

# PreventionGenetics

*Disease Prevention Through Genetic Testing*

3700 Downwind Drive • Marshfield, WI 54449  
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## Test Requisition

Patient Name, (Last, First, MI): \_\_\_\_\_

Date Collected: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

GeoAncestry/Ethnicity: \_\_\_\_\_ Gender: M F

Most mutations which cause or increase the risk for disease differ greatly in frequency among human populations. Knowing the geoancestry, or the geographic origin of a patient's ancestors of about the time of Columbus (1500), can speed the identification of the specific mutation that the patient carries. A practical means of estimating a patient's geoancestry is to ask the geographical/ethnic origin of the patient's grandparents. Examples: German, Italian, Kenyan, Chinese, Hmong, Ashkenazi, Hispanic, Native American/Ojibwa. Many patients will have multiple origins. Please list all relevant information.

Has this patient or a family member been tested by PreventionGenetics for any other condition? Yes No  
If so when (approx) and which test? \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

(Please print legibly)

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Requesting Institutions Patient ID Code: \_\_\_\_\_

### Billing Info:

I authorize the release of any Medical Information needed to process this claim. Name of Insured: \_\_\_\_\_

I authorize my medical insurance provider to pay any medical Insurance benefit Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Patient Relationship to patient: \_\_\_\_\_ Group #: \_\_\_\_\_

Signature: \_\_\_\_\_ *Please attach a photocopy of insurance card*

Reason for Testing/ICD-9 code: 1: \_\_\_\_\_, 2: \_\_\_\_\_, 3: \_\_\_\_\_

(Must be provided)

PG ID	Test Menu	Order
PGM CCM1X10	CCM1/KRIT1 gene exon 10 "Common Hispanic" mutation detection	
PGM CCM1	Sequencing analysis of the CCM1/KRIT1 gene	
PGM CCM2	Sequencing analysis of the CCM2/MGC4607 gene	
PGM CCM3	Sequencing analysis of the CCM3/PDCD10 gene	
PGM CCM known	Sequencing of Known CCM mutation: Mutation Location: Gene: _____ Exon: _____ Position, if known: _____	
PGM FV	Factor V (Leiden) G1691A mutation detection	
PGM FII	Factor II Prothrombin G20210A mutation detection	
PGM MTHFR	Methylenetetrahydrofolate Reductase (MTHFR) Gene C677T and A1298C Mutation Detection	
PGM COAGG	Combined testing for Factor V, Factor II and MTHFR	
PGM PRO X11	Progeria lamin A gene exon 11 G608G Mutation Detection by sequencing	
PGM PRO	Sequence analysis of the Progeria lamin A gene	
PGM MHS	Sequence analysis of 13 selected exons from the RYR1 gene	
PGM MHS Known	Selected sequence analysis of a single exon from the RYR1 gene	

PreventionGenetics test menu is constantly expanding, please call or visit our web site for a current list of tests offered. Only 1 blood tube is required for multiple tests. Before drawing multiple tubes, contact PreventionGenetics for clarification. CLIA#: 52D1027685 • CAP#: 7185561

Comments/other Relevant Clinical Information:

**\*\*\*Important:** *It is imperative that PreventionGenetics be notified by fax or email when a sample is sent. This enables us to track your sample while in transit.\*\*\**

Fax: 715-384-3661 Email: [clinicaltesting@preventiongenetics.com](mailto:clinicaltesting@preventiongenetics.com)