BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
Baylor College of Medicine
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

MITOCHONDRIAL DNA (mtDNA) TEST REQUISITION

PATIENT INFORMATION

NAME: _____ (LAST NAME) _____ (FIRST NAME) ___ (MI)

DATE OF BIRTH: ___ / ___ / ___ (MM / DD / YY) GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

-OR-
PLACE PATIENT STICKER HERE

INDICATION FOR STUDY

DATE OF COLLECTION: ___ / ___ / ___ (MM / DD / YY)

HOSPITAL#: _____ ACCESSION#: _____

SAMPLE TYPE (Please select one):

☐ BLOOD
☐ SKELETAL MUSCLE
☐ DNA (Specify Source): _____
☐ OTHER (Specify): _____

ETHNIC BACKGROUND (Select all that apply):

☐ AFRICAN AMERICAN
☐ ASIAN
☐ ASHKENAZIC JEWISH
☐ EUROPEAN CAUCASIAN
☐ HISPANIC
☐ NATIVE AMERICAN INDIAN
☐ OTHER JEWISH
☐ OTHER (Please specify): _____

REPORTING INFORMATION

PHYSICIAN: _____

INSTITUTION: _____

PHONE: _____ *FAX: _____

EMAIL (INTERNATIONAL CLIENT REQUIREMENT): _____

ADDITIONAL PROFESSIONAL REPORT RECIPIENTS

NAME: Dr. Lorne Seargeant

PHONE: 204-787-4531 *FAX: 204-787-3846

NAME: _____

PHONE: _____ *FAX: _____

*BCM-MEDICAL GENETIC LABORATORIES HAS A FAX ONLY POLICY FOR REPORTING

INDICATION FOR STUDY

☐ SYMPTOMATIC (Summarize below.):

☐ ASYMPTOMATIC/POSITIVE FAMILY HISTORY: (ATTACH FAMILY HISTORY)

RELATIONSHIP TO PROBAND: _____

*If family mutation is known, complete the FAMILIAL MUTATION/ VARIANT ANALYSIS section.

☐ ASYMPTOMATIC/POPULATION SCREENING

☐ OTHER (Specify clinical findings below.):

☐ *FAMILIAL MUTATION/VARIANT ANALYSIS:

Complete all fields below and attach the proband's report.

GENE NAME: _____

MUTATION/UNCLASSIFIED VARIANT: _____

THIS INDIVIDUAL IS CURRENTLY: ☐ SYMPTOMATIC ☐ ASYMPTOMATIC

NAME OF PROBAND: _____

RELATIONSHIP TO PROBAND: _____

BCM LAB#: _____

☐ A COPY OF ORIGINAL RESULTS ATTACHED

IF PROBAND TESTING WAS PERFORMED AT ANOTHER LAB, CALL TO DISCUSS PRIOR TO SENDING SAMPLE. A POSITIVE CONTROL MAY BE REQUIRED IN SOME CASES.

REQUIRED: NEW YORK STATE PHYSICIAN SIGNATURE OF CONSENT

I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

Physician's Printed Name:_____ Signature:_____ Date (MM/DD/YY):_____

LAST UPDATED: 6/4/2012

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COMPREHENSIVE mtDNA ANALYSIS BY MASSIVELY PARALLEL SEQUENCING (MitoNGS)

☐	2055	- Sequence analysis of the entire mitochondrial genome with quantification of heteroplasmy levels for all nucleotide positions - Detection of deletions with breakpoints and heteroplasmy - Exceeds the combined capabilities of the mtDNA Common Mutation and Deletion Screening Panel (test 3000), mtDNA Whole Genome Sequencing (test 3055), and mtDNA point mutation quantification (test 3005)

MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGS[SM]) PANELS[1]

☐	2105	Cholestasis PANEL	4 GENES	*ABCB4, ABCB11, ATP8B1, JAG1*
☐	2100	Coenzyme Q10 Deficiency PANEL	5 GENES	*PDSS1, PDSS2, COQ2, COQ9, ADCK3 (COQ8/CABC1)*
☐	2120	Cobalamin Metabolism Disorders PANEL	8 GENES	*TCN2, MMAA, MMAB, MMACHC, MMADHC, MTRR, LMBRD1, MUT*
☐	2125	Glycogen Metabolism Disorder PANEL	16 GENES	*AGL, G6PC, GAA, GBE1, GYS1, GYS2, PFKM, PGAM2, PGM1, PHKA1, PHKA2, PHKB, PHKG2, PYGL, PYGM, SLC37A*
☐	2126	Glycogen Storage Disease (GSD) Muscle PANEL	9 GENES	*AGL, GAA, GYS1, PFKM, PGAM2, PGM1, PHKA1, PHKB, PYGM*
☐	2127	Glycogen Storage Disease (GSD) Liver PANEL	10 GENES	*AGL, G6PC, GAA, GBE1, GYS2, PHKA2, PHKB, PHKG2, PYGL, SLC37A4*
☐	2130	mtDNA Depletion/Integrity PANEL	14 GENES	*C10orf2, DGUOK, MPV17, OPA1, OPA3, POLG, POLG2, RRM2B, SLC25A4, SUCLA2, SUCLG1, SUCLG2, TK2, TYMP*
☐	2140	Progressive External Ophthalmoplegia (PEO-NGS) PANEL	6 GENES	*C10orf2 (TWINKLE), OPA1, POLG, POLG2, RRM2B, SLC25A4(ANT1)*
☐	2155	Mitochondrial Respiratory Chain Complex I Panel	25 GENES	*C20orf7, FOXRED1, NDUFA1, NDUFA2, NDUFA7, NDUFA8, NDUFA10, NDUFA11, NDUFA13, NDUFAF1, NDUFAF2, NDUFAF3, NDUFAF4, NDUFB6, NDUFS1, NDUFS2, NDUFS3, NDUFS4, NDUFS5, NDUFS6, NDUFS7, NDUFS8, NDUFV1, NDUFV3, NUBPL*
☐	2160	Mitochondrial Respiratory Chain Complex II Panel	6 GENES	*SDHA, SDHB, SDHC, SDHD, SDHAF1, SDHAF2*
☐	2165	Mitochondrial Respiratory Chain Complex III Panel	4 GENES	*BCS1L, TTC19, UQCRB, UQCRQ*
☐	2170	Mitochondrial Respiratory Chain Complex IV Panel	12 GENES	*COX10, COX15, COX4I1, COX4I2, COX6B1, COX7A1, FASTKD2, LRPPRC, SCO1, SCO2, SURF1, TACO1*
☐	2175	Mitochondrial Respiratory Chain Complex V Panel	3 GENES	*ATPAF2 (ATP12), ATP5E,TMEM70*
☐	2180	Mitochondrial Respiratory Chain Complex I-V Panel	50 GENES	*ATPAF2 (ATP12), ATP5E, BCS1L, C20orf7,COX10, COX15, COX4I1, COX4I2, COX6B1, COX7A1, FASTKD2, FOXRED1, LRPPRC, NDUFA1, NDUFA2, NDUFA7, NDUFA8, NDUFA10, NDUFA11, NDUFA13, NDUFAF1, NDUFAF2, NDUFAF3, NDUFAF4, NDUFB6, NDUFS1, NDUFS2, NDUFS3, NDUFS4, NDUFS5, NDUFS6, NDUFS7, NDUFS8, NDUFV1, NDUFV3, NUBPL, SCO1, SCO2,SDHA, SDHB, SDHC, SDHD, SDHAF1, SDHAF2, SURF1, TACO1, TMEM70, TTC19, UQCRB, UQCRQ*
☐	2185	PDH & Mitochondrial RC Complex V Panel	9 GENES	*PDHA1, PDHB, DLAT, DLD, PDHX, ATPAF2 (ATP12), ATP5E, TMEM70, PDP1*
☐	2300	Myopathy/Rhabdomyosis PANEL	25 GENES	*ACADL, ACADM, ACADS, ACADVL, AGL, C10orf2, CPT1B, CPT2, GAA, GYS1, HADHA, HADHB, OPA1, OPA3, PFKM, PGAM2, PGM1, PHKA1, POLG, POLG2, PYGM, RRM2B, SUCLA2, TK2, TYMP*

DNA COPY NUMBER ANALYSIS

☐	3700	mtDNA Content (qPCR) Analysis- MUSCLE
☐	3720	mtDNA Content (qPCR) Analysis- LIVER
☐	3500	Mitochondrial/Metabolic (MitoMet®) Microarray Analysis Copy number analysis of selected nuclear genes + entire mtDNA REQUIRED INFORMATION BELOW. 1. Specific Disease/Gene: _____ 2. Indication: _____

[1] Single Gene Tests Available - See Molecular Diagnostic Requisition

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mtDNA RESPIRATORY CHAIN ENZYME TESTS		
☑	3200	Mitochondrial Respiratory Chain Enzyme Analysis (ETC) - Skeletal Muscle
☐	3210	Mitochondrial Respiratory Chain Enzyme Analysis (ETC) - Skin Fibroblasts
MITOCHONDRIAL DNA (mtDNA) MUTATION SCREENS		
☐	3000	mtDNA COMMON MUTATIONS AND DELETIONS SCREEN: Screens for deletions and 13 common point mutations in MELAS, MERRF, NARP, Leigh Syndrome, LHON, Cardiomyopathy, Deafness and/or Diabetes, Pearson Syndrome, and Kearns-Sayre Syndrome.
☐	3025*	LHON POINT MUTATIONS SCREEN: Includes m.11778G>A,m.3460G>A, m.14484T>C,and m.14459G>A which are observed in > 95% of LHON cases.

Reflex Policy for test 3000 and 3025: qPCR to measure the level of mutation heteroplasmy will be performed as a reflex test for point mutations detected by Allele-Specific Oligonucleotide hybridization. Results of the reflexive test will be reported separately under test code 3006 at no charge.
*Consider mtDNA SCREENING PANEL - POINT MUTATIONS AND DELETIONS (test code 3000) instead of test 3025.

mtDNA SANGER SEQUENCE ANALYSIS TESTS For Familial Mutation/Variant Analysis, complete indication information on page 1.		
☐	3055*	mtDNA Whole Genome Sanger Sequence Analysis: subsumes tests 3025-3050
☐	3050*	mtDNA Complex I Subunits Sequence Analysis
☐	3040*	mtDNA Complex III Deficiency Sequence Analysis
☐	3035*	mtDNA Complex IV Deficiency Sequence Analysis
☐	3045*	mtDNA ATPase Subunits Sequence Analysis
☐	3030	mtDNA Nonsyndromic Hearing Loss

*Consider BCM MitoNGS℠ (test code 2055). BCM MitoNGS℠ provides a more thorough evaluation.

NUCLEAR GENE SANGER SEQUENCE ANALYSIS PANELS*				
☐	3300	ad-PEO PANEL	3 GENES	*POLG, SLC25A4 (ANT1), C10orf2 (TWINKLE)*
☐	3105	Complex IV (COX) Deficiency PANEL (nuclear genes)	4 GENES	*COX10, SCO1, SCO2, SURF1*
☐	3335	mtDNA Depletion, Hepatocerebral Form PANEL	3 GENES	*POLG, DGUOK, MPV17*
☐	3080	mtDNA Depletion & Multiple Deletions PANEL	4 GENES	*POLG, DGUOK, SUCLA2, TK2*
☐	3620	Complex I Deficiency PANEL (nuclear genes)	13 GENES	*NDUFA1, NDUFA7, NDUFAF1, NDUFAF2, NDUFAF4 (C6orf66), NDUFS2, NDUFS3, NDUFS4, NDUFS5, NDUFS6, NDUFS7, NDUFS8, NDUFV1*

*Consider BCM MitomeNGS℠ panels.

INDIVIDUAL NUCLEAR GENE SANGER SEQUENCE ANALYSIS TESTS
For Familial Mutation/Variant Analysis, complete indication information on page 1.

Barth Syndrome (TAZ-Related Disorders)				*TAZ*
	☐	3610	*TAZ* Sequence Analysis	
C10orf2 (TWINKLE)-Related Disorders				*C10orf2*
	☐	3179	*C10orf2 (TWINKLE)* Comprehensive (Seq & Del/Dup Analysis)	
	☐	3175	*C10orf2 (TWINKLE)* Sequence Analysis	
	☐	3178	*C10orf2 (TWINKLE)* Deletion/Duplication Analysis	

Coenzyme Q10 Deficiency				
	☐	3850	*ADCK3(CABC1)* Sequence Analysis	*ADCK3*
	☐	3415	*COQ2* Sequence Analysis	*COQ2*
	☐	3775	*COQ9* Sequence Analysis	*COQ9*
	☐	3405	*PDSS1* Sequence Analysis	*PDSS1*
	☐	3410	*PDSS2* Sequence Analysis	*PDSS2*
	☐	4800	Coenzyme Q10 Analyte Analysis - Skeletal Muscle	

LAST UPDATED: 6/4/2012

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INDIVIDUAL NUCLEAR GENE SANGER SEQUENCE ANALYSIS TESTS

For Familial Mutation/Variant Analysis, complete indication information on page 1.

Combined Oxidative Phosphorylation Deficiency			
☐	3760	*MRPS16* Sequence Analysis	*MRPS16*
☐	3645	*TSFM* Sequence Analysis	*TSFM*
☐	3810	*TUFM* Sequence Analysis	*TUFM*
Complex I Deficiency			
☐	2655	*C20orf7* Sequence Analysis	*C20orf7*
☐	2660	*FOXRED1* Sequence Analysis	*FOXRED1*
☐	3485	*NDUFA1* Sequence Analysis	*NDUFA1*
☐	2665	*NDUFA2* Sequence Analysis	*NDUFA2*
☐	3260	*NDUFA7* Sequence Analysis	*NDUFA7*
☐	2670	*NDUFA8* Sequence Analysis	*NDUFA8*
☐	2675	*NDUFA10* Sequence Analysis	*NDUFA10*
☐	2680	*NDUFA11* Sequence Analysis	*NDUFA11*
☐	2685	*NDUFA13* Sequence Analysis	*NDUFA13*
☐	3940	*NDUFAF1* Sequence Analysis	*NDUFAF1*
☐	3535	*NDUFAF2* Sequence Analysis	*NDUFAF2*
☐	2690	*NDUFAF3* Sequence Analysis	*NDUFAF3*
☐	3480	*NDUFAF4* Sequence Analysis	*NDUFAF4*
☐	2500	*NDUFB6* Sequence Analysis	*NDUFB6*
☐	2700	*NDUFS1* Sequence Analysis	*NDUFS1*
☐	3930	*NDUFS2* Sequence Analysis	*NDUFS2*
☐	3570	*NDUFS3* Sequence Analysis	*NDUFS3*
☐	3560	*NDUFS4* Sequence Analysis	*NDUFS4*
☐	3250	*NDUFS5* Sequence Analysis	*NDUFS5*
☐	3565	*NDUFS6* Sequence Analysis	*NDUFS6*
☐	3605	*NDUFS7* Sequence Analysis	*NDUFS7*
☐	3845	*NDUFS8* Sequence Analysis	*NDUFS8*
☐	3590	*NDUFV1* Sequence Analysis	*NDUFV1*
☐	2705	*NDUFV3* Sequence Analysis	*NDUFV3*
☐	2710	*NUBPL* Sequence Analysis	*NUBPL*
Complex II Deficiency			
☐	3180	*SDHA* Sequence Analysis	*SDHA*
☐	93185	*SDHB* Sequence Analysis	*SDHB*
☐	93190	*SDHC* Sequence Analysis	*SDHC*
☐	93195	*SDHD* Sequence Analysis	*SDHD*
☐	3675	*SDHAF1* Sequence Analysis	*SDHAF1*
☐	3320	*SDHAF2* Sequence Analysis	*SDHAF2*

Complex III Deficiency			
☐	3110	*BCS1L* Sequence Analysis	*BCS1L*
☐	2720	*UQCRB* Sequence Analysis	*UQCRB*
☐	2725	*UQCRQ* Sequence Analysis	*UQCRQ*
☐	2715	*TTC19* Sequence Analysis	*TTC19*
Complex IV Deficiency			
☐	2730	*COX4I1* Sequence Analysis	*COX4I1*
☐	2735	*COX4I2* Sequence Analysis	*COX4I2*
☐	3625	*COX6B1* Sequence Analysis	*COX6B1*
☐	2740	*COX7A1* Sequence Analysis	*COX7A1*
☐	3100	*COX10* Sequence Analysis	*COX10*
☐	3545	*COX15* Sequence Analysis	*COX15*
☐	3555	*FASTKD2* Sequence Analysis	*FASTKD2*
☐	3240	*LRPPRC* Sequence Analysis	*LRPPRC*
☐	3095	*SCO1* Sequence Analysis	*SCO1*
☐	3090	*SCO2* Sequence Analysis	*SCO2*
☐	3085	*SURF1* Sequence Analysis	*SURF1*
☐	2745	*TACO1* Sequence Analysis	*TACO1*
Complex V Deficiency			
☐	3270	*ATPAF2* Sequence Analysis	*ATPAF2*
☐	3290	*ATP5E* Sequence Analysis	*ATP5E*
☐	3735	*TMEM70* Sequence Analysis	*TMEM70*
Deafness-Dystonia-Optic Neuropathy			*TIMM8A*
☐	3340	*TIMM8A* Sequence Analysis	
DGUOK-Related Disorders			*DGUOK*
☐	3079	*DGUOK* Comprehensive (Seq & Del/Dup Analysis)	
☐	3075	*DGUOK* Sequence Analysis	
☐	3078	*DGUOK* Deletion/Duplication Analysis	
Ethylmalonic Encephalopathy			*ETHE1*
☐	3745	*ETHE1* Sequence Analysis	
MPV17-Related Disorders			*MPV17*
☐	3324	*MPV17* Comprehensive (Seq & Del/Dup Analysis)	
☐	3320	*MPV17* Sequence Analysis	
☐	3323	*MPV17* Deletion/Duplication Analysis	
mtDNA Depletion Syndrome, SUCLG2 - Related			*SUCLG2*
☐	3960	*SUCLG2* Sequence Analysis	

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INDIVIDUAL NUCLEAR GENE SEQUENCE ANALYSIS TESTS (CONT.)

For Familial Mutation/Variant Analysis, complete indication information on page 1.

mtDNA Depletion Syndrome, Myopathic Form (TK2-Related Disorders)			*TK2*
☐	3074	*TK2* Comprehensive (Seq & Del/Dup Analysis)	
☐	3070	*TK2* Sequence Analysis	
☐	3073	*TK2* Deletion/Duplication Analysis	
Mitochondrial Phosphate Carrier Deficiency			*SLC25A3*
☐	3490	*SLC25A3* Sequence Analysis	
Mitochondrial Myopathy and Sideroblastic Anemia			*PUS1*
☐	3650	*PUS1* Sequence Analysis	
MNGIE/MNGIE like Syndrome			*TYMP*
☐	3060	*TYMP* Sequence Analysis	
Myopathy with Deficiency of ISCU			*ISCU*
☐	3655	*ISCU* Sequence Analysis	
Optic Atrophy Type 1			*OPA1*
☐	3465	*OPA1* Sequence Analysis	
Optic Atrophy Type 3			*OPA3*
☐	3525	*OPA3* Sequence Analysis	
PDH Complex Deficiency			
☐	3169	*PDHA1* Comprehensive (Seq & Del/Dup Analysis)	*PDHA1*
☐	3165	*PDHA1* Sequence Analysis	*PDHA1*
☐	3168	*PDHA1* Deletion/Duplication Analysis	*PDHA1*
☐	3895	*PDHB* Sequence Analysis	*PDHB*
☐	3890	*PDP1* Sequence Analysis	*PDP1*
☐	3920	*PDHX* Sequence Analysis	*PDHX*
☐	3460	*DLD* Sequence Analysis	*DLD*
☐	3915	*DLAT* Sequence Analysis	*DLAT*

POLG-Related Disorders			*POLG*
☐	3069	*POLG* Comprehensive (Seq & Del/Dup Analysis)	
☐	3065	*POLG* Sequence Analysis	
☐	3068	*POLG* Deletion/Duplication Analysis	
POLG2 -Related Disorders			*POLG2*
☐	3380	*POLG2* Sequence Analysis	
Pyruvate Carboxylase Deficiency			*PC*
☐	3750	*PC* Sequence Analysis	
RRM2B-Related Disorders			*RRM2B*
☐	3420	*RRM2B* Sequence Analysis	
SLC25A4-Related Disorders			*SLC25A4*
☐	3170	*SLC25A4(ANT1)* Sequence Analysis	
SUCLA2-Related Disorders			*SUCLA2*
☐	3379	*SUCLA2* Comprehensive (Seq & Del/Dup Analysis)	
☐	3375	*SUCLA2* Sequence Analysis	
☐	3378	*SUCLA2* Deletion/Duplication Analysis	
SUCLG1 -Related Disorders			*SUCLG1*
☐	3390	*SUCLG1* Sequence Analysis	
TOMM20 - Related Disorders			*TOMM20*
☐	3475	*TOMM20* Sequence Analysis	

LAST UPDATED: 6/4/2012

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MITOCHONDRIAL DNA (mtDNA) DIAGNOSTICS CHECK LIST

PATIENT NAME: _____ _____ ___
LAST NAME FIRST NAME MI

Please indicate whether each feature is: PRESENT (Y); ABSENT (N); NOT KNOWN/TESTED (?); or IF THERE IS A FAMILY HISTORY (FHx).

If more detailed clinical information is required, please provide the name, e-mail address, and phone number of the contact person below.

CENTRAL NERVOUS SYSTEM						
101	dd	Developmental Delay/MR	Y	N	?	FHx
102	ht	Hypotonia/Floppy Baby	Y	N	?	FHx
103	au	Autistic Features	Y	N	?	FHx
104	enc	Dementia/Encephalopathy	Y	N	?	FHx
105	ha	Headaches/Migraines	Y	N	?	FHx
106	stk	Stroke, Ischemic Episodes	Y	N	?	FHx
107	atx	Ataxia	Y	N	?	FHx
108	cm	Episodic Coma	Y	N	?	FHx
109	sz	Seizures	Y	N	?	FHx
110	mc	Myoclonus or Myoclonic Seizures	Y	N	?	FHx
111	pi	Perinatal Insult	Y	N	?	FHx
112	ps	Pyramidal Signs	Y	N	?	FHx
113	hp	Hemiparesis	Y	N	?	FHx
114	isz	Intractable/Refractory Seizures	Y	N	?	FHx
115	spas	Spasticity	Y	N	?	FHx
116	dyst	Dystonia	Y	N	?	FHx
117	cho	Chorea	Y	N	?	FHx

NEUROMUSCULAR						
201	pn	Peripheral Neuropathy	Y	N	?	FHx
202	exi	Exercise Intolerance	Y	N	?	FHx
203	mw	Muscle Weakness/DMD-like	Y	N	?	FHx
204	cr	Muscle Cramps after Exercise	Y	N	?	FHx
205	fat	Easy Fatigability	Y	N	?	FHx
206	cmyo	Cardiomyopathy	Y	N	?	FHx
207	hb	Heart Block	Y	N	?	FHx
208	ar	Arrhythmia	Y	N	?	FHx
209	op	Ophthalmoparesis, CPEO	Y	N	?	FHx
210	emg	Abnormal EMG/NCV	Y	N	?	FHx
211	pto	Ptosis	Y	N	?	FHx

VISCERAL						
301	gir	Gastrointestinal Reflux	Y	N	?	FHx
302	dge	Delayed Gastric Emptying	Y	N	?	FHx
303	pan	Pancreatitis	Y	N	?	FHx
304	dia	Diarrhea	Y	N	?	FHx
305	cst	Constipation	Y	N	?	FHx
306	cv	Cyclic Vomiting	Y	N	?	FHx
307	pob	Pseudoobstruction	Y	N	?	FHx
308	hpf	Hepatic Failure	Y	N	?	FHx
309	eta	Elevated Transaminases	Y	N	?	FHx
310	rtd	Renal Tubular Disease	Y	N	?	FHx
311	ap	Apnea/Hypoventilation	Y	N	?	FHx
312	rsf	Respiratory Deficiency/Failure	Y	N	?	FHx

METABOLITES/METOBOLIC						
401	kto	Ketosis	Y	N	?	FHx
402	dca	Dicarboxylic Aciduria	Y	N	?	FHx
403	la	Lactic Acidosis	Y	N	?	FHx
404	csfl	High CSF Lactate	Y	N	?	FHx
405	oatgg	Organic Aciduria, Tiglyglycine	Y	N	?	FHx
406	lpc	Low Plasma Carnitine	Y	N	?	FHx
407	cpk	CPK Abnormalities	Y	N	?	FHx
408	pyr	Elevated Pyruvate	Y	N	?	FHx
409	csfp	Hi CSF Protein	Y	N	?	FHx
410	ala	Elevated Alanine	Y	N	?	FHx
412	3mg	3-Methylglutaconic Aciduria	Y	N	?	FHx

SENSORY						
501	rp	Retinitis Pigmentosa	Y	N	?	FHx
502	opa	Optic Atrophy	Y	N	?	FHx
503	cat	Cataract	Y	N	?	FHx
504	hl	Sensorineural Hearing Loss	Y	N	?	FHx
505	trv	Tortuous Retinal Vessels	Y	N	?	FHx

ENDOCRINE						
601	db	Diabetes	Y	N	?	FHx
602	pd	Exocrine/Pancreatic Deficiency	Y	N	?	FHx
603	gf	Gonadal Failure	Y	N	?	FHx
604	hth	Hypothyroidism	Y	N	?	FHx
605	hpt	Hypoparathyroidism	Y	N	?	FHx
606	adr	Hypo/Hyper-adrenal Function	Y	N	?	FHx
607	ss	Short Stature	Y	N	?	FHx

OTHER CLINICAL						
701	ftt	Failure to Thrive	Y	N	?	FHx
702	mce	Microcephaly	Y	N	?	FHx
703	sids	SIDS/Unexplained Death	Y	N	?	FHx
704	ca	Congenital Anomalies	Y	N	?	FHx
705	dys	Dysmorphic Features	Y	N	?	FHx
706	id	Immunodeficiency	Y	N	?	FHx
707	ma	Macrocytic Anemia	Y	N	?	FHx
708	pcbm	Pancytopenia/Bone Marrow Failure	Y	N	?	FHx
710	np	Neutropenia	Y	N	?	FHx

HAIR/SKIN FINDINGS						
711	rash	Rashes w/Hypopigmentation	Y	N	?	FHx
712	htii	Hypertrichosis	Y	N	?	FHx
713	alp	Alopecia	Y	N	?	FHx
714	ac	Acrocyanosis	Y	N	?	FHx
001	mut	Mutation	Y	N	?	FHx
003	mi	Evidence of Maternal Inheritance	Y	N	?	FHx

ELECTROPHYSIOLOGY						
801	baers	Abnormal BAERS	Y	N	?	FHx
802	vers	Abnormal VERS	Y	N	?	FHx
803	eeg	Abnormal EEG	Y	N	?	FHx

IMAGING/OTHER STUDIES						
804	bg	Increased Signal Basal Ganglia	Y	N	?	FHx
805	dmy	Delay Myelination	Y	N	?	FHx
806	cea	Cerebellar Atrophy	Y	N	?	FHx
807	pstk	Posterior Stroke	Y	N	?	FHx
808	leuk	Leukodystrophy	Y	N	?	FHx
809	mrsl	MRS/Lactate Peak	Y	N	?	FHx
810	mri	Abnormal MRI	Y	N	?	FHx

MUSCLE BIOPSY						
901	his	Abnormal Histology	Y	N	?	FHx
902	em	Abnormal Ultrastructure (EM)	Y	N	?	FHx
903	enz	Abnormal Respiratory Enzymes	Y	N	?	FHx
904	prol	Large Mitochondrial/Proliferation	Y	N	?	FHx
905	cox	COX Deficiency	Y	N	?	FHx
906	rrf	Ragged Red Fibers	Y	N	?	FHx

LAST UPDATED: 6/4/2012

BCM-MEDICAL GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bcmgeneticlabs.org

SHIP TO: Medical Genetics Laboratories
Baylor College of Medicine
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

MITOCHONDRIAL DNA (mtDNA) TEST REQUISITION

BILLING INFORMATION

IMPORTANT NOTICE: ONE OF THE THREE FOLLOWING BILLING OPTIONS MUST BE INDICATED BELOW.
PLEASE FORWARD ALL BILLING QUESTIONS TO: MEDGENBILLING@BCM.EDU

PATIENT INFORMATION

PATIENT NAME (LAST,FIRST, MI): _____ PATIENT DATE OF BIRTH (MM/DD/YY): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

■ PAYMENT OPTION 1 - INSTITUTION

INSTITUTION NAME: Diagnostic Services of Manitoba Inc. INSTITUTION CODE: _____

CONTACT NAME: Michelle Newcombe EMAIL (REQUIRED): mnewcombe@dsmanitoba.ca

BILLING ADDRESS: HSC MS-543, 820 Sherbrook Street CITY, STATE, ZIP: Winnipeg, MB R3A 1R9

PHONE: 204-787-2843 FAX: 204-787-3846

☐ PAYMENT OPTION 2 - SELF-PAY (PAYMENT MUST ACCOMPANY SAMPLE)

☐ CREDIT CARD (PLEASE SELECT ONE): ◯ AMEX ◯ DISCOVER ◯ MC ◯ VISA

VALID CARD #: _____ EXPIRATION DATE (MM/YY): _____ CVC CODE: _____

BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

CARDHOLDER PRINTED NAME: _____ CARDHOLDER SIGNATURE: _____

☐ CHECK/MONEY ORDER: CHECK/MONEY ORDER #: _____ AMOUNT ENCLOSED: _____

☐ PAYMENT OPTION 3 - INSURANCE

PROVIDE A LEGIBLE PHOTOCOPY OF THE FRONT & BACK OF THE INSURANCE CARD OR HMO/MEDICAID HMO AUTHORIZATION/REFERRAL.

Please refer to the Financial Policy at www.bcmgeneticlabs.org for complete insurance filing information and managed care contract list. Insurance is filed to our contracted carriers as a client service courtesy. Patients are responsible for non-covered services, deductibles, co-insurance, contract exclusions, non-authorized services, and remaining balances after insurance reimbursement. HMO policies must have required approved authorizations. BCM-Medical Genetic Laboratories cannot bill out-of-state welfare programs. We accept authorized Texas Medicaid HMO covered charges for genetic testing. Please contact our office prior to submitting a Texas Medicaid sample. Contact medgenbilling@bcm.edu with questions.

ICD9 Diagnosis Code(s) - must be provided or insurance cannot be filed: _____

◯ PPO, POS, Commercial Insurance - Provide complete member information with legible front & back photocopy of insurance card.

◯ HMO - Provide approved authorization #: _____ and attach legible front & back photocopy of insurance card.

◯ Texas Medicaid HMO - Provide approved authorization #: _____ and contact Billing at 713-798-6555.

INSURED MEMBER'S INFORMATION

MEMBER NAME (Last, First, MI): _____ MEMBER DATE OF BIRTH (MM/DD/YY): _____ GENDER: ◯ FEMALE ◯ MALE

MEMBER POLICY #: _____ MEMBER SS #: _____ MEMBER GROUP #: _____

INSURANCE CO. NAME: _____ PHONE: _____

INSURANCE CO. ADDRESS: _____ CITY, STATE, ZIP: _____

I AUTHORIZE BCM-MEDICAL GENETICS LABORATORIES TO FURNISH ANY MEDICAL INFORMATION REQUESTED ON MYSELF, OR MY COVERED DEPENDENTS. IN CONSIDERATION OF SERVICES RENDERED, I TRANSFER AND ASSIGN ANY BENEFITS OF INSURANCE TO BCM-MEDICAL GENETICS LABORATORIES. I UNDERSTAND I AM RESPONSIBLE FOR ANY CO-PAY, DEDUCTIBLES, OR NON-AUTHORIZED SERVICES AND REMAINING BALANCES AFTER INSURANCE REIMBURSEMENT. I UNDERSTAND I AM FULLY RESPONSIBLE FOR PAYMENT OF MY ACCOUNT IF THE BCM-MEDICAL GENETICS LABORATORIES IS NOT A PARTICIPANT WITH MY HEALTH PLAN, AND MY HEALTH PLAN DOES NOT FULLY REIMBURSE MY MEDICAL SERVICES DUE TO LACK OF AUTHORIZATION OR MEDICAL NECESSITY.

PRINTED NAME: _____ SIGNATURE: _____ DATE (MM/YY): _____