test results:** Your results will be reported as a positive or negative carrier status. A positive carrier status indicates that a mutation(s) in one (or more) of your genes has been identified, making you a carrier of this condition(s). This result signifies an increased risk that your child will be born with the condition you tested positive as a carrier for. You may be advised to consider further testing, have your partner undergo carrier screening, and/or speak with a genetic counselor to discuss your options. Although most conditions included in this panel are considered moderate to severe, with an onset prior to adulthood, some of the individual mutations included may cause conditions that are considered to be more mild or have an onset later in life. If your results are reported as a negative carrier status, it indicates that no mutations were identified using this panel. Screening will significantly reduce the likelihood of your being a carrier, but won't completely eliminate it. Testing is based on the risk of known mutations, but will not account for rare and new mutations.

Although most carriers are not affected, there are rare circumstances in which individuals found to be positive for one mutation, or even more uncommonly two mutations in the same gene, could experience symptoms of the condition themselves. It is recommended that you discuss this with your healthcare provider, or speak with a genetic counselor.

**Risks/limitations:** Gene by Gene Carrier Screen's gene panel analyzes a wide variety of targeted mutations but is unable to examine all possible mutations in each gene. Male individuals using this panel will not be screened for X-linked conditions. Individuals of certain ethnicities, or certain histories, may experience better carrier detection with other testing methods, and it is recommended that these options be reviewed with patients by their healthcare professional. For example hexosaminidase A enzyme analysis in the case of a non-Ashkenazi Jewish or a non-Jewish individual who has an Ashkenazi Jewish partner identified as a carrier for Tay-Sachs. Additional testing will not be performed unless ordered by a healthcare professional.

**Confidentiality:** Your results will only be disclosed to the ordering healthcare provider, unless otherwise authorized by you. Gene by Gene will process your insurance claim. Your insurance provider may not approve or reimburse genetic carrier screening in full, in which case, you will be responsible for paying the remaining balance. Information obtained from this test may be used in scientific publications or presentations, but the identity of individuals will never be revealed. To contribute to the advancement of scientific research, Gene by Gene will keep raw data and an open-access database of mutations found in various ethnicities, but no personal identifying information will be included. Laws have also been put in place by the US government to protect you against discrimination of health insurance and employment. More information is available at [www.genome.gov/10002077](http://www.genome.gov/10002077) and [www.genome.gov/11510216](http://www.genome.gov/11510216). Please speak with your healthcare provider regarding any additional concerns.

**Specimen Retention:** DNA specimens are retained and stripped of identifying information to be used for quality assurance, test validation and/or research purposes. Please check the box below to consent to this possibility. If you do not consent your sample will be discarded within 60 days of completion of the testing. You may decline consent at any time and request that your specimen be destroyed by calling Gene by Gene at 713-474-2401, option #5. Your consent will not affect your results.

### H - Consent Acknowledgment

Patient	
I have read the consent and have been explained the benefits, risks and limitations of genetic carrier screening offered by Gene by Gene. I have had the opportunity to consult with a healthcare professional. I agree to undergo genetic carrier screening.	
DNA specimens are retained and stripped of identifying information to be used for quality assurance, test validation and/or research purposes. Please check the box below to consent to this possibility. If you do not consent your sample will be discarded within 60 days of completion of the testing.	
<input type="checkbox"/> I agree to have my sample used anonymously by the laboratory _____ Patient Initials	
You can decline consent at any time by calling 713-474-2401, option #5.	
I authorize the laboratory to perform this test.	
_____	
Ordering Patient Name (please print)	
_____	_____
Ordering Patient Signature	Date

Ordering Clinician	
I understand the benefits, risks and limitations to genetic carrier screening and Gene by Gene Carrier Screen.	
I certify that the patient has been provided information regarding the benefits, risks and limitations of the test to be performed, and has been notified of the availability of genetic counseling services. I have obtained informed consent from the patient under the applicable laws and regulations for the test to be performed.	
_____	
Ordering Clinician Name (please print)	
_____	_____
Ordering Clinician Signature	Date



Address:  
1445 North Loop West, Suite 820  
Houston, TX 77008

Phone:  
(713) 474-2401

email:  
info@genebygene.com

Copyright 2015 - 2016  
Gene by Gene, Ltd.