## <sup>2011</sup> MOLECULAR GENETICS FORM FOR DNA ANALYSIS <sup>2011</sup>

Medical Genetics – Wake Forest University School of Medicine – Winston Salem NC Phone: 336-716-4321 Fax: 336-716-2554 Web: www.wfubmc.edu/medicalgenetics/

Collec	ction Date:		Time:		_ am/pm	WFU LAB #	:
Name	::	/		/		/	
(Please pr	int) Last	First /			Middle /	Maio Daytime Phone	
	Mailing Address		City		State	Zip	,
Birth	Date:	SS# :				_ <b>Sex:</b> □ male /	□ female
Hospital:Patient's Mother's first name:Hospital Unit #:							
Type of Specimen: ☐ Blood ☐ Bone Marrow ☐ Amniotic Fluid ☐ Tissue ☐ Cheek Swab ☐ Paraffin Block ☐ DNA							
Collection Technique: 5 to 10cc of blood collected in a purple top EDTA tube – room temperature							
(Microarray testing also requires 5 to 10cc of blood collected in a green top Sodium Heparin tube)							
	Physician/Provider On	rder			Statement	of Financial Respon	nsibility
Phy	ysician: Last, First	Phone/beeper					me to release to my healthcare
1							caid Services or its intermediaries r related claim. I permit a copy of
X			this authorization to be used in place of the original, and request payment of authorized insurance				
		G 1				WFU Physicians. I understand I am responsible for payment le for payment if my insurance carrier decides this is a non-	
X Physician Signature Required to Proces		ocess Sample	covered service or requires prior authorizat				
2				1	1		
3			Patient Sign	nature:			Date:
					mation		Datc.
Bill: ☐ Forsyth Novant ☐ Northeast Med Center ☐ Moses Cone – Solstas ☐ CFMFC							
2	□ Solstas □ Women's						
	☐ Medicare #	Medic	eaid #:		<i>j</i> 2011 <b>g</b> 1100	Carolina Access	
	☐ Insurance:	F	Employer:			Policy #:	
	(Enclose copy of both sides of					101105	
SIGNS/SYMPTOMS/INDICATION (ICD-9 CODES) FOR A DNA STUDY							
Indicate all that apply. Codes here do not represent entire listing of ICD-9 codes available. Please consult current ICD-9 code book for complete listing.							
	normal ears other (744.29)	☐ Cystic Fib					
	ormal facies (744.89)	ental delay (315.9)					
				thrive (783.41)			
□ autism – infantile (299.00) □ language				delay (315.31) □ obesity unspec (278.00) □ short stature (783.43)			
☐ Cystic Fibrosis screening (v77.6) ☐ learning (			delay (\$13.31) Short statute (783.43) delay other specified (\$15.2) Transplant (V42.81) specify d			* * * * * * * * * * * * * * * * * * * *	
Additional Clinical Information/ICD-9 codes:							
Test Requested Note: When ordering tests for which Medicare reimbursement will be sought, it is recommended that the Provider consult any Local Medical							
Review Policies (LMRP) or National Coverage Decisions (NCD) that may be applicable to the test(s) being ordered. Based on guidance issued in either of these policies it may be necessary to obtain an Advanced Beneficiary Notice (ABN) from the Medicare Patient. For Medicaid and other carriers a signed Statement of Financial Responsibility							
from the patient may be necessary. (See Statement of Financial Responsibility at top of form.)							
TEST(s) REQUESTED							
	gelman Syndrome (Methyl	ation)				trophy (DM-1)	
	imerism { } Pre or { } Post					Syndrome (Methyla	
	stic Fibrosis					on Genetic Diagno arian Failure	S1S
	Carrier Screen or { } Genotype	or Sendout					me #
□ DNA Banking, Extraction and/or Sendout □ Uniparental Disomy: Chromosome # □ X Chromosome Inactivation Study							
☐ Fragile X Syndrome ☐ Zygosity							
	nnedy Disease / SBMA			Oth			
☐ Microarray { } Patient or { } Parent Please call for CPT codes for specific tests							
Ethnic Background (Important for accurate Cystic Fibrosis test interpretation):							
	V European Caucasian	□ Ashkenaz			☐ Hispar		her:
	Suropean Caucasian	☐ Other Jev	vish			n American	
	xed European Caucasian	☐ Asian			☐ Native	American	
Symptomatic Individuals: Check most appropriate box: ☐ Possible Dx ☐ Definite Dx							
Asymptomatic Individuals: (Carrier/Predictive Testing) Check most appropriate box:  □ Previous Affected Child* □ Pregnancy at Risk* □ Family History* □ Carrier Screen							
*Ples	ase include pedigree	110	Simile y a	LININ	<b>1</b>	uning mistory	