



| | |
|---------------|----------|
| ACCESSION NO. | DATE / / |
|---------------|----------|

| PATIENT INFORMATION | | |
|-------------------------------------|--|-----------|
| PATIENT LAST NAME | PATIENT FIRST NAME | |
| DOB / / | BIOLOGICAL GENDER <input type="checkbox"/> M <input type="checkbox"/> F | ETHNICITY |
| TELEPHONE | EMAIL | |
| ADDRESS | CITY/STATE/ZIP | |
| BIOLOGICAL MOTHER LAST NAME | BIOLOGICAL FATHER LAST NAME | |
| BIOLOGICAL MOTHER FIRST NAME | BIOLOGICAL FATHER FIRST NAME | |
| BIOLOGICAL MOTHER DATE OF BIRTH / / | BIOLOGICAL FATHER DATE OF BIRTH / / | |

ORDERING PROVIDER INFORMATION

PROVIDER SIGNATURE OF CONSENT (REQUIRED): I certify that this patient (and/or their legal guardian, as necessary) 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 a signed informed consent from this patient or their legal guardian for this testing in accordance with applicable laws and regulations, including N.Y. Civil Rights Law Section 79-L, and will retain this consent in the patient's medical record.

SIGNATURE _____ DATE / /

CLINICAL INDICATION (PLEASE FILL OUT ADDITIONAL INDICATIONS ON BACK)

SPECIMEN TYPE:
 Patient: Peripheral Blood Saliva Other: _____ Date of Collection: / /
 Biological mother: Peripheral Blood Saliva Other: _____ Date of Collection: / /
 Biological father: Peripheral Blood Saliva Other: _____ Date of Collection: / /
Parental samples will be used as needed in follow-up to patient testing
Please submit separate signed general consent form for each sample submitted (including parents)
For all prenatal specimens: please use Prenatal Requisition with supplemental Phenotype forms completed

| BILLING INFORMATION <input type="checkbox"/> Bill Clinic <input type="checkbox"/> Bill Insurance Below <input type="checkbox"/> Self Pay | | |
|--|-------------------------|----------------------|
| POLICYHOLDER LAST NAME | POLICYHOLDER FIRST NAME | POLICYHOLDER DOB / / |
| INSURANCE CARRIER | INSURANCE ID | GROUP NO. |
| BILLING ADDRESS | | |
| OTHER HEALTH COVERAGE (IDENTIFY) | | |
| SELF-PAY: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check | | |
| Make Checks Payable to: Mount Sinai Genomics Inc., P.O. Box 21312, New York, NY 10087-1312 | | |

| | |
|---|---|
| PATIENT CLINICAL STATUS | PURPOSE OF STUDY |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Diagnostic <input type="checkbox"/> Carrier Testing |
| <input type="checkbox"/> Unknown (no screening/evaluation) | <input type="checkbox"/> Research Study <input type="checkbox"/> Clinical Study |
| <input type="checkbox"/> Unaffected (all screening/evaluations(s) normal) | <input type="checkbox"/> Familial Follow-up (family variant) |
| | <input type="checkbox"/> Other _____ |

PLEASE COMPLETE ALL CLINICAL QUESTIONS ON THE BACK PAGES

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the provider and I understand that I am financially responsible for uncovered services. I also authorize the release of any information required to process the claim. Billing inquiries, please call 800-298-6570, Option 3.

SIGNATURE _____ DATE / /

LABORATORY TEST(S) ORDERED (SEE FOLLOWING PAGES FOR GENE LISTS)

HEARING AND VISION LOSS

COMPREHENSIVE HEARING AND VISION LOSS PANEL (308 genes) includes subpanels listed below.

COMPREHENSIVE VISION LOSS PANEL (250 genes) includes subpanels listed below.

- ALBINISM, HERMANSKY-PUDLAK SYNDROME, & WAARDENBURG SYNDROME PANEL (18 genes)
- DEVELOPMENTAL EYE PANEL (21 genes)
- RETINAL DISEASE PANEL (154 genes)
- STICKLER & CATARACT PANEL (41 genes)

COMPREHENSIVE HEARING LOSS PANEL (92 genes) includes subpanels listed below

- BRANCHIO-OTO-RENAL SYNDROME PANEL (3 genes)
- CONNEXIN 26 / CONNEXIN 30 DEL / DUP HEARING LOSS PANEL (GJB2/ GJB6)
- OTOANCORIN NGS AND DEL / DUP (OTOA)
- STEREOCILIN DEL / DUP (STRC)
- USHER SYNDROME PANEL (11 genes)
- ZELLWEGER SYNDROME PANEL (9 genes)

Add on ULTRA-HIGH RESOLUTION HEARING LOSS DEL / DUP ARRAY if panel is negative or inconclusive

Run simultaneous to panel

SKELETAL

ACHONDROPLASIA (FGFR3)

FGFR3 Hotspot Panel reflex to sequencing if negative

FGFR3 Full Gene Sequencing

- CRANIOSYNOSTOSIS (8 genes)
- HYPOPHOSPHATASIA (ALPL)
- LIMB DEFECTS PANEL (8 genes)
- ROBERTS SYNDROME (ESCO2)

NEUROMUSCULAR

- DUCHENNE MUSCULAR DYSTROPHY (NGS and DEL / DUP)
- SPINAL MUSCULAR ATROPHY (SMN1/SMN2 - DEL / DUP)

CARDIOVASCULAR

COMPREHENSIVE CARDIOVASCULAR PANEL (240 genes) includes subpanels listed below

COMPREHENSIVE ARRHYTHMIAS PANEL (54 genes) includes subpanels listed below

- ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVC) subpanel (8 genes)
- BRUGADA SYNDROME (20 genes)
- CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA (CPVT) subpanel (8 genes)
- LONG/SHORT QT SYNDROME (LSQT) subpanel (19 genes)

COMPREHENSIVE CARDIOMYOPATHY PANEL (190 genes), includes subpanels below and Comprehensive arrhythmias panel

- DILATED CARDIOMYOPATHY (57 genes)
- HYPERTROPHIC CARDIOMYOPATHY (HCM) (40 genes)
- LEFT VENTRICULAR NON-COMPACTION PANEL (LVNC) (20 genes)
- METABOLIC CARDIOMYOPATHIES PANEL (24 genes)
- AORTOPATHIES PANEL (33 genes)
- CONGENITAL HEART DISEASE PANEL (43 genes)
- FAMILIAL HYPERCHOLESTEROLEMIA PANEL (4 genes)
- HEREDITARY HEMORRHAGIC TELANGIECTASIA PANEL (5 genes)
- METABOLIC CARDIOMYOPATHIES PANEL (24 genes)
- NOONAN SPECTRUM DISORDERS PANEL (18 genes)
- PULMONARY HYPERTENSION PANEL (10 genes)

Add on ULTRA-HIGH RESOLUTION CARDIOVASCULAR DEL/DUP ARRAY if panel is negative or inconclusive

Run simultaneous to panel

NEURODEVELOPMENTAL

COMPREHENSIVE EPILEPSY AND AUTISM PANEL (401 genes) includes subpanels listed below

COMPREHENSIVE EPILEPSY PANEL (226 genes) includes subpanels listed below

- FOCAL, GENERALIZED, AND MYOCLONIC EPILEPSY PANEL (52 genes)
- INFANTILE EPILEPSY PANEL (58 genes)
- MIGRAINE PANEL (7 genes)
- NEURONAL CEROID LIPOFUSCINOSIS PANEL (9 genes)
- NEURONAL MIGRATION PANEL (22 genes)
- SYNDROMIC EPILEPSY AND INTELLECTUAL DISABILITY PANEL (93 genes)

COMPREHENSIVE AUTISM PANEL (228 genes) includes subpanels listed below

- FRAGILE X SYNDROME (FMR1) Full Gene Sequencing CGG Repeat
- STAT AUTISM PANEL (30 genes)

MICROCEPHALY PANEL (78 genes)

Add on EPILEPSY PHARMACOGENETIC PANEL (10 genes)

Add on ULTRA-HIGH RESOLUTION NEURODEVELOPMENTAL DEL / DUP ARRAY if panel is negative or inconclusive

Run simultaneous to panel

Add on Chromosome Microarray (aCGH 180K +SNP)

IMMUNODEFICIENCY

COMPREHENSIVE IMMUNODEFICIENCY PANEL (250 genes) includes subpanels listed below

- PRIMARY IMMUNODEFICIENCY PANEL (206 GENES)
- INFLAMMATORY BOWEL DISEASE PANEL (59 GENES)
- SEVERE COMBINED IMMUNODEFICIENCY PANEL (26 GENES)

Add on ULTRA-HIGH RESOLUTION IMMUNODEFICIENCY DEL/DUP ARRAY if panel is negative or inconclusive

Run simultaneous to panel

METABOLIC

PORPHYRIA

- Acute Porphyria Panel (AIP, HCP & VP)
- ACUTE INTERMITTENT PORPHYRIA (AIP)
- HEREDITARY COPROPORPHYRIA (HCP)
- VARIEGATE PORPHYRIA (VP)
- CONGENITAL ERYTHROPOIETIC PORPHYRIA (CEP)
- ERYTHROPOIETIC PROTOPORPHYRIA (EPP)
- PEPT2 (SLC15A2) Genotyping for Acute Porphyria Patients
- PORPHYRIA CUTANEA TARDA (PCT)

METABOLIC DISORDERS SINGLE GENE DIAGNOSTIC TESTING:

AMINOACIDOPATHIES AND UREA CYCLE DISORDERS: gene _____

CHOLESTEROL: gene _____

DISORDERS OF CARBOHYDRATE METABOLISM: gene _____

FATTY ACID OXIDATION DISORDERS: gene _____

LYSOSOMAL STORAGE DISORDERS AND OTHER DISORDERS: gene _____

ORGANIC ACIDEMIAS : gene _____

PEROXISOMAL STORAGE DISEASES: gene _____

Please specify gene to be analyzed in space provided; see back pages for available genes

SINGLE GENE DIAGNOSTIC TESTING

SINGLE GENE DIAGNOSTIC TESTING

See back pages for available genes

Please note: any gene included on a panel may be ordered individually

OTHER

TARGETED TESTING: gene _____ variant _____

proband _____

Familial follow-up to proband SEMA4 lab number: _____

DNA extraction and Hold _____

*Targeted genotyping only.

| PATIENT NAME | DATE OF BIRTH | PHYSICIAN NAME | PRACTICE NAME |
|--------------|---------------|----------------|---------------|
|--------------|---------------|----------------|---------------|

PHENOTYPE

Detailed medical records, clinical summary, pictures and family history must be attached.

PEDIGREE

- ICD-10 CODES**
- 299.0 Autism, Current Infantile Or Childhood
 - F84.0 Autistic Disorder
 - G40 Epilepsy And Recurrent Seizures
 - H54.7 (Unspecified Visual Loss)
 - H90.5 (Unspecified Sensorineural Hearing Loss)
 - Q02 (Microcephaly)
 - Q04.9 (Congenital Malformation Of Brain, Unspecified)
 - Other: _____

- FAMILY HISTORY (PLEASE INCLUDE PEDIGREE)**
- Yes (Please Indicate Any Family Relatives With Clinical History Of Disease _____)
 - Cognitive impairment
 - Global developmental delay
 - Spontaneous abortion
 - Stillbirth
 - Other: _____
 - No
 - Unknown

- HISTORY OF CONSAQUINITY**
- Yes *Please Submit Pedigree If Available.*
 - Paternal Ancestry: _____
 - Maternal Ancestry: _____
 - No
 - Unknown

- HISTORY OF PREVIOUS TESTING (PLEASE ATTACH DETAILS)**
- Yes (Provide Details Below)
 - Chromosomal Microarray
 - Fragile X Testing
 - Karyotype
 - Sequencing Studies
 - Other: _____
 - No
 - Unknown

- AGE OF ONSET:**
- Adult onset
 - Childhood onset
 - Congenital onset
 - Infantile onset
 - Neonatal onset
 - Young adult onset
 - Other: _____

- PERINATAL OR PRENATAL HISTORY**
- Yes (Provide Details Below)
 - Hydrocephalus
 - Intrauterine growth retardation
 - Macrocephaly at birth
 - Oligohydramnios
 - Polyhydramnios
 - Preeclampsia
 - Premature birth
 - Seizures
 - Other: _____
 - No
 - Unknown

- OTHER FACTORS**
- Yes (Provide Details Below)
 - Alcohol Withdrawal
 - Drug/Toxin-Induced
 - Head Injury
 - Known Environmental Risk Factors
 - List Drugs Used (If Known) _____
 - List Toxins Exposed If Known _____
 - Maternal teratogenic exposure
 - Metabolic Or Electrolyte Imbalance
 - Systemic Infection
 - Triggered by sleep deprivation
 - Triggered by stress
 - Other: _____
 - No
 - Unknown

- BEHAVIORAL FINDINGS**
- Yes (Provide Details Below)
 - Abnormal aggressive, impulsive or violent behavior
 - Attention deficit hyperactivity disorder
 - Autism
 - Autistic behavior
 - Hyperactivity
 - Obsessive-compulsive behavior
 - Psychiatric Abnormalities
 - Psychosis
 - Short attention span
 - Specific learning disability
 - Stereotypy
 - Other: _____
 - No
 - Unknown

- BRAIN MALFORMATIONS/ABNORMAL IMAGING: *PLEASE ATTACH NEUROIMAGING STUDIES IF AVAILABLE.**
- Yes (Provide Details Below)
 - Cerebellar atrophy
 - Cerebellar hypoplasia
 - Cerebral atrophy
 - Hypoplasia of the brainstem
 - Pachygyria
 - Ventriculomegaly
 - Abnormal corpus callosum morphology
 - Abnormal morphology of the cerebellar cortex
 - Abnormality of head blood vessel
 - Abnormality of the basal ganglia
 - Abnormality of the cerebral cortex
 - Agenesis of corpus callosum
 - Aplasia/Hypoplasia of the corpus callosum
 - Brain atrophy
 - Calcification of the small brain vessels
 - Cortical dysplasia
 - Frontotemporal cerebral atrophy
 - Hemimegalencephaly
 - Heterotopia
 - Holoprosencephaly
 - Hydrocephalus
 - Hypoplasia of the corpus callosum
 - Lissencephaly
 - Molar tooth sign on MRI
 - Polymicrogyria
 - Other: _____
 - No
 - Unknown

- CARDIOVASCULAR**
- Yes (Provide Details Below)
 - Abnormal morphology of the great vessels
 - Angioedema
 - Aortic aneurysm
 - Aortic root aneurysm
 - Aortic valve stenosis
 - Arrhythmia
 - Atrial cardiomyopathy
 - Atrial fibrillation
 - Atrial septal defect
 - Bradycardia
 - Cardiac arrest
 - Coarctation of aorta
 - Complete heart block with broad QRS complexes
 - Congenital malformation of the great arteries
 - Congestive heart failure
 - Dilated cardiomyopathy
 - Hypertension
 - Hypertrophic cardiomyopathy
 - Hypotension
 - Left ventricular hypertrophy
 - Left ventricular noncompaction
 - Lymphedema
 - Mitral regurgitation
 - Mitral valve prolapse
 - Myocardial infarction
 - Prolonged QT interval
 - Pulmonary arterial hypertension
 - Pulmonic stenosis
 - Shortened QT interval
 - Sudden cardiac death
 - Tetralogy of Fallot
 - Vasculitis

- CARDIOVASCULAR (continued):**
- Ventricular fibrillation
 - Ventricular septal defect
 - Ventricular tachycardia
 - Other: _____
 - No
 - Unknown

- CRANIOFACIAL DYSMORPHISM**
- Head**
- Yes (Provide Details Below)
 - Craniosynostosis
 - Frontal bossing
 - Macrocephaly
 - Microcephaly
 - Stopping forehead
 - White forelock
 - Face
 - Coarse facial features
 - Eyes
 - Aniridia
 - Bilateral microphthalmos
 - Blepharospasm
 - Blue sclerae
 - Cataract
 - Coloboma
 - Downslanted palpebral fissures
 - Ectopia lentis
 - Epicanthus
 - Heterochromia
 - Hypertelorism
 - Lisch nodules
 - Microphthalmia
 - Nystagmus
 - Ptosis
 - Strabismus
 - Unilateral microphthalmos
 - Vivid blue eyes

- Ears**
- Ear abnormalities
 - Ear tags
 - Low-set ears
 - Posteriorly rotated ears
 - Nose
 - Depressed nasal bridge
 - Prominent nasal bridge
 - Mouth
 - Cleft lip
 - Cleft palate
 - High palate
 - Long philtrum
 - Macrotia
 - Micrognathia
 - Robin Sequence
 - Neck
 - Branchial arch abnormality
 - Cystic hygroma
 - Short neck
 - Webbed neck
 - Other: _____
 - No
 - Unknown

- GASTROINTESTINAL**
- Yes (Provide Details Below)
 - Abdominal pain
 - Aganglionic megacolon
 - Chronic diarrhea
 - Cirrhosis
 - Constipation
 - Diarrhea
 - Elevated hepatic transaminase
 - Gastritis
 - Gastroesophageal reflux
 - Gastroschisis
 - Hepatic failure
 - Hepatic fibrosis
 - Hepatomegaly
 - Inflammation of the large intestine
 - Malabsorption
 - Pyloric stenosis
 - Secretory diarrhea
 - Vomiting
 - Other: _____
 - No
 - Unknown

- GENITOURINARY**
- Yes (Provide Details Below)
 - Abnormal renal morphology
 - Abnormality of the urinary system
 - Cryptorchidism
 - Hydronephrosis
 - Micropenis
 - Nephronophthisis
 - Renal abnormality
 - Renal agenesis
 - Renal cyst
 - Renal tubular dysfunction
 - Other: _____
 - No
 - Unknown

| PATIENT NAME | DATE OF BIRTH | PHYSICIAN NAME | PRACTICE NAME |
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PHENOTYPE

Detailed medical records, clinical summary, pictures and family history must be attached.

GROWTH:

- Yes (Provide Details Below)
 - Failure to thrive HP:0001508
 - Growth delay HP:0001510
 - Overgrowth HP:0001548
 - Short stature HP:0004322
 - Other: _____
- No
- Unknown

HEARING AND VISION LOSS

- #### LATERALITY:
- Bilateral HP:0012832
 - Bilateral conductive hearing impairment HP:0008513
 - Bilateral sensorineural hearing impairment HP:0008619
 - Unilateral HP:0012833
 - Unilateral conductive hearing impairment HP:0040119
 - Unilateral deafness HP:0009900

PROGRESSION:

- Fluctuating
- Progressive hearing impairment HP:0001730
- Stable
- Unknown

HEARING LOSS:

- Yes (Provide Details Below)
 - Absent ABR w/ cochlear microphonic HP:0004463
 - Auditory Neuropathy/Dys-Synchrony
 - Balance problems HP:0002141
 - Conductive hearing impairment HP:0000405
 - Enlarged vestibular aqueduct HP:0011387
 - Mixed hearing impairment HP:0000410
 - Mondini dysplasia HP:0000376
 - Present Otoacoustic Emissions
 - Sensorineural hearing impairment HP:0000407
 - Stapes fixation HP:0000381
 - Other: _____
- No
- Unknown

SEVERITY (PTA): *PLEASE ATTACH AUDIOGRAM IF AVAILABLE.*

Left Ear:

- Mild hearing impairment (15-30Db) HP:0012712
- Moderate hearing impairment (31-50Db) HP:0012713
- Moderately-Severe (51-70Db)
- Severe hearing impairment (71-90Db) HP:0012714
- Profound hearing impairment (>90Db) HP:0012715

Right Ear:

- Mild hearing impairment (15-30Db) HP:0012712
- Moderate hearing impairment (31-50Db) HP:0012713
- Moderately-Severe (51-70Db)
- Severe hearing impairment (71-90Db) HP:0012714
- Profound hearing impairment (>90Db) HP:0012715

VISION LOSS

- Yes (Provide Details Below)
 - Abnormal ERG HP:0000512
 - Achromatopsia HP:0011516
 - Color blindness HP:0007641
 - Cystoid macular edema HP:0011505
 - Delayed pupillary response HP:0030211
 - Glaucoma HP:0000501
 - Keratoconus HP:0000563
 - Macular degeneration HP:0000608
 - Myopia HP:0000545
 - Night Blindness HP:0007642
 - Ophthalmoplegia HP:0000602
 - Optic atrophy HP:0000648
 - Photophobia HP:0000613
 - Retinal degeneration HP:0000546
 - Retinal Detachment HP:0000541
 - Rod-cone dystrophy HP:0000510
 - Tunnel vision HP:0007994
 - Visual impairment HP:0000505
 - Other: _____
- No
- Unknown

IMMUNE

AUTOIMMUNE

- Yes (Provide Details Below)
 - Autoimmune hemolytic anemia HP:0001890
 - Fatigue HP:0012378
 - Fever HP:0001945
 - Joint pain
 - Keratoconjunctivitis sicca HP:0001097
 - Skin rash HP:0000988
 - Systemic lupus erythematosus HP:0002725
 - Xerostomia HP:0000217
 - Other: _____
- No
- Unknown

IMMUNODEFICIENCY

- Yes (Provide Details Below)
 - Absence of CD8-positive T cells HP:0005422
 - Chronic bronchitis HP:0004469
 - Impaired T cell function HP:0005435
 - Otitis media HP:0000388
 - Pneumonia HP:0002090
 - Recurrent infections HP:0002719
 - Recurrent opportunistic infections HP:0005390
 - Severe combined immunodeficiency HP:0004430
 - Other: _____
- No
- Unknown

INTELLECTUAL DISABILITY

- Yes (Provide Details Below)
 - Intellectual disability HP:0001249
 - Intellectual disability, mild HP:0001256
 - Intellectual disability, moderate HP:0002342
 - Intellectual disability, severe HP:0010864
 - No
 - Unknown
 - Cognitive Details (Provide Iq Score If Known) _____

METABOLIC

- Yes (Provide Details Below)
 - Decreased plasma carnitine HP:0003234
 - Feeding difficulties HP:0011968
 - Hyperalaninemia HP:0003348
 - Hypercholesterolemia HP:0003124
 - Hypoglycemia HP:0001943
 - Increased CSF lactate HP:0002490
 - Increased serum pyruvate HP:0003542
 - Ketosis HP:0001946
 - Lactic acidosis HP:0003128
 - Obesity HP:0001513
 - Organic aciduria HP:0001992
 - Other: _____
- No
- Unknown

MUSCULAR

- Yes (Provide Details Below)
 - Abnormal levels of creatine kinase in blood HP:0040081
 - Areflexia HP:0001284
 - Babinski sign HP:0003487
 - Distal amyotrophy HP:0003693
 - Distal muscle weakness HP:0002460
 - Dysarthria HP:0001260
 - Dysphagia HP:0002151
 - Foot dorsiflexor weakness HP:0009027
 - Hyporeflexia HP:0001265
 - Lower limb muscle weakness HP:0007340
 - Muscular dystrophy HP:0003560
 - Reduced tendon reflexes HP:0001315
 - Upper limb muscle weakness HP:0003484
 - Abnormality of movement HP:0100022
 - Elevated serum creatine phosphokinase HP:0003236
 - Flexion contracture HP:0001371
 - Generalized hypotonia HP:0001290
 - Hyperreflexia HP:0001347
 - Hypertonia HP:0001276
 - Joint hypermobility HP:0001382
 - Muscle weakness HP:0001324
 - Muscular hypotonia HP:0001252
 - Other: _____
- No
- Unknown

NEUROLOGICAL CONDITIONS

- Yes (Provide Details Below)
 - Abnormal nerve conduction velocity HP:0040129
 - Ataxia HP:0001251
 - Bulbar signs HP:0002483
 - Cerebral hypomyelination HP:0006808
 - Chorea HP:0002072
 - CNS hypomyelination HP:0003429
 - Congenital peripheral neuropathy HP:0006903
 - Distal sensory impairment HP:0002936
 - Dystonia HP:0001322
 - Facial palsy HP:0010628
 - Headache HP:0002315
 - Migraine HP:0002076
 - Motor axonal neuropathy HP:0007002
 - Motor polyneuropathy HP:0007178
 - Parkinsonism HP:0001300
 - Peripheral hypomyelination HP:0007182
 - Peripheral neuropathy HP:0009830
 - Pes cavus HP:0001761
 - Pressure Palsy
 - Recurrent paroxysmal headache HP:0002331
 - Sensory neuropathy HP:0000763
 - Sleep apnea HP:0010535
 - Spasticity HP:0001257
 - Stroke HP:0001297
 - Stroke-like episode HP:0002401
 - Sudden episodic apnea HP:0002882
 - Tremor HP:0001337
 - Upper motor neuron dysfunction HP:0002493
 - Vocal cord paresis HP:0001604
 - Other: _____
- No
- Unknown

NEUROLOGICAL DEVELOPMENT

- Yes (Provide Details Below)
 - Absent speech HP:0001344
 - Delayed fine motor development HP:0010862
 - Delayed gross motor development HP:0002194
 - Delayed speech and language development HP:0000750
 - Developmental regression HP:0002376
 - Global developmental delay HP:0001263
 - Specific learning disability HP:0001328
 - Other: _____
- No
- Unknown

ONCOLOGY

- Yes (Provide Details Below)
 - Adenomatous colonic polyposis HP:0005227
 - Breast carcinoma HP:0003002
 - Colorectal polyposis HP:0200063
 - Leukemia HP:0001909
 - Mucinous colorectal carcinoma HP:00031497
 - Myelofibrosis HP:0011974
 - Neoplasm of the lung HP:0100526
 - Neoplasm of the skin HP:0008069
 - Paraganglioma HP:0002668
 - Pheochromocytoma HP:0002666
 - Retinoblastoma HP:0009919
 - Other: _____
- No
- Unknown

PULMONARY

- Yes (Provide Details Below)
 - Ciliary dyskinesia HP:0012265
 - Situs inversus totalis HP:0001696
 - Other: _____
- No
- Unknown

SEIZURES

- Yes (Provide Details Below)
 - Absence seizures HP:0002121
 - Typical absence seizures HP:0011147
 - Atypical absence seizures HP:0007270
 - Atonic seizures HP:0010819
 - EEG abnormality HP:0002353
 - Epileptic encephalopathy HP:0200134
 - Epileptic spasms HP:0011097
 - Febrile seizures HP:0002373
 - Focal autonomic seizures HP:0011154
 - Focal clonic seizures HP:0002266
 - Focal motor seizures HP:0011153
 - With Psychic Symptoms
 - Focal myoclonic seizures HP:0011166
 - Focal seizures HP:0007359
 - Generalized clonic seizures HP:0011169
 - Generalized myoclonic seizures HP:0002123
 - Generalized seizures HP:0002197
 - Generalized tonic-clonic seizures HP:0002069
 - Infantile encephalopathy HP:0007105
 - Infantile spasms HP:0012469
 - Segmental myoclonic seizures HP:0025191
 - Specify Syndrome Or Differential Diagnosis (If Known)
- Status epilepticus HP:0002133
- Syndrom-Related Epilepsy
- Other Seizure-Related Causes Or Complaints Reported
 - Syncope HP:0001279
 - Arrhythmia HP:0011675
 - Migraine HP:0002076
 - Vertigo HP:0002321
 - Other: _____
- No
- Unknown

SKELETAL

- Yes (Provide Details Below)
 - Brachydactyly HP:0001156
 - Osteopenia HP:0000938
 - Osteoporosis HP:0000939
 - Pectus excavatum HP:0000767
 - Platyspondyly HP:0000926
 - Polydactyly HP:0010442
 - Rhizomelia HP:0008905
 - Scoliosis HP:0002650
 - Short ribs HP:0000773
 - Syndactyly HP:0001159
 - Talipes equinovarus HP:0001762
 - Other: _____
- No
- Unknown

SKIN

- Yes (Provide Details Below)
 - Axillary freckling HP:0000997
 - Fragile skin HP:0001030
 - Inguinal freckling HP:0003052
 - Jaundice HP:0000952
 - Neurofibromas HP:0001067
 - Soft skin HP:0000977
 - Xanthomatosis HP:0000991
 - Other: _____
- No
- Unknown

| PATIENT NAME | DATE OF BIRTH | PHYSICIAN NAME | PRACTICE NAME |
|--------------|---------------|----------------|---------------|
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Please submit separate signed general consent form for each sample submitted (including parents)

Informed Consent for Genetic Testing

I, _____, hereby request genetic testing, which may include molecular, cytogenetic and/or biochemical analyses, for

Myself

My child _____

I have received verbal and written information (please see sema4.com/testcatalog for test-specific information sheet) from my physician or from a genetic counselor that described, in words that I understood, the nature of the genetic testing that I/my child am about to undergo.

I understand that specimen(s), such as a peripheral blood, saliva, cheek swab, dried blood spot, skin biopsy, amniotic fluid, chorionic villi and/or urine sample, will be taken from me/my child. I understand that the samples will be used for determining if I/my child have a genetic disease, are carriers of a genetic disease, or are more likely to develop a genetic disease or condition.

The nature of the genetic test(s) that have been ordered in connection with this consent has been explained to me and the accuracy of the test and its risks and limitations have been detailed. I understand that infrequent errors may occur, even though the likelihood of an incorrect diagnosis or a misinterpretation of the result is extremely small. The likelihood of this occurring has been estimated to be less than 1%. I understand that a negative result reduces, but does not eliminate, the possibility that I/my child carry a mutation(s) in the gene(s) analyzed or in other gene(s) that are not included in the test.

I understand that no test will be performed on my sample other than the one(s) authorized by me and my healthcare provider. I have reviewed the test order made in connection with this consent, and I hereby give consent to have my specimen tested as set forth in the order.

De-identified research

Sema4 may de-identify and use all data and information generated and received in connection with this test to support medical and academic research relating to health, disease prevention, drug development, and other scientific purposes, and I will receive no compensation in connection with such research. Data and information are “de-identified” by removing any information that could be used to identify a specific person, such as a name, email address, or date of birth.

Sema4 may also give the de-identified data and information to its research partners and may submit it to research databases for use in scientific and medical research, including scientific databases that are maintained by the federal government, such as a database kept by the National Institutes of Health (“NIH”) (an agency of the federal government that funds research). Researchers have to apply to the NIH to see the information in the database.

If I do not want to have any of my de-identified data and information used in research consistent with this consent, I may initial here _____, or I may withdraw this consent by contacting Sema4, including by emailing privacy@sema4.com.

Permission to contact

I understand that Sema4 may wish to contact me/my child in the future, including for the following reasons: research purposes, the provision of general information about research findings, and/or the provision of information about the results of tests on my/my child’s sample(s). I understand that I may notify Sema4 to opt out of such future contact, including by emailing privacy@sema4.com.

I understand that Sema4 may wish to contact me/my child in the future, including for the following reasons: research purposes, the provision of general information about research findings, and/or the provision of information about the results of tests on my/my child’s sample(s). I understand that I may notify Sema4 to opt out of such future contact, including by emailing privacy@sema4.com.

I understand that this testing may yield results that are of unknown clinical significance and that parental or other relative’s specimens may also be tested to determine whether a specific finding was inherited. In addition, incidental findings that are not related to the primary diagnosis may be identified in me/my child. An error in the diagnosis may occur if the true biological relationships of the family members involved are not as I have stated and this test may detect non-paternity.

The results of my/my child’s test will be explained to me by a genetic counselor or by my physician who will have the opportunity to discuss my results with a geneticist. I have had the opportunity to have all of my questions answered. If I am signing this form on behalf of a minor for whom I am the legal guardian, I am satisfied that I have received enough information to sign on his or her behalf.

I understand that this consent is being obtained in order to protect my right to have all of my questions answered before testing. I understand that the results of this testing will become part of my medical record and may only be disclosed to individuals who have legal access to this record or to individuals who I designate to receive this information.

Signature of person being tested (or guardian)

Date

Rev.04/17/2020

PANEL TABLE (continued)

| METABOLIC DISORDERS SINGLE GENE DIAGNOSTIC TESTING | Genes |
|--|--|
| AMINOACIDOPATHIES AND UREA CYCLE DISORDERS | ACAT1, ADSL, ALDH7A1, AMT, ARG1, ASL, ASPA, ASS1, BCKDHA, BCKDHB, BTD, CBS, CPS1, DBT, DLD, DPYD, FAH, GABRG2, GCDH, GCH1, GCSH, GLDC, HMGCL, HPD, IVD, MAT1A, MMACHC, MTHFR, MUT, NAGS, OTC, PAH, PCBD1, PCCA, PCCB, PHGDH, PTS, QDPR, SLC25A13, SPR, TAT |
| CHOLESTEROL | CYP27A1, DHCR7, EBP |
| DISORDERS OF CARBOHYDRATE METABOLISM | AGL, ALDOB, FBP1, G6PC, GALE, GALK1, GALT, GBE1, GLUD1, GYS2, LAMP2, NHLRC1, PFKM, PHKB, PYGL, PYGM, SLC37A4 |
| FATTY ACID OXIDATION DISORDERS | ABAT, ACAD9, ACADM, ACADVL, ACAT1, CPS1, CPT1A, CPT2, ETF, ETFB, ETFDH, ETHE1, HADH, HADHA, HADHB, HMGCL, IVD, MMAA, MMAB, MMACHC, MMADHC, MUT, PCCA, PCCB, SLC22A5, SLC25A20 |
| LYSOSOMAL STORAGE DISORDERS AND OTHER DISORDERS | AGA, ARSA, ARSB, BTD, CLN3, CLN5, CLN6, CLN8, CTNS, CTSD, CTSK, DNAJC5, G6PD, GAA, GALC, GALE, GALK1, GALNS, GALT, GBA, GLA, GLB1, GNE, GNPTAB, GNPTG, GNS, HEXA, HEXB, HGSNAT, HYAL1, IDS, IDUA, KCTD7, LIPA, MAN2B1, MCOLN1, MFS08, NAGLU, NPC1, NPC2, PPT1, PSAP, SGSH, SLC17A5, SMPD1, SUMP1, TPP1 |
| ORGANIC ACIDEMIAS | ACAT1, AGK, BCKDHA, BCKDHB, BTD, GCDH, HLCS, HMGCL, HSD17B10, IVD, LMBRD1, MCCC1, MCCC2, MCEE, MLYCD, MMAA, MMAB, MMACHC, MMADHC, MTHFR, MTRR, MUT, OPA3, PCCA, PCCB, SLC19A3, TAZ |
| PEROXISOMAL STORAGE DISEASES | ABCD1, ACOX1, AGPS, AGXT, HSD17B4, PEX1, PEX10, PEX14, PEX16, PEX19, PEX2, PEX5, PEX6, PEX7, PH1H |
| ADDITIONAL GENES AVAILABLE FOR DIAGNOSTIC TESTING | Genes ABCB11, ABCC8, ACF3, ADAMTS2, AIRE, AKR1D1, ALDH3A2, ALG6, ALPL, ANK1, APOL**, AQP2, ASNS, ATP6V1B1, ATP7B, AVPR2, BCS1L, BLM, BSND, CAPN3, CD3D, CD3E, CHIT1**, CHRNE, CIITA, COL27A1, COL4A3, COL4A4, COL4A5, COL7A1, CPLANE1, CYBA, CYBB, CYP11B1, CYP11B2, CYP17A1, CYP19A1, DCLRE1C, DNAH5, DNAI1, DNAI2, DUOX2, DUOX2, DYSF, EDA, EFN1, EIF2B5, ELP1, EMD, EPB42, ESCO2, EVC, FANCA, FANCC, FANCG, FBNI, GFM1, GJB1, GLE1, GP1BA, GP9, GRHR, GSS, HAX1, HJV, HMGCS2, HOGA1, HSD3B2, HSD3B7, HYL1, IGF1, IL2RG, IL7R, IVD, JAK3, LAMA3, LAMB3, LAMC2, LDLRAP1, LHX3, LIFR, LPL, LRPPRC, MEFV, MESP2, MLC1, MPI, MPL, MPV17, MTM1, MTR, NDRG1, NDUFAF5, NDUFS6, NEB, NPHS1, NPHS2, NTRK1, PAX8, PCARE, PDHB, PMM2, POU1F1, PROP1, PTRC, PUS1, RAG1, RAG2, RAPSN, RMRP, RTEL1, SACS, SEPS2, SGCA, SGC8, SGC9, SLC12A3, SLC12A6, SLC25A15, SLC26A2, SLC35A3, SLC394A, SLC4A11, SLC5A5, SLC7A7, SMARCAL1, SMN1, STAR, TCIRG1, TECPR2, TFR2, TGM1, THRA, TPO, TRHR, TRMU, TSM, TSHB, TSHR, TTPA, TYMP, UGT1A1, VPS45, VRK1, WNT10A, WT1 ** Only targeted genotyping reported in these genes |

