LAB USE ONLY DO NOT FILL OUT

Date received: Y M D

Specimen type:

Condition:

MRN: Tech:

impact genetics

Form 1b: *Epilepsy Genetic Test Requisition*

Test Panel

See menu on page 2.I

☐ Epilepsy: Comprehensive (69 genes)

Patient

Last name:

First name:

Date of birth: Y M D

Gender: ☐ Male ☐ Female

Pregnant: ☐ Yes ☐ No

Patient History

☐ Confirmed clinical diagnosis

Diagnosis Date: Y M D

☐ Suspected clinical diagnosis ☐ Unaffected

Clinical Diagnostics & Family History

☐ Isolated case ☐ Positive family history

Family previously tested: ☐ Yes ☐ No

Mutation identified: ☐ Yes ☐ No

If mutation identified at lab other then Impact Genetics please provide report.

Proband name (first person in a family to be studied):

Gene:

Mutation:

Relationship to Proband (Index Case)

☐ Proband ☐ Parent of proband

☐ Brother or sister of proband ☐ Child of proband

☐ Other:

Specimen Information

Sample:

☐ EDTA Blood sample for DNA

☐ DNA from blood (min. 500 ng)

☐ Buccal swab (only for preapproved familial mutation confirmation, contact lab directly before submitting)

Date of collection: Y M D

Time of collection: HH:MM (24hr)

Referring Specialist

Name:

Specialty:

Contact:

Telephone: Fax:

Email:

Signature:

Institution:

Address:

City: Prov/State:

Postal code: Country:

Additional copies to:

Email: Fax:

Billing

Impact Genetics tests ordered through LabCorp test menu.
USA only.

☐ a) Client Bill

Provide details:

☐ b) Patient Pay

*Complete **LabCorp Financial Responsibility Form**.*

☐ c) Third party insurance (USA only)

*Complete **Form 1c:** U.S. Insurance Information and to expedite testing, complete **LabCorp Financial Responsibility Form**.*

1100 Bennett Road - Unit 4, Bowmanville, ON L1C 3K5
t: 647-478-4902 or 1-877-624-9769 f: 905-697-9786
e: info@impactgenetics.com *Please ensure to use secure email*

impact genetics

Form 1b: *Epilepsy Genetic Test Requisition*

Patient name: _____ Date of birth: Y ____ M ____ D ____

Epilepsy Test Panels

☐ **Epilepsy: Comprehensive** (69 genes)

Consider when the prognosis based on clinical and EEG findings is poor or the likelihood of lethal outcome is high, when clinical or EEG findings are not specific for a specific epilepsy syndrome.

ALDH7A1, AMT, ARX, ASAH1, ATP1A2, ATP1A3, CDKL5, CERS1, CHD2, CHRNA7, CNTNAP2, CSTB, DNM1, DOCK7, EPM2A, FOLR1, FOXG1, GAMT, GATM, GLDC, GOSR2, GRIN2A, GRIN2B, HCN1, KCNC1, KCNJ10, KCNJ11, KCNQ2, KCNQ3, KCNT1, KCTD7, LMNB2, MBD5, MECP2, MEF2C, MOCS1, NECAP1, NEU1, NHLRC1, NRXN1, PCDH19, PHGDH, PLCB1, PNKP, PNPO, POLG, PRICKLE2, PRRT2, PSAT1, PSPH, SCARB2, SCN1A, SCN1B, SCN2A, SCN8A, SCN9A, SLC2A1, SLC6A8, SLC9A6, SPTAN1, STXBP1, SUOX, SYNGAP1, TBC1D24, TCF4, TSC1, TSC2, UBE3A, ZEB2.