Medical Necessity Regulations: At the government’s request, the Molecular Genetics Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid programs, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient, and (4) not for screening purposes.

For specimen pick up, test results, status, and any other technical inquiry, please call the BMGDL at 305-243-5450.
<table>
<thead>
<tr>
<th>Test Codes</th>
<th>Test Name</th>
<th># of genes</th>
<th>Gene List</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMGDL GENETIC TEST REQUISITION FORM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOCHEMICAL and MOLECULAR GENETICS DIAGNOSTIC LAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test Codes</td>
<td>Test Name</td>
<td>Gene List</td>
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<td>3002</td>
<td>3002</td>
<td>GALT Gene Sequencing Assay</td>
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<td></td>
<td>3003</td>
<td>Family variant testing</td>
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<tr>
<td>8001</td>
<td>8001</td>
<td>Early Onset Glaucoma Gene Sequencing Panel</td>
<td>37</td>
</tr>
<tr>
<td>8002</td>
<td>8002</td>
<td>Stickler Syndrome Gene Sequencing Panel</td>
<td>7</td>
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<td>8003</td>
<td>8003</td>
<td>Congenital Cataract Gene Sequencing Panel</td>
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</tr>
<tr>
<td>8004</td>
<td>8004</td>
<td>Hearing Loss Gene Panel</td>
<td>135</td>
</tr>
</tbody>
</table>

☐ STAT  (expedited turnaround time; additional charges apply)
**INDICATIONS FOR TESTING**

Required please submit clinical records.

1. **ICD-10 Code (required for billing, testing & interpretation):**

2. Status of the individual tested (required):  
   - [ ] Affected  
   - [ ] Unaffected  
   - [ ] Unknown

3. Presenting features (required):

4. Family history:

5. Laboratory or other relevant findings:

6. Is this test for a known familial mutation:  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

Familial Mutation:

<table>
<thead>
<tr>
<th>Gene</th>
<th>Variant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the family member (index patient) was tested at BMGDL  
Accession #: 

Patient’s relation to index patient:  
Index Patient Name:  
Index Patient DOB: ___/__/___

If the family member (index patient) was not tested at BMGDL please attach a copy of the original index case report  
(Required)

---

<table>
<thead>
<tr>
<th>NPI: 1568769370</th>
<th>Provider: Dept. Human Genetics</th>
<th>For BMGDL use only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA: 10D2031737</td>
<td>Tax ID No: 59-0624458</td>
<td>Accession No.: ______</td>
</tr>
</tbody>
</table>

Received by: 

Date: ____/____/____  Time: ______ am/pm

Amount of Sample:  
Condition of Sample:  

PLACE BARCODE/LABELS HERE
Patient’s genetic testing informed consent

ORDERING PHYSICIAN ASSUMES RESPONSIBILITY FOR OBTAINING APPROPRIATE INFORMED CONSENT FOR GENETIC TESTING

1) By signing this document, I give my doctor permission to send my sample (blood, DNA, saliva, tissue or other type of sample as indicated) and medical records about me and/or my family history to the Biochemical and Molecular Genetics Diagnostic Laboratory (BMGDL) at the University of Miami Miller School of Medicine. I understand that sending medical and family history may aid the interpretation of the results of my test.

2) Genetic testing cannot detect all genetic mutations that contribute to disease. This means that, even if I test negative, there is still a chance I may have a disease-associated mutation.

3) Testing may reveal information about family members, such as their carrier status, if they have a disease, or if they are at risk for developing a disease. Also, DNA testing may uncover non-paternity, adoption, or consanguinity (two individuals who share a common ancestor).

4) Genetic testing is limited to the specific test(s) requested and cannot rule out other conditions or mutations.

5) The methods used by the BMGDL are validated to detect specific types of mutations and/or genetic changes. As with any laboratory test, there is a very small chance that a laboratory error may occur. To minimize this, the laboratory uses procedures to assure the highest level of quality.

6) Test results may be:
   • Positive – a change has been identified in my DNA which explains my disease.
   • Negative – no change has been identified in my DNA, this does not mean I do not have a genetic disease but that testing was unable to find a mutation or variant which would explain my disease.
   • Variants of uncertain significance (VUS)- a change has been identified in my DNA which may or may not explain my disease. And more research may need to be done to identify the significance of these findings.

7) Accurate results may depend on knowing my clinical history, ethnic background, genetic testing results of other family members, and/or the correct relationship between family members.

8) The United States Federal Government has enacted several laws that prohibit discrimination based on genetic test results by health insurance companies and employers. In addition, these laws prohibit unauthorized disclosure of this information. For more information, I understand that I can visit www.genome.gov/10002077.

9) Testing is done at the BMGDL at the University of Miami, Miller School of Medicine. Testing and results will be kept private. Results will only be released to the physician or healthcare provider ordering this test. The BMGDL may contact your doctor if new information affects the interpretation of previously reported results. If additional testing is necessary, your doctor is responsible for obtaining proper consent and for sending a written request to the BMGDL. The results of the test will not be released to a third party without your express written permission, unless payment for testing was received through an insurance carrier and the policy allows for their obtaining the results.

   * At times a repeat sample maybe requested if the first sample proves to be insufficient.

   **If box on page 1 is not checked, I expressly authorize the BMGDL, at its discretion, to retain the specimen for an indefinite period or until exhausted.