LAB USE ONLY DO NOT FILL OUT

Date received: Y M D

Specimen type:

Condition:

MRN: Tech:

Dynacare®

Form 1b: Epilepsy Genetic Test Requisition

Test Panel

Use menu on page 2 to select test panel.

☐ Epilepsy: Comprehensive (69 genes)

☐ Epilepsy: Management Impact (16 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

☐ a) Institution

Provide details:

☐ b) Patient Pay

Complete **Form 1d:** Credit Card Authorization for Non-Covered Services.

4-1100 Bennett Rd. Bowmanville, ON L1C 3K5
T 647. 478. 4902 or 877.624-9769
F 905-697-9786
impactgenetics@dynacare.ca
Please ensure to use secure email

Dynacare®

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.

☐ **Epilepsy: Management Impact** (16 genes)

Consider this panel when epilepsy is associated with features suggestive of treatable inborn errors of metabolism. Clinical features strongly suggestive of an inborn error of metabolism:

- Family history of known condition
- Parental consanguinity
- Newborn or metabolic screening identifies a biochemical marker associated with “metabolic” epilepsy.

Examples of important treatable conditions include (list is not complete):

- Pyridoxine dependent epilepsy
- Folic acid responsive seizures
- Pyridoxal phosphate dependent epilepsy
- Creatine deficiency syndromes
- Glucose transporter (GLUT1) deficiency
- Cerebral Folate deficiency

ALDH7A1, AMT, FOLR1, GAMT, GATM, GLDC, MOCS1, PHGDH, PNPO, POLG, PSAT1, PSPH, SCN1A, SLC2A1, SLC6A8, SUOX.