

Neurogenetics DNA Diagnostic Lab

Massachusetts General Hospital
 Center for Human Genetic Research
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General Requisition Form

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Patient Name: _____ male female Date of Birth: _____
 Last First MI
 MGH#: _____ Phone#: _____
 Ref#/Client#: _____ Spouse/Guardian: _____
 Address: _____

 City State Zip Code
Diagnosis (Please summarize below) ICD9#: _____

 Known familial mutation YES NO: _____
 Family Member Name: _____ MGH lab#: _____ other lab #: _____
Prenatal (Required Info.)
 Gestational Age: _____
 Include: Maternal Blood Sample
 Positive Control (Proband sample)

Institutional Billing Information
 Institution: _____
 Address: _____
 City State Zip Code
 Phone#: _____ Fax#: _____
 Email: _____
 Contact Name: _____

Referring Provider
 Name: _____
 Address: _____
 City State Zip Code
 Phone#: _____ Fax#: _____
 Email: _____

Referring Laboratory (if different from billing institution)
 Name: _____
 Address: _____
 City State Zip Code
 Phone#: _____ Fax#: _____
 Email: _____

**Direct Payment: Credit Card/Check/Money Order
 MC or Visa#:**

 Exp. Date: _____
 Security Code: _____

DNA Test(s) Requested: (check all that apply below) Date sample collected: _____
 Sample type: whole blood dried blood spot DNA tumor other: _____

<input type="checkbox"/> GCH 1 (Dopa Responsive Dystonia; DRD; DYT5) <input type="checkbox"/> MLPA-deletion/duplication screen	<input type="checkbox"/> HD (Huntington Disease)	<input type="checkbox"/> PPT1 (CLN1; INCL)
<input type="checkbox"/> TOR1A (DYT1, Early-onset Torsion Dystonia)	<input type="checkbox"/> SCN4A (HYPP; Hyperkalemic Periodic Paralysis)	<input type="checkbox"/> TPP1 (CLN2; cLINCL)
<input type="checkbox"/> THAP1 (DYT6)	<input type="checkbox"/> CACNA1S (HOPP; Hypokalemic Periodic Paralysis)	<input type="checkbox"/> CLN3 (JNCL) sequence analysis
<input type="checkbox"/> SGCE (Myoclonus-Dystonia; DYT11) <input type="checkbox"/> MLPA-deletion/duplication screen	<input type="checkbox"/> SCN4A E12 (HOPP2; Hypokalemic Periodic Paralysis 2)	<input type="checkbox"/> CLN3 (JNCL) common deletion analysis
<input type="checkbox"/> ATP1A3 (Rapid Onset Dystonia Parkinsonism; RDP, DYT12)	<input type="checkbox"/> SCN4A E13 (Normokalemic Periodic Paralysis)	<input type="checkbox"/> CLN5 (vLINCL) <input type="checkbox"/> MLPA-deletion/duplication screen
<input type="checkbox"/> PARK2 Sequence + MLPA (Parkinson; Parkin; autosomal recessive)	<input type="checkbox"/> SCN4A (PMC; paramyotonia congenita)	<input type="checkbox"/> CLN6 (vLINCL)
<input type="checkbox"/> LRRK2 (Parkinson; Park8; autosomal dominant)	<input type="checkbox"/> NF2 <input type="checkbox"/> MLPA-deletion/duplication screen	<input type="checkbox"/> CLN7 (MFSD8; vLINCL)
<input type="checkbox"/> SOD1 (Familial Amyotrophic Lateral Sclerosis; FALS)	<input type="checkbox"/> NF2 (Linkage Study)	<input type="checkbox"/> CLN8 (EPMR)
<input type="checkbox"/> VAPB (Familial Amyotrophic Lateral Sclerosis 8; FALS 8)	<input type="checkbox"/> NDP (Norrie Disease) <input type="checkbox"/> MLPA-deletion/duplication screen	<input type="checkbox"/> Chloride Channel Genes <input type="checkbox"/> CLCN3 <input type="checkbox"/> CLCN6 <input type="checkbox"/> CLCN7
<input type="checkbox"/> FALS Panel (ANG, TARDBP, FUS/TLS)	<input type="checkbox"/> FZD4 (Frizzled 4)	<input type="checkbox"/> Paternity/Identity Testing
<input type="checkbox"/> SPTLC1 (Hereditary Sensory Neuropathy; HSN1)	<input type="checkbox"/> TSC1+TSC2 (Tuberous Sclerosis, KNOWN MUTATIONS ONLY) <input type="checkbox"/> MLPA-deletion/duplication screen	
<input type="checkbox"/> WNK1 (HSN2; Hereditary Sensory and Autonomic Neuropathy)		
<input type="checkbox"/> IKBKAP (familial dysautonomia, HSN III, FD)		