SMA SPECIALTY MEDICAL LAB

Toll Free: (877) 697-6252 Fax: (888) 322-9524 Phone: (954) 306-3667 Fax: (954) 337-2604
940 Pennsylvania Blvd., Unit A, Feasterville, PA 19053 4101 N Hospital Dr, Ste 102, Plantation, FL 33317
www.smalaboratory.com

GENETIC TESTING REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Last Name: _____ First Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: ___/___/___ SSN: _____ Gender: F ☐ M ☐

Primary Ethnicity: ☐ African ☐ European (Finnish) ☐ Latino
☐ Ashkenazi Jewish ☐ East Asian ☐ South Asian
☐ European (Non-Finnish) ☐ Near/Middle Eastern ☐ Other

SPECIMEN INFORMATION (REQUIRED)

Date Collected: ___/___/___ Time Collected : _____

Collected and Registered By: _____ Specimen Type: ☐ Saliva ☐ Blood

ICD10 CODES *SEE BACK FOR SUGGESTED CODES*						

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

ADDITIONAL RESULTS RECIPIENT

Health Care Professional Name: _____

Phone: _____ Fax: _____

Email (for notification of results): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

CHART NOTES / MEDICAL NECESSITY (REQUIRED)

*attach additional supporting documentation if needed

_____

_____

_____

_____

TEST(S) REQUESTED (REQUIRED)

HEREDITARY CANCER

☐ 1250 - BREAST***Dx*** CLEAR
Multi-gene panel for inherited breast, ovarian, endometrial and pancreatic cancers

☐ 1251 - COLO***Dx*** CLEAR
Multi-gene panel for hereditary colon cancer syndromes, gastrointestinal and pancreatic cancers

☐ 1257 - PROSTATE***Dx*** CLEAR
Multi-gene panel for familial prostate, testicular, male breast and colon cancers

CARDIOLOGY

☐ 12D - CARDIOMYOPATHY PANEL
Genes associated with Hypertrophic Cardiomyopathy (HCM), Dilated Cardiomyopathy (DCM) and Left Ventricular Non-Compaction (LVNC)

☐ 14D - ARRHYTHMIA PANEL
Genes associated with inherited arrhythmias (Long and Short QT Syndromes, Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) and Brugada Syndrome)

☐ 19D - AORTIC DYSFUNCTION PANEL
For various forms of familial aortic dysfunction (Arterial tortuosity, MASS, Loeys-Dietz and Ehlers-Danlos syndromes, aortic aneurysms)

CARRIER SCREENING

☐ 1688 - CARRIER PLUS
Carrier Screening for over 100 genetic disorders and conditions, including cystic fibrosis, Bloom syndrome, Canavan disease, maple syrup urine disease 1B, glycogen storage disease Ia, galactosemia, Gaucher disease, Tay Sachs disease, familial dysautonomia, mucolipidosis IV, Niemann-Pick disease, phenylketonuria and many others

MALIGNANT HYPERTHERMIA

☐ 23D - MALIGNANT HYPERTHERMIA
A genetic test for predisposition to Malignant Hyperthermia, a severe adverse reaction to commonly used anesthetics or some muscle relaxants. Malignant Hyperthermia episode can cause coma, death, cardiac dysfunction and other complications

PATIENT PAYMENT OPTIONS (SIGNATURE REQUIRED)

☐ **OPTION 1: CREDIT CARD** (SMA Specialty Medical Lab will contact you for additional information)
☐ **OPTION 2: INVOICE PRACTICE / INSTITUTIONAL BILL / FACILITY BILL**
☐ **OPTION 3: BILL INSURANCE** (attach front and back copy of insurance card)

Insurance Company Name: _____

Policy Number / Member ID: _____

I understand that if I have enrolled in an FSA/HSA or other medical spending account with my employer or my insurance carrier, that the provision on coordination of benefits in my coverage policy may result in an automatic deduction of out of pocket costs directly from that fund by the carrier or my employer. I understand that SMA Specialty Medical Lab is in no way responsible or liable for that deduction, and will not reverse it, refund it or otherwise reimburse me for those amounts. I understand that it is my responsibility to contact my insurance carrier or employer in advance of services regarding coordination of benefits issues that may impact such an account.

➤ **Patients Initials:** _____

Patient Acknowledgement and Authorization: I acknowledge that I have provided accurate and true information to the best of my knowledge. If I have provided my insurance information for direct insurance / 3rd party billing: I hereby authorize my insurance benefits to be paid directly to SMA Specialty Medical Lab (SMA) and authorize SMA to release medical information concerning my testing, including upon request my genetic testing results, to my insurer and any business associate of insurer (TB, TPA, etc.) I authorize SMA to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that I am responsible for any amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. **I understand that I am legally responsible for sending SMA Specialty Medical Lab any money received from my health insurance company for performance of this genetic test.**

➤ **Patients Signature:** _____ Date: _____

ORDERING HEALTH CARE PROFESSIONAL (SIGNATURE REQUIRED)

Informed Consent and Statement of Medical Necessity:

I affirm that I am legally authorized to order laboratory tests OR that I am an authorized representative of a health care professional legally authorized to order laboratory tests; and hereby order the tests requested above, which includes any collection device necessary to obtain the samples for testing. I hereby confirm that the test(s) are medically necessary for the treatment and/or plan of care for the patient, and that the information supplied on this form is accurate to the best of my knowledge. I further hereby confirm that the information has been supplied about genetic testing and that an appropriate SMA Specialty Medical Lab informed consent has been signed by the patient and is on file with a copy returned to SMA.

Did the patient opt-out for the use of their sample for research purposes in the consent? ☐ Yes ☐ No

➤ **Physicians Signature:** _____ Date: _____

SUGGESTED ICD10 CODES

*Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

HEREDITARY CANCER

HEREDITARY CANCER (ICD-10 Code)*	HEREDITARY CANCER (ICD-10 Code)*	HEREDITARY CANCER (ICD-10 Code)*	HEREDITARY CANCER (ICD-10 Code)*
C56.1 Malignant Neoplasm of right ovary	C50.422 Malignant neoplasm of upper-outer quadrant of left male breast	D05.91 Other unspecified type of carcinoma in situ of right breast	Z80.52 Family history of malignant neoplasm of bladder
C56.2 Malignant Neoplasm of left ovary	C50.511 Malignant neoplasm of lower-outer quadrant of right female breast	D05.92 Other unspecified type of carcinoma in situ of left breast	C25.0 Malignant neoplasm of head of pancreas
C57.01 Malignant Neoplasm of right fallopian tube	C50.512 Malignant neoplasm of lower-outer quadrant of left female breast	Z17.0 Estrogen Receptor positive status (ER+)	C25.1 Malignant neoplasm of body of pancreas
C57.02 Malignant Neoplasm of left fallopian tube	C50.521 Malignant neoplasm of lower-outer quadrant of right male breast	Z17.1 Estrogen Receptor negative status (ER-)	C25.2 Malignant neoplasm of tail of pancreas
Z80.41 Family history of malignant neoplasm of ovary	C50.522 Malignant neoplasm of lower-outer quadrant of left male breast	Z80.3 Family history of malignant neoplasm of breast	C25.3 Malignant neoplasm of pancreatic duct
C50.011 Malignant neoplasm of nipple and areola, right female breast	C50.611 Malignant neoplasm of axillary tail of right female breast	C17.0 Malignant neoplasm of duodenum	C25.4 Malignant neoplasm of endocrine duct
C50.012 Malignant neoplasm of nipple and areola, left female breast	C50.612 Malignant neoplasm of axillary tail of left female breast	C17.1 Malignant neoplasm of jejunum	C25.7 Malignant neoplasm of other parts of pancreas
C50.021 Malignant neoplasm of nipple and areola, right male breast	C50.621 Malignant neoplasm of axillary tail of right male breast	C17.2 Malignant neoplasm of ilieum	C25.8 Malignant neoplasm of overlapping sites of pancreas
C50.022 Malignant neoplasm of nipple and areola, left male breast	C50.622 Malignant neoplasm of axillary tail of left male breast	C17.3 Meckel's diverticulum, malignant	C25.9 Malignant neoplasm of pancreas, unspecified
C50.111 Malignant neoplasm of central portion of right female breast	C50.811 Malignant neoplasm of overlapping sites of right female breast	C17.8 Malignant neoplasm of overlapping sites of small intestine	Z80.0 Family history of pancreas, liver, stomach
C50.112 Malignant neoplasm of central portion of left female breast	C50.812 Malignant neoplasm of overlapping sites of left female breast	C17.9 Malignant neoplasm of small intestine, unspecified	Z85.42 Personal history of endometrial cancer, uterine cancer
C50.121 Malignant neoplasm of central portion of right male breast	C50.821 Malignant neoplasm of overlapping sites of right male breast	C18.0 Malignant neoplasm of cecum	Z85.51 Personal history of malignant neoplasm of bladder
C50.122 Malignant neoplasm of central portion of left male breast	C50.822 Malignant neoplasm of overlapping sites of left male breast	C18.1 Malignant neoplasm of appendix	Z85.850 Personal history of malignant neoplasm of thyroid
C50.211 Malignant neoplasm of upper-inner quadrant of right female breast	C50.911 Malignant neoplasm of unspecified site of right female breast	C18.2 Malignant neoplasm of ascending colon	Z80.49 Family history of cancer of the endometrium
C50.212 Malignant neoplasm of upper-inner quadrant of left female breast	C50.912 Malignant neoplasm of unspecified site of left female breast	C18.3 Malignant neoplasm of hepatic flexure	Z80.49 Family history of cancer of the genital system
C50.221 Malignant neoplasm of upper-inner quadrant of right male breast	C50.921 Malignant neoplasm of unspecified site of right male breast	C18.4 Malignant neoplasm of transverse colon	Z80.49 Family history of cancer of the uterine cervix
C50.222 Malignant neoplasm of upper-inner quadrant of left male breast	C50.922 Malignant neoplasm of unspecified site of left male breast	C18.5 Malignant neoplasm of splenic flexure	Z80.49 Family history of cancer of the uterus
C50.311 Malignant neoplasm of lower-inner quadrant of right female breast	D05.01 Lobular Carcinoma in situ of right breast (LCIS)	C18.6 Malignant neoplasm of descending colon	Z80.49 Family history of cancer of the vagina
C50.312 Malignant neoplasm of lower-inner quadrant of left female breast	D05.02 Lobular Carcinoma in situ of left breast (LCIS)	C18.7 Malignant neoplasm of sigmoid colon	Z85.028 Personal history of other malignant neoplasm of stomach
C50.321 Malignant neoplasm of lower-inner quadrant of right male breast	D05.11 Intraductal Carcinoma in situ of right breast (ICIS)	C18.8 Malignant neoplasm of overlapping sites of colon	Z85.05 Malignant neoplasm of liver
C50.322 Malignant neoplasm of lower-inner quadrant of left male breast	D05.12 Intraductal Carcinoma in situ of left breast (ICIS)	C18.9 Malignant neoplasm of colon, unspecified	Z80.0 Family history of malignant neoplasm of stomach
C50.411 Malignant neoplasm of upper-outer quadrant of right female breast	D05.81 Other specified type of carcinoma in situ of right breast	C19 Malignant neoplasm of rectogimoid junction	Z85.820 Malignant melanoma of skin
C50.412 Malignant neoplasm of upper-outer quadrant of left female breast	D05.82 Other specified type of carcinoma in situ of left breast	C20 Malignant neoplasm of rectum	
C50.421 Malignant neoplasm of upper-outer quadrant of right male breast		C21.1 Malignant neoplasm of anal canal	
		Z85.46 Malignant neoplasm of prostate	
		Z85.528 Malignant neoplasm of kidney	
		Z85.53 Malignant neoplasm of renal pelvis (part of the kidney)	
		Z85.520 Malignant carcinoid tumor of kidney	
		Z80.0 Family history of colon cancer, rectum	
		Z80.42 Family history of malignant neoplasm of prostate	
		Z80.51 Family history of malignant neoplasm of kidney	

CARDIOLOGY

CARDIOLOGY (ICD-10 Code)*	CARDIOLOGY (ICD-10 Code)*	CARDIOLOGY (ICD-10 Code)*	CARDIOLOGY (ICD-10 Code)*
I42.0 Dilated cardiomyopathy	I49.01 Unspecified atrial fibrillation	I71.01 Dissection of abdominal aorta	Q66.0 Cogenital Talipes Equinovarus ("club foot")
I42.1 Hypertrophic obstructive cardiomyopathy	I49.1 Ventricular fibrilliation	I71.1 Thoracic aortic aneurysm, ruptured	Q67.5 Cogential deformity of the spine (scoliosis)
I42.2 Hypertrophic non-obstructive cardiomyopathy	I49.3 Atrial premature depolarization (PACs)	I71.2 Thoracic aortic aneurysm, without rupture	Q67.6 Pectus excavatum
I42.5 Cardiomyopathy, other restrictive	I49.5 Ventricular premature depolarization (PVCs)	I71.3 Abdominal aortic aneurysm, ruptured	Q67.7 Pectus Carinatum
I42.8 Other cardiomyopathies	I49.8 Sick sinus syndrome	I71.8 Aortic aneurysm of unspecified site, without rupture	Q68.1 Arachnodactyly ("cogenital deformity of finger(s) and hand")
I42.8 Arrhythmogenic right ventricular dysplasia (ARVD)	Q23.8 Other unspecified cardiac arrhythmias	I71.9 Thoracic aortic ectasia	Q79.6 Ehlers-Danios syndrome
I42.9 Cardiomyopathy, unspecified	R00.1 Brugada syndrome	I77.810 Spontaneous tension pneumothorax	Q87.40 Marfan syndrome
I43 Cardiomyopathy in disease classified elsewhere	R00.2 Bradycardia, unspecified	J93.0 Primary spontaneous pneumothorax	Q87.410 Marfan syndrome with aortic dilation
I44.2 Atrioventnricular block, complete	R94.31 Palpitations	J93.11 Secondary spontaneous pneumothorax	Q87.418 Marfan syndrome with other cardiovascular manifestations
I45.81 Long QT syndrome	H27.10 Abnormal electrocardiogram	J93.81 Chronic pneumothorax	Q87.42 Marfan syndrome with ocular manifestations
I46.2 Other specified conduction disorders	H52.11 (ECG)(EKG)	J93.83 Other pneumothorax	Q87.43 Marfan syndrome with skeletal manifestations
I47.2 Cardiac arrest due to underlying cardiac conditions	H52.12 Unspecified dislocation of the lens	L90.6 Stria Atrophicae (stretch marks)	R23.3 Spontaneous Ecchymoses (easy bruising)
I48.0 Ventricular tachycardia	H52.12 Myopia, right eye	L98.8 Other specified disorders of skin and subcutaneous tissue	
I48.2 Paroxysmal atrial fibrillation	H52.13 Myopia, left eye	M35.7 Hypermobility Syndrome	
I48.91 Chronic atrial fibrillation	I34.1 Mitral valve prolapse	Q12.1 Congenital displaced lens	
	I171.00 Dissection of unspecified site of aorta		
	I71.01 Dissection of thoracic aorta		

MALIGNANT HYPERTHERMIA

FOR PATIENTS WITH PERSONAL OR FAMILY HISTORY			*FOR PATIENTS WITH NO PERSONAL OR FAMILY HISTORY*
MALIGNANT HYPERTHERMIA (ICD-10 Code)*	MALIGNANT HYPERTHERMIA (ICD-10 Code)*	MALIGNANT HYPERTHERMIA (ICD-10 Code)*	MALIGNANT HYPERTHERMIA (ICD-10 Code)*
T88.3XXA Malignant hyperthermia due to anesthesia, initial encounter	T88.3XXD Malignant hyperthermia due to anesthesia, subsequent encounter	T88.3XXS Malignant hyperthermia due to anesthesia, sequel	Z15.89 Genetic susceptibility to other disease