2405 Wesbrook Mall, room 5524
Vancouver BC
V6T 1Z3
www.neurocode.com

Instructions for Filling out Test Requisition v20161220

Overview

The test requisition must be filled out according to these directions. In the event of an incomplete test requisition, Neurocode Labs, Inc. may, at its discretion, either contact the referring physician for clarification, or reject the sample for testing.

All sections that must be filled in are marked as required in these directions; any field that may be left blank has the circumstances in which it may be left blank explained.

Print out a copy of the requisition for each sample that will be sent for testing. For "Proband Only" testing, only one copy is needed; for trio testing, each sample (i.e., proband, mother, father) must have their own test requisition filled out, then signed and dated by the ordering physician.

1. Test Selection (all sections required)

Exactly one of "Whole Exome Sequencing for Neurological Disorder" or "Confirmatory Sanger sequencing validation" must be checked.

a) "Whole Exome Sequencing for Neurological Disorder" should be checked by a physician or referring laboratory if sequencing is to be completed to identify either known or likely pathogenic mutations in genes associated with a specific diagnosis.

i) Please check either the "Proband Only" or "Trio" box. "Proband" should be checked if this sample does not have associated parent or offspring sample(s) associated with it that will also be tested.

ii) If the "Trio" box is checked, please also check the appropriate box describing this sample "Proband", "Proband's Father" or "Proband's Mother".

Please note: each sample in a trio requires their own requisition form be filled out completely.

b) "Confirmatory Sanger sequencing validation" should be checked by a physician or referring laboratory if there is a specific mutation which has already been identified through some other means, and only validation of this variant in the supplied sample is to be done.

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2. Specimen Information (all sections are required)

Sample type: please check the appropriate box. Ensure the sample is collected according to the directions listed at http://www.neurocode.com/samples.html, and sent according to the directions included with the test requisition.

Collection Date: the date the sample was collected as four-digit year, two digit month, two digit day.

3. Ordering Physician Information

If a physician is ordering exome sequencing or confirmatory Sanger sequencing for diagnostic purposes, please fill out this section. Otherwise, please fill out the "Requesting Laboratory" section.

Physician Name (**required**): Provide the name of the ordering physician.

MSP number (in BC): Provide the physician's Medical Services Plan number. If this test is being ordered from out of province, please leave this blank.

Street Address, City, Province, Postal Code, Institution (**required**): please provide the mailing address and institutional affiliation of the ordering physician. This should be the address to which printed reports can be returned by mail.

Phone (**required**): Provide the phone number of the ordering physician.

Fax: Provide a fax number to which correspondence may be sent. This may be left blank.

Email address (**required**): provide an email address to which notifications regarding this sample may be sent. **PLEASE NOTE**: test results will not be returned by email.

4. Addition Report Recipient (two sections)

Note: if only the referring physician is to receive a copy of the final report, these sections may be left blank; otherwise, all sections are required unless specifically exempted.

Physician/GC Name: the name of an additional recipient of this report.

MSP Number (in BC): the Medical Services Plan number of this provider. If this test is ordered from out of province, please leave this blank.

Phone, Fax, Email address: please provide the contact information for the additional recipient.

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5. Requesting Laboratory

If a laboratory is sending Neurocode Labs a sample for either whole exome sequencing or Sanger confirmation, please fill out this section instead of the referring physician.

Facility name: the name of the ordering laboratory (**required**).

Street Address, City, Provice, Postal Code (**required**): provide the mailing address for the facility. This is the address to which printed results will be returned.

Telephone, Contact name (**required**): the phone number at which the person specified at "Contact name" may be reached.

Fax: a fax number to which potentially sensitive results may be sent. This may be left blank.

HGNC gene symbol (**required for confirmatory Sanger sequencing**): the approved gene symbol for the gene to be targeted for sequencing.

HGVS protein change (**required for confirmatory Sanger sequencing**): The HGVS annotation for the change to be validated (e.g. "p.Arg123Trp". Single letter amino acid codes are allowed.)

Transcript ID (**required for confirmatory Sanger sequencing**): an identifier for the transcript to which the HGVS protein change applies (e.g. "NM_12345678", "uc123456.7").

6. Patient Information (all sections are required)

Name: fill out the patient's legal name: last/family name, first name, initials.

DOB: provide the patient's date of birth as four digit year, two digit month, two digit day.

PHN: provide the patient's Provincial Health Number. If this sample is coming from outside BC, please leave this blank.

Sex: check the most appropriate box. In the event the proband is a pediatric patient and has ambiguous genitalia, please check "unknown/ambiguous".

Ethnicity: check the appropriate box. In the case the patient is of mixed ancestry, please check all that apply (e.g., if parents are Asian and Caucasian, check both boxes; if parents are of mixed ancestry, check all applicable boxes).

7. Clinical Diagnosis

Currently, we only offer testing for "Epilepsy/Seizure Disorder". No action necessary.

Subtype: please check all boxes that apply. These may be left blank.

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8. Biological Parent Data – Mother (all sections are required)

Name: please provide the full legal name of the biological mother: last/family, first, initials. In the event the mother's identity is unavailable, please write "UNKNOWN" in all capitals.

DOB: please provide the mother's date of birth as four digit year, two digit month, two digit day. In the event the mother's identity is unavailable, please write "UNKNOWN" in all capitals.

Affected: please check exactly one box. If the mother shares the phenotype of the person to whom the sample accompanying this requisition, check "Yes". If the mother is unaffected, but has a blood relative with the same phenotype, check "No, but a family member is". Otherwise, or if the mother's identity is unavailable, check "No".

Sample: please check exactly one box. If the mother will have a sample sent as part of a trio for sequencing, check "Sent Separately". Otherwise, or if the mother's identity is unavailable, check "Not Available".

9. Biological Parent Data – Father (all sections are required)

Name: please provide the full legal name of the biological father: last/family, first, initials. In the event the mother's identity is unavailable, please write "UNKNOWN" in all capitals.

DOB: please provide the mother's date of birth as four digit year, two digit month, two digit day. In the event the father's identity is unavailable, please write "UNKNOWN" in all capitals.

Affected: please check exactly one box. If the father shares the phenotype of the person to whom the sample accompanying this requisition, check "Yes". If the father is unaffected, but has a blood relative with the same phenotype, check "No, but a family member is". Otherwise, or if the father's identity is unavailable, check "No".

Sample: please check exactly one box. If the father will have a sample sent as part of a trio for sequencing, check "Sent Separately". Otherwise, or if the father's identity is unavailable, check "Not Available".

10. Physician's Statement and Signature (all sections are required)

Please have the ordering physician read, sign and date the test requisition. Neurocode Labs, Inc. will reject all samples that have not been ordered by a physician.

11. Consent to Receipt of Secondary Findings (suggested, but not required)

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Exome sequencing may detect genetic changes that are known to predispose or cause several symptoms, syndromes, diseases, illnesses or impairments that have no connection to the referring diagnosis. There is a list of genes curated by the American College of Medical Genetics of genes associated with several different phenotypes which have been deemed medically actionable; a copy of the publication detailing this list is available at http://www.neurocode.com/ACMG_SFv2.pdf.

If the physician signs and dates this section, the exome will also be interrogated for reportable changes in the ACMG-defined list of genes, and any mutations that are Sanger validated will be included in the returned report as a "Secondary Finding". If the physician does not sign and date this section, Neurocode Labs will not interrogate genes that are not associated with the referring diagnosis, and no secondary results will be returned.