

Test Requisition

(revised 11-18-2011)

Instructions

- The first THREE pages of this form must accompany all specimens.
- Billing information is on the third page.
- Specimen and shipping instructions are listed on the fourth page.

Patient Information					
Patient's Last (Family) Name	First Name	M.I.	Date of Birth:	Month	Day Year
Requesting Institution's Patient ID Code	Date Collected:	Month	Day	Year	Gender M <input type="checkbox"/> F <input type="checkbox"/>
GeoAncestry/Ethnicity (Please provide as much information as possible.)			ICD-9 code(s)		
Reason for test: Diagnosis <input type="checkbox"/> Carrier Testing <input type="checkbox"/> Presymptomatic Risk <input type="checkbox"/> Confirmation of Known Mutation <input type="checkbox"/>				Is this test related to an ongoing pregnancy? Y <input type="checkbox"/> N <input type="checkbox"/>	
Has this patient or a family member been tested at PreventionGenetics previously? If so, when (approximately) and which test?					
Other relevant clinical information (Labs, biopsies, other genetic testing performed, etc.)					

Test Selection

Please list below the tests that are to be performed. The Test Numbers and Names can be obtained from the lists beginning on page 5 of this form or from our web site (www.preventiongenetics.com). Include any special Test instructions in the Comments section. The tests will be performed in the order listed unless otherwise specified.

Patient's Name (Last, First, MI)		
Test No.	Test Name	Stat Option <input type="checkbox"/>
Test No.	Test Name	Stat Option <input type="checkbox"/>
Test No.	Test Name	Stat Option <input type="checkbox"/>
Test No.	Test Name	Stat Option <input type="checkbox"/>

Comments

Turnaround times are < 40 calendar days after the specimen is received in nearly all cases. Exceptions include sequential testing of several large genes. We also offer a **STAT option** on our tests with ≤ 10 calendar day turnaround for an additional 25% of the list price.

Physician / Laboratory Contact Information

Address For Report				Additional Report					
Requesting Physician / Genetic Counselor <i>(please print legibly)</i>				Requesting Physician / Genetic Counselor <i>(please print legibly)</i>					
Institution				Institution <i>(If same as on left, just mark "Same".)</i>					
Address				Address					
City, State, Zip Code				City, State, Zip Code					
Phone Number		Fax Only	Mail Only	Fax & Mail	Phone Number		Fax Only	Mail Only	Fax & Mail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax Number		Data CD			Fax Number		Data CD		
		Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>	
Email Address				Email Address					

Additional Report				Additional Report					
Requesting Physician / Genetic Counselor <i>(please print legibly)</i>				Requesting Physician / Genetic Counselor <i>(please print legibly)</i>					
Institution				Institution <i>(If same as on left, just mark "Same".)</i>					
Address				Address					
City, State, Zip Code				City, State, Zip Code					
Phone Number		Fax Only	Mail Only	Fax & Mail	Phone Number		Fax Only	Mail Only	Fax & Mail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax Number		Data CD			Fax Number		Data CD		
		Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>	
Email Address				Email Address					

Billing Information

Please choose an option.

Note: Patient testing will be delayed until all the billing requirements have been met. Please print clearly.
 If Individual / Insurance billing information is incomplete, the Institution will be billed.
 Tests that are cancelled while in progress will be billed for the amount of work completed up to that point.

Institutional Billing (Preferred)

Billing Institution		PO Number	
Contact		Phone Number(s) / Email (Required)	
Address (include city/state/zip)		Fax Number	
Email Invoice: Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Test Report for Billing: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Individual Billing (This section required for individual and/or insurance billing)

Responsible Party's Name (Must be 18 years or older)	
Address (include city/state/zip)	
Phone Number(s) / Email (Required)	
Credit Card # / (VISA or Mastercard only)	Expiration Date / 3-Digit Security Code

Insurance Billing

We DO NOT accept any Medicaid or Medicare. We do not participate with any insurance company plan at this time. We will be submitting claims as an "out of network" service provider and will courtesy bill the insurance company. It is the responsibility of the patient to contact the insurance company regarding prior authorization, claim status and/or payment disputes. The patient is responsible for the balance of fees not covered by insurance. We do not accept insurance payment rates as payment in full.

The following information must be submitted to bill the insurance company:

- The 'individual' section above must be completed.
- Copy of both sides of the insurance card (must be readable)
- An authorization number or letter of agreement from the insurance company, if available.
- We will charge the individual's credit card 45 days from date of claim submission for balance due or for payment in full.
- Do you wish to be notified when we charge your credit card? Y / N

Policyholder Name _____ Primary Insurance Carrier _____

Policy ID#: _____ Group No. _____ Authorization #: _____ ICD-9 Code(s): _____

Claims Mailing Address: (required) _____

AUTHORIZATION TO ASSIGN BENEFITS AND ACCEPT FINANCIAL RESPONSIBILITY FOR MY ACCOUNT

Note: PreventionGenetics cannot proceed with testing of the specimen on insurance bill cases without a signature below.

I assign and authorize insurance payments to PreventionGenetics. I understand my insurance carrier may not approve and reimburse my medical genetic services in full due to usual and customary rate limits, benefit exclusions, coverage limits, lack of authorization, medical necessity or otherwise. I understand I am responsible for fees not paid in full, co-payments, and policy deductibles except where my liability is limited by contract or State and Federal law.

Signature of Patient or Guardian (Required) Printed name of Patient or Guardian (Required) Date
(Required)

Specimen Requirements and Shipping Instructions

Blood Specimen Requirements:	DNA Requirements:	Cell Culture Requirements:
<p style="text-align: center;">(Delivery accepted Monday – Saturday)</p> <ul style="list-style-type: none"> • Collect 2-5 ml (5 ml preferred) of whole blood in EDTA (purple top tube) or ACD (yellow top tube). For Test #500-DNA Banking only, collect 10-20 ml of whole blood. • For small babies, we require a minimum of 1 ml of blood. • Only one blood tube is required for multiple tests. • Ship blood tubes at room temperature in an insulated container. Do not freeze blood. • During hot weather, include a frozen ice pack in the shipping container. Place a paper towel or other thin material between the ice pack and the blood tube. • In cold weather, include an unfrozen ice pack in the shipping container as insulation. • At room temperature, blood specimen is good for up to 48 hours. • If refrigerated, blood specimen is good for up to one week. • Label the tube with the patient name, date of birth and/or ID number. 	<p style="text-align: center;">(Delivery accepted Monday – Saturday)</p> <ul style="list-style-type: none"> • Send in a screw cap tube at least 15 µg of purified DNA at a concentration of at least 20 µg/ml. For tests involving the sequencing of more than three genes, send an additional 5 µg DNA per gene. DNA may be shipped at room temperature. • Label the tube with the DNA concentration as well as the patient name, date of birth, and/or ID number. • Specify the composition of the solute. • We only accept genomic DNA for testing. We do not accept products of whole genome amplification reactions or other amplification reactions. 	<p style="text-align: center;">(Delivery accepted Monday – Thursday)</p> <ul style="list-style-type: none"> • PreventionGenetics should be notified in advance of arrival of a cell culture. • Ship at least two T25 flasks of confluent cells. • Label the flasks with the patient name, date of birth, and/or ID number. • We do not culture cells.
	DNA Genotyping Panel:	Shipping Instructions:
	<p>For quality control purposes, the PreventionGenetics DNA Genotyping Panel (Test #490) is performed on all clinical specimens. Unless specifically requested, genotyping results are not included in the test reports.</p>	<p>Ship all specimens to:</p> <p style="text-align: center;">Diagnostics Lab PreventionGenetics 3700 Downwind Drive Marshfield, WI 54449 USA</p> <p style="text-align: center;">You are responsible for shipping costs.</p>

List of Clinical Tests by Gene

February 7, 2012

NOTE : This list is for information only. It does not have to be returned with the clinical specimen.

Test No.	Test Name	Price	Test No.	Test Name	Price
100	Single exon sequencing of gene	\$ 190			
200	Double exon sequencing of gene	\$ 340			
300	Triple exon sequencing of gene	\$ 390	108	ALS2 Sequencing (Juvenile Primary Lateral Sclerosis)	\$1,790
600	aCGH Deletion/Duplication	\$990-1,490	154	ANG Sequencing	\$ 340
			469	ANO5/TMEM16E Sequencing	\$1,090
			762	AP3B1 Sequencing (Type 2)	\$1,320
			710	APC Sequencing	\$1,590
	- A -		736	AR Sequencing	\$ 780
696	ABCA4 Sequencing	\$2,090			
147	ABCC9 Sequencing	\$1,710			
180	ACADM Sequencing	\$ 540			
183	ACADS Sequencing	\$ 540			
184	ACADVL Sequencing	\$ 740	600	Array CGH Detection	\$990-1,490
695	Achromatopsia Sequencing Panel	\$570-2,730	552	ARG1 Sequencing	\$ 490
358	ACTA1 Sequencing	\$ 590	277	ARL13B Sequencing	\$ 640
174	ACTC1 Sequencing	\$ 530	254	ARL6/BBS3 Sequencing	\$ 540
193	ACTC1-MYL2-MYL3 Sequencing	\$1,240	620	ARSA Sequencing	\$ 490
			454	ARSB Sequencing	\$ 620
			813	ARSE Sequencing	\$ 680
			502	ARX Sequencing	\$ 590
198	ACTN2 Sequencing	\$1,090	481	ASAH1 Sequencing	\$ 820
935	ACVR2B Sequencing	\$ 760	553	ASS1 Sequencing	\$ 740
862	ACVRL1/ALK1 Sequencing	\$ 690	464	ATP7A Sequencing	\$1,240
430	ADAMTS13 Sequencing	\$1,290	460	ATP7B Sequencing	\$ 990
564	ADSL Sequencing	\$ 860	323	AUH Sequencing	\$ 690
224	AGL Sequencing (Type III)	\$1,790	731	AURKC Sequencing	\$ 540
462	AGPAT2 Sequencing	\$ 640	360	Autosomal Recessive Limb Girdle Muscular Dystrophy Panel	\$390-7,920
408	AGRN Sequencing	\$1,780	719	AXIN2 Sequencing	\$ 790
414	AGRN-DOK7 Sequencing	\$540-2,130			
266	AHI1 Sequencing	\$1,320			
536	ALG2 Sequencing	\$ 470			
539	ALG3 Sequencing	\$ 590			
533	ALG6 Sequencing	\$ 740	596	BAG3 Sequencing	\$660
537	ALG8 Sequencing	\$ 790	251	Bardet-Biedl Syndrome Sequencing Panel	\$490-8,530
534	ALG12 Sequencing	\$ 590	252	BBS1 Sequencing	\$ 890
265	ALMS1 Sequencing	\$1,990	253	BBS2 Sequencing	\$ 890
851	ALPL Sequencing	\$ 780	254	BBS3/ARL6 Sequencing	\$ 540
155	ALS Panel (SOD1, FUS, TARDBP, ANG, FIG4, OPTN)	\$340-3,520	255	BBS4 Sequencing	\$ 890
108	ALS2 Sequencing (Infantile-Onset Ascending Hereditary Spastic Paralysis)	\$1,790	256	BBS5 Sequencing	\$ 740
108	ALS2 Sequencing (Juvenile Amyotrophic Lateral Sclerosis)	\$1,790			

Test No.	Test Name	Price	Test No.	Test Name	Price
257	BBS6/MKKS Sequencing	\$ 580			
258	BBS7 Sequencing	\$1,020	407	CHAT Sequencing	\$ 960
259	BBS8/TTC8 Sequencing	\$ 850	130	CHD7 Sequencing	\$1,890
261	BBS9 Sequencing	\$1,130			
262	BBS10 Sequencing	\$ 490			
263	BBS11/TRIM32 Sequencing	\$ 490			
264	BBS12 Sequencing	\$ 490	714	CHEK2 Sequencing	\$ 890
526	BCKDHA Sequencing	\$ 640	415	CHRNA1, CHRND, CHRNG Sequencing (Multiple Pterygium Syndromes)	\$680-1,890
527	BCKDHB Sequencing	\$ 730	401	CHRNA1 Sequencing	\$ 680
717	BLM Sequencing	\$1,240	402	CHRNA1 Sequencing	\$ 680
768	BLOC1S3 Sequencing (Type 8)	\$ 390	403	CHRNA1 Sequencing	\$ 770
733	BMP15 Sequencing	\$ 440	404	CHRND Sequencing	\$ 730
801	BMPR2 Sequencing	\$ 980	405	CHRNE Sequencing	\$ 730
708	BMPR1A Sequencing	\$ 660	647	CHRNG Sequencing	\$ 440
110	BRAF, MAP2K1, MAP2K2, KRAS Sequential Seq.	\$490-990	686	CLRN1 Sequencing	\$ 690
			691	CNGA1 Sequencing	\$ 570
			687	CNGA3 Sequencing	\$1,590
			692	CNGB1 Sequencing	\$ 980
111	BRAF Sequencing – Tier 1 only	\$ 490	802	CNGB3 Sequencing	\$ 540
113	BRAF Sequencing (remaining exons) –Test 2	\$ 790		COL10A1 Sequencing	
726	BRIP1/FANCF Sequencing	\$1,090	830	Stickler Syndrome Sequencing Panel (COL2A1, COL11A1, COL11A2)	\$1,990-5,550
461	BSCL2 Sequencing	\$ 740	831	COL11A1 Sequencing	\$2,460
520	BTD Sequencing	\$ 540	829	COL11A2 Sequencing	\$2,090
			789	COL2A1 Sequencing – Tier 1 Only	\$ 440
	- C -		790	COL2A1 Sequencing – Tier 2 Only	\$1,840
417	C20orf54 Sequencing	\$ 540	844	COL3A1 Sequencing	\$2,230
749	C14orf104 / KTU Sequencing	\$ 690	840	EDS Panel (COL5A1 & COL5A2)	\$2,260-4,290
341	CAPN3 Sequencing	\$1,090	841	COL5A1 Sequencing	\$2,470
467	CAV3 Sequencing	\$ 390	842	COL5A2 Sequencing	\$2,260
278	CC2D2A Sequencing	\$1,590	359	COL6A1-COL6A2-COL6A3 Sequential Sequencing	\$1,290-3,890
284	CCBE1 Sequencing	\$ 690	803	COL9A1 Sequencing	\$190-1,760
754	CCDC39 Sequencing	\$ 980	804	COL9A1 Sequencing – Tier 1 Only	\$ 190
755	CCDC40 Sequencing	\$1,060	805	COL9A1 Sequencing – Tier 2 Only	\$1,760
120	CCM Sequential Testing	\$190-1,690	817	COL9A2 Sequencing	\$1,240
121	CCM / KRIT1 Sequencing	\$ 840	818	COL9A3 Sequencing	\$1,460
125	CCM1/ KRIT1 Common Hispanic Mutation	\$ 190	641	COL18A1 Sequencing	\$1,990
122	CCM2 Sequencing	\$ 740	409	COLQ Sequencing	\$ 920
124	CCM2 Deletion Testing	\$ 190	809	COMP Sequencing	\$ 990
123	CCM3/ PDCD10 Sequencing	\$ 540	540	Congenital Disorders of Glycosylation – Panel 1	\$420-1,470
642	CDH23 Sequencing	\$2,790	542	Congenital Disorders of Glycosylation – Panel 2	\$470-3,020
716	CDKN1B Sequencing	\$ 390	329	Congenital Fiber Type Disproportion Panel	\$530-5,410
267	CEP290 Sequencing	\$2,190	463	Congenital Generalized Lipodystrophy Sequencing Panel	\$640-1,170
150	CFTR Sequencing + 5T/TG Tract Analysis	\$1,290			
249	CFL2 Sequencing	\$ 420			

Test No.	Test Name	Price	Test No.	Test Name	Price
412	Congenital Myasthenic Syndrome Panel: (<i>CHRNE, CHRNA1, CHRNB1, CHRND, MUSK, COLQ, CHAT, RAPSN, DOK7</i>)	\$540-5,770	203	DSP Sequencing	\$1,820
554	CPS1 Sequencing	\$1,890	771	DSPP Sequencing	\$ 570
681	CRB1 Sequencing	\$1,040	767	DTNBP1 Sequencing (Type 7)	\$ 690
665	CRX Sequencing	\$ 440	342	DYSF Sequencing	\$2,490
362	CRYAB Sequencing	\$ 370	340	Dystroglycan-Related Muscular Dystrophy	\$390-4,275
772	CTSC Sequencing	\$ 570			
196	CSRP3 Sequencing	\$ 470		- E -	
561	CUL4B Sequencing	\$1,090	610	EIF2B1 – EIF2B5 Sequential Sequencing	\$540-2,390
624	CUL7 Sequencing	\$1,340	781	EBP Sequencing	\$ 490
	- D -		840	EDS Panel (<i>COL5A1 & COL5A2</i>)	\$2,260-4,290
384	DAG1 Sequencing	\$ 640	444	ELANE Sequencing	\$ 520
528	DBT Sequencing	\$ 820	592	EMD Sequencing	\$ 480
382	DCTN1 Sequencing	\$1,690	861	ENG Sequencing	\$ 940
503	DCX Sequencing	\$ 590	836	ESCO2 Sequencing	\$ 740
625	DDR2 Sequencing	\$ 910	783	EVC and EVC2 Sequencing	\$1,090-2,060
363	DES Sequencing	\$ 670	783	EVC Sequencing	\$1,090
697	DFNB31 Sequencing	\$ 890	783	EVC2 Sequencing	970
			806	EXT1 and EXT2 Sequencing	\$820-1,350
410	DHCR7 Sequencing	\$ 440	807	EXT1 Sequencing	\$ 820
335	Distal Arthrogyrosis Syndrome Sequencing Panel	\$530-3,140	808	EXT2 Sequencing	\$ 820
				- F -	
529	DLD Sequencing	\$ 860	541	FAH Sequencing	\$ 690
420	DLL3- MESP2- LFNG Sequential Sequencing	\$540-1,290	215	Familial Hemophagocytic Lymphohistiocytosis (FHL) Panel	\$540-3,620
421	DLL3 Sequencing	\$ 590	720	Fanconi Anemia Panel	\$820-2,960
740	DNAH5 Sequencing	\$3,350	721	FANCA Sequencing	\$1,840
741	DNAH5 Sequencing – Tier 1 Only	\$ 490	883	FANCB Sequencing	\$ 790
742	DNAH5 Sequencing – Tier 2 Only	\$3,090	722	FANCC Sequencing	\$ 820
743	DNAH11 Sequencing	\$3,320	884	FANCD2 Sequencing	\$1,780
744	DNAI1 Sequencing	\$1,060	724	FANCE Sequencing	\$ 740
746	DNAI2 Sequencing	\$ 740	725	FANCF Sequencing	\$ 440
756	DNAL1 Sequencing	\$ 620	723	FANCG Sequencing	\$ 820
465	DOK7 Sequencing	\$ 620	885	FANCI Sequencing	\$1,640
414	DOK7-AGRN Sequencing	\$540-2,130	729	FANCL Sequencing	\$ 820
535	DPM1 Sequencing	\$ 570	727	FANCM Sequencing	\$1,460
			394	FBN1 Sequencing	\$2,190
			395	FBN2 Sequencing	\$2,190
543	DPM3 Sequencing	\$ 340	238	FBP1 Sequencing	\$ 590
207	DSC2-DSG2-DSP-PKP2 Sequential Testing	\$820-3,810			
206	DSC2 Sequencing	\$ 900	837	FGD1 Sequencing	\$ 940
205	DSG2 Sequencing	\$ 940	425	FGFR3 Sequencing - Achondroplasia	\$ 190

Test No.	Test Name	Price	Test No.	Test Name	Price
			471	GLA Sequencing	\$ 490
426	FGFR3 Sequencing - Thanatophoric Dysplasia	\$ 440	477	GLB1 Sequencing	\$ 840
428	FGFR3 Sequencing - Hypochondroplasia	\$ 490	580	GLI2, SHH, ZIC2, SIX3, TGIF1, PTCH1 Sequential Sequencing	\$390-3,290
429	FGFR3 Sequencing - Achondroplasia/ Hypochondroplasia	\$ 940	586	GLI2 Sequencing	\$ 1,090
157	FIG4 Sequencing	\$1,170	380	GLI3 Sequencing	\$1,090
344	FKRP Sequencing	\$ 390	656	GLIS2/NPHP7 Sequencing	\$ 540
340	FKRP-FKTN-POMT1-POMT2-POMGnT1-LARGE1 Sequential Sequencing	\$390-4,275	478	GM2A Sequencing	\$ 440
343	FKTN /FCMD Sequencing	\$ 590	693	GNAT2 Sequencing	\$ 570
354	FKTN Japanese Founder Mutation	\$ 200	367	GNE Sequencing	\$ 780
364	FLNC Sequencing	\$2,490	368	GNE, Exon 5 Sequencing	\$ 190
281	FLT4 Sequencing – Tier 1 only	\$ 540	316	GNPTAB Sequencing	\$1,240
282	FLT4 Sequencing – Tier 2 only	\$ 950	317	GNPTG Sequencing	\$ 490
324	FMO3 Sequencing	\$ 670	456	GNS Sequencing	\$ 880
280	FOXC2 Sequencing	\$ 390	432	GP1BA-GP1BB-GP9 Sequential Sequencing	\$490 - 890
734	FSHB Sequencing	\$ 390	434	GP1BB Sequencing	\$ 390
732	FSHR Sequencing	\$ 820	435	GP9 Sequencing	\$ 340
152	FUS Sequencing	\$ 890	563	GPC3 Sequencing	\$ 690
			299	GPR56 Sequencing	\$ 840
			698	GPR98 Sequencing	\$3,940
	- G -		457	GUSB Sequencing	\$ 660
221	G6PC Sequencing (Type Ia)	\$ 440	220	GYS2 Sequencing (Type 0)	\$ 940
443	G6PC3 Sequencing	\$ 530			
223	GAA Sequencing (Type II)	\$ 990			
631	GALC Sequencing	\$ 830			
632	GALC Deletion Test	\$ 190		- H -	
455	GALNS Sequencing	\$ 840	446	HAX1 Sequencing	\$ 520
201	GALT Sequencing	\$ 440			
242	GAMT Sequencing	\$ 590	602	HEPACAM Sequencing	\$ 590
			860	Hereditary Hemorrhagic Telangiectasia Sequencing Panel (ENG,ACVRL1/ALK1,SMAD4)	\$690-1,970
			760	Herman-Pudlak Syndrome (HPS) Panel	\$890-5,750
383	GARS Sequencing	\$ 940	475	HEXA Sequencing	\$ 770
431	GATA1 Sequencing	\$ 390	476	HEXB Sequencing	\$ 840
241	GATM Sequencing	\$ 660	458	HGSNAT Sequencing	\$ 960
479	GBA Sequencing	\$ 630	521	HLCS Sequencing	\$ 740
225	GBE1 Sequencing (Type IV)	\$ 990	240	HMGCL Sequencing	\$ 590
210	GCDH Sequencing	\$ 540	580	Holoprosencephaly Sequential Test	\$470-3,290
161	GCH1 Sequencing	\$ 440	761	HPS1 Sequencing (Type 1)	\$ 890
			763	HPS3 Sequencing (Type 3)	\$ 980
852	GDF5 Sequencing	\$ 440	764	HPS4 Sequencing (Type4)	\$ 820
424	GDF6 Sequencing	\$ 490			
447	GFI1 Sequencing	\$ 560	765	HPS5 Sequencing (Type 5)	\$ 1,060
594	GFPT1 Sequencing	\$1,090	766	HPS6 Sequencing (Type 6)	\$ 620
627	GHR Sequencing	\$ 820	140	HRAS Sequencing	\$190 - 450
628	GHSR Sequencing	\$ 550	141	HRAS Sequencing – Tier 1 only	\$ 190

Test No.	Test Name	Price	Test No.	Test Name	Price
715	MEN1 Sequencing	\$ 690			
420	MESP2-DLL3-LFNG Sequential Sequencing	\$540-1,290			
423	MESP2 Sequencing	\$ 440			
621	Metachromatic Leukodystrophy Sequencing Panel	\$490-1,140			
257	MKKS/BBS6 Sequencing	\$ 580			
301	MKS1 Sequencing	\$840		- N -	
274	MKS3 (TMEM67) Sequencing	\$1,290	484	NAGLU Sequencing	\$ 740
601	MLC1 Sequencing	\$ 740	318	NAGPA Sequencing	\$ 690
701	MLH1 Sequencing	\$1,290	555	NAGS Sequencing	\$ 430
705	MLH3 Sequencing	\$1,210	355	NEB Sequencing	\$3,245-6,490
310	MMAA-MMAB-MUT Sequential Sequencing	\$740-1,640	356	NEB Exon 55 Deletion Test	\$ 200
312	MMAA Sequencing	\$ 490	657	NEK8 Sequencing	\$ 840
313	MMAB Sequencing	\$ 540	350	Nemaline Myopathy Panel	\$530-8,060
211	MMACHC Sequencing	\$ 490	660	Nephronophthisis Sequencing Panel	\$540-9,550
212	MMADHC Sequencing	\$ 570	115	NF1 Sequencing	\$540-2,490
532	MPI Gene Sequencing	\$ 490	117	NF1 Sequencing	\$2,490
437	MPL Sequencing	\$ 640	118	NF2 Sequencing	\$ 840
538	MPDU1 Sequencing	\$ 540	931	NODAL Sequencing	\$ 540
702	MSH2 Sequencing	\$1,090			
703	MSH6 Sequencing	\$1,050	473	NPC1 Sequencing	\$1,240
815	Multiple Epiphyseal Dysplasia (MED) Panel (COMP, MATN3, SLC26A2, COL9A1, COL9A2, COL9A3)	\$570-5,670	474	NPC2 Sequencing	\$ 490
			275	NPHP1 Deletion Test	\$ 290
406	MUSK Sequencing	\$ 920		NPHP1(Deletion)-CEP290(Tier 1)-MKS3- AHI1 Sequential Sequencing	\$940-3,330
311	MUT Sequencing	\$ 740			
310	MUT-MMAA-MMAB Sequential Sequencing	\$740-1,640	651	NPHP1 Sequencing	\$1,090
706	MUTYH Sequencing	\$ 780	652	NPHP2/INVS Sequencing	\$ 940
173	MYBPC3 Sequencing	\$1,460	653	NPHP3 Sequencing	\$1,320
191	MYBPC3-MYH7 Sequencing	\$2,630	654	NPHP4 Sequencing	\$1,350
361	MYH2 Sequencing	\$1,690	668	NR2E3 Sequencing	\$ 540
337	MYH3 Sequencing	\$1,990	379	NRAS Sequencing	\$ 430
197	MYH6 Sequencing	\$1,680	132	NSD1 Sequencing	\$1,590
172	MYH7 Sequencing	\$1,640			
191	MYH7- MYBPC3 Sequencing	\$2,630			
441 442	MYH9 Sequencing	\$ 690-1,740			
175	MYL2 Sequencing	\$ 480			
193	MYL2-MYL3-ACTC1 Sequencing	\$ 1,240			
176	MYL3 Sequencing	\$ 450			
193	MYL3-MYL2-ACTC1 Sequencing	\$ 1,240		- O -	
643	MYO7A Sequencing	\$2,060	296	OFD1 Sequencing	\$1,320
595	Myofibrillar Myopathy Panel	\$660-4,860	297	OPHN1 Sequencing	\$1,320
366	MYOT/TTID Sequencing	\$190-590	156	OPTN Sequencing	\$ 780
			551	OTC Sequencing	\$ 540

Test No.	Test Name	Price	Test No.	Test Name	Price
			348	POMT1 Sequencing	\$ 890
			349	POMT2 Sequencing	\$ 990
			750	Primary Ciliary Dyskinesia Panel	\$490-14,560
	- P -		216	PRF1 Sequencing	\$ 540
507	PAFAH1B1/LIS1 Sequencing	\$ 670	199	PRKAG2 Sequencing	\$ 870
530	PAH Sequencing	\$ 690			
728	PALB2/FANCN Sequencing	\$ 980			
390	PCCA-PCCB Sequencing	\$790-1,830	669	PRPF3 Sequencing	\$ 190-890
391	PCCA Sequencing	\$1,240	667	PRPF8 Sequencing	\$ 190-1,990
392	PCCB Sequencing	\$ 790	666	PRPF31 Sequencing	\$ 740
644	PCDH15 Sequencing	\$1,710	663	PRPH2 Sequencing	\$ 420
123	PDCD10/CCM3 Sequencing	\$ 540	511	PSAP Sequencing	\$ 790
684	PDE6A Sequencing	\$1,190	585	PTCH1 Sequencing	\$1,290
685	PDE6B Sequencing	\$1,190	580	PTCH1-TGIF1-GLI2-SHH-SIX3-ZIC2 Sequencing	\$390-3,290
694	PDE6C Sequencing	\$1,090	707	PTEN Sequencing	\$ 690
413	Pena-Shokeir Syndrome, Type 1 Panel	\$540-1,060	370	PTPN11-SOS1-RAF1-KRAS Sequential Sequencing	\$390-1,990
230	PFKM Sequencing (Type VII)	\$1,090	377	PTPN11 (LEOPARD)Sequencing	\$370 - 890
231	PHKA1 Sequencing (Type IX)	\$1,690	373	PTPN11 (Noonan)Sequencing	\$ 390 - 890
232	PHKA2 Sequencing (Type IX)	\$490-1,690	371	PTPN11 (Noonan)Sequencing – Tier 1 only	\$ 390
233	PHKB Sequencing (Type IX)	\$1,690	374	PTPN11 (Noonan)Sequencing – Tier 2 only	\$ 690
235	PHKG2 Sequencing (Type IX)	\$ 490	229	PYGL Sequencing (Type VI)	\$1,140
101	PKHD1 Sequencing	\$1,190-2,990	226	PYGM Sequencing (Type V)	\$340 - 990
102	PKHD1 Sequencing – Tier 1 only	\$1,190	227	PYGM Sequencing (Type V) – Tier 1 only	\$ 340
103	PKHD1 Sequencing – Tier 2 only	\$2,300	228	PYGM Sequencing (Type V) – Tier 2 only	\$ 790
204	PKP2 Sequencing	\$ 820			
148	PLN Sequencing	\$ 340			
307	PLP1 Sequencing	\$ 530			
531	PMM2 Gene Sequencing	\$ 490			
704	PMS1 Sequencing	\$ 940		- R -	
712	PMS2 Sequencing	\$ 980	213	RAB27A Sequencing	\$ 490
162	PNKD Sequencing	\$190-540	370	RAF1-PTPN11-SOS1-KRAS Sequential Sequencing	\$390-1,990
163	PNKD Sequencing - Tier 1 only	\$ 190	375	RAF1 Sequencing	\$ 370
164	PNKD Sequencing - Tier 2 only	\$ 340	466	RAPSN Sequencing	\$ 590
351	POMGNT1 Sequencing	\$ 640	821	RDH12 Sequencing	\$ 570
			506	RELN Sequencing	\$2,590
			791	RET Sequencing	\$1,130
			794	RET Sequencing (Type 2B)	\$ 340
			792	RET Sequencing (Type 2A)– Tier 1	\$ 540

Test No.	Test Name	Price	Test No.	Test Name	Price
			580	SHH-ZIC2-SIX3-TGIF1-GLI2-PTCH1 Sequential Sequencing	\$390-3,290
			581	SHH Sequencing	\$ 590
			381	SHOC2 Sequencing	\$ 660
			626	SHOX Sequencing	\$ 470
793	RET Sequencing (Type 2A)– Tier 2	\$1,130	580	SIX3-SHH-ZIC2-TGIF1-GLI2-PTCH1 Sequential Sequencing	\$390-3,290
661	RHO Sequencing	\$ 540	583	SIX3 Sequencing	\$ 540
784	RMRP Sequencing	\$ 290	170	SLC2A2 Sequencing	\$ 650
136	ROR2 Sequencing	\$ 740	782	SLC26A2 Sequencing	\$ 570
662	RP1 Sequencing	\$1,140	516	SLC35C1 Sequencing	\$ 440
680	RP2 Sequencing	\$ 540	222	SLC37A4 Sequencing (Type Ib)	\$ 540
682	RPE65 Sequencing	\$ 840	562	SLC9A6 Sequencing	\$ 790
679	RPGR Sequencing (XLRP)	\$1,090			
753	RPGR Sequencing (PCD)	\$1,090	709	SMAD4 Sequencing	\$ 690
276	RPGRIP1L Sequencing	\$1,190	106	SOD1 Sequencing	\$ 490
747	RSPH4A Sequencing	\$ 620	370	SOS1-PTPN11-RAF1-KRAS Sequential Sequencing	\$390-1,990
748	RSPH9 Sequencing	\$ 480	376	SOS1 Sequencing	\$590-1,190
439	RUNX1 Sequencing	\$ 490	283	SOX18 Sequencing	\$ 490
786	RUNX2 Sequencing	\$ 820	116	SPRED1 Sequencing	\$ 540
			853	SQSTM1 Sequencing	\$ 740
			850	SQSTM1-TNFRSF11A Sequencing	\$690-1,290
570	RYR1 Sequencing	\$740-3,990	315	Stuttering Panel (GNPTAB, GNPTG, NAGPA)	\$1,790
571	RYR1 Sequencing – Tier 1 only	\$ 740	711	STK11 Sequencing	\$ 640
572	RYR1 Sequencing – Tier 2 only	\$3,790	217	STX11 Sequencing	\$ 440
810	RYR2 Sequencing	\$1,640-3,990	214	STXBP2 Sequencing	\$1,060
811	RYR2 Sequencing – Tier 1 Only	\$1,640	512	SUMF1 Sequencing	\$ 590
812	RYR2 Sequencing – Tier 2 Only	\$3,070	246	SYNE1 Sequencing	\$ 6,490
			247	SYNE1 Sequencing (French Canadian Mutation Panel)	\$ 550
	- S -				
835	SALL1 Sequencing	\$ 840		- T -	
832	SALL4 Sequencing	\$ 680	149	TAZ Sequencing	\$ 640
492	SCN5A Sequencing	\$1,460	153	TARDBP Sequencing	\$ 470
659	SDCCAG8 Sequencing	\$1,040	859	TBX4 Sequencing	\$ 590
330	SEPN1 Sequencing	\$ 740	785	TBX5 Sequencing	\$ 640
109	SETX Sequencing	\$1,690	468	TCAP Sequencing	\$ 390
445	Severe Congenital Neutropenia Panel (ELANE, HAX1, G6PC3, GF11, WAS)	\$190-1,970			
352	SGCA Sequencing	\$ 490	576	TCTN2 Sequencing	\$ 990
353	SGCB Sequencing	\$ 440	787	TGFB1 Sequencing	\$ 620
146	SGCD Sequencing	\$ 570	396	TGFBR1 Sequencing	\$ 620
165	SGCE Sequencing	\$ 590	397	TGFBR2 Sequencing	\$ 710
338	SGCG Sequencing	\$ 570	580	TGIF1-GLI2-SHH-SIX3-ZIC2-PTCH1 Sequencing	\$390-3,290
459	SGSH Sequencing	\$ 710	584	TGIF1 Sequencing	\$ 390
			159	TH Sequencing	\$ 840
			699	TIMP3 Sequencing	\$ 490

Test No.	Test Name	Price	Test No.	Test Name	Price
209	TMEM43 Sequencing	\$ 760			
274	TMEM67 (MKS3) Sequencing	\$1,290			
291	TMEM216 Sequencing	\$ 460			
				- V -	
854	TNFRSF11A Sequencing	\$ 690	107	VAPB Sequencing	\$ 490
855	TNFRSF11B Sequencing	\$ 490	144	VCL Sequencing	\$1,170
194	TNNC1 Sequencing	\$ 490	597	VCP Sequencing	\$1,060
333	TNNI2 Sequencing	\$ 530	591	VIPAR Sequencing	\$1,020
178	TNNI3 Sequencing	\$ 570	134	VPS13B (COH1) Sequencing	\$2,990
332	TNNT1 Sequencing	\$ 690	248	VPS33B Sequencing	\$1,090
179	TNNT2 Sequencing	\$ 820			
334	TNNT3 Sequencing	\$ 820			
166	TOR1A Sequencing	\$190 - 440			
167	TOR1A Sequencing – Tier 1 only	\$ 190		- W -	
168	TOR1A Sequencing – Tier 2 only	\$ 290	440	WAS Sequencing	\$ 540
713	TP53 Sequencing	\$ 660	292	WDR35 Sequencing	\$1,370
834	TP63 Sequencing	\$ 840	293	WDR62 Sequencing	\$1,440
177	TPM1 Sequencing	\$ 620			
331	TPM2 Sequencing	\$ 590			
357	TPM3 Sequencing	\$ 570			
819	TRAPPC2 Sequencing	\$ 440			
263	TRIM32/BBS11 Sequencing	\$ 490		- X -	
814	TRPS1 Sequencing	\$ 820	658	XPNPEP3 Sequencing	\$ 690
833	TRPV4 Sequencing	\$ 860			
305	TSEN2 Sequencing	\$ 740		- Y -	
306	TSEN34 Sequencing	\$ 440	505	YWHAE Sequencing	\$ 520
298	TSEN54 Sequencing	\$ 880			
259	TTC8/BBS8 Sequencing	\$ 850		- Z -	
366	TTID/MYOT Sequencing	\$190-590	582	ZIC2 Sequencing	\$ 650
385	TTN Sequencing	\$1,290	580	ZIC2-SIX3-SHH -TGIF1-GLI2-PTCH1 Sequencing	\$390-3,290
504	TUBA1A Sequencing	\$ 440	932	ZIC3 Sequencing	\$ 540
683	TULP1 Sequencing	\$ 640	400	ZMPSTE24 Sequencing	\$ 690
751	TXNDC3 Sequencing	\$ 820			
				- Other Tests -	
	- U -		500	DNA Banking (additional paperwork required)	\$ 98
219	UNC13D Sequencing – Tier 2	\$ 890		w/Clinical Test Order	\$ 69
646	USH1C Sequencing	\$1,320			
649	USH1G Sequencing	\$ 540			
648	USH2A Sequencing	\$3,350			
645	Usher Syndrome Sequencing Panel	\$1,320-6,690			