BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

PATIENT INFORMATION

NAME: _____ (LAST NAME) _____ (FIRST NAME) ____ (MI)

DATE OF BIRTH: ____ / ____ / ____ (MM DD YY)

GENDER (Please select one):
- ☐ FEMALE
- ☐ MALE
- ☐ UNKNOWN

-OR-
PLACE PATIENT STICKER HERE

SAMPLE INFORMATION

DATE OF COLLECTION: ____ / ____ / ____ (MM DD YY)

HOSPITAL#: _____ ACCESSION#: _____

SAMPLE TYPE (Please select one):
- ☐ BLOOD
- ☐ CORD BLOOD
- ☐ SKELETAL MUSCLE
- ☐ MUSCLE
- ☐ DNA (Specify Source): _____
- ☐ OTHER (Specify): _____

ETHNIC BACKGROUND (Select all that apply):
- ☐ AFRICAN AMERICAN
- ☐ ASIAN
- ☐ ASHKENAZIC JEWISH
- ☐ EUROPEAN CAUCASIAN
- ☐ HISPANIC
- ☐ NATIVE AMERICAN INDIAN
- ☐ OTHER JEWISH
- ☐ OTHER (Please specify): _____

REPORTING INFORMATION

PHYSICIAN: _____

INSTITUTION: _____

PHONE: _____ FAX: _____

EMAIL (INTERNATIONAL CLIENT REQUIREMENT): _____

ADDITIONAL PROFESSIONAL REPORT RECIPIENTS

NAME: _____

PHONE: _____ FAX: _____

NAME: _____

PHONE: _____ FAX: _____

INDICATION FOR STUDY

☐ SYMPTOMATIC (Summarize below.):

☐ ASYMPTOMATIC/POSITIVE FAMILY HISTORY: (ATTACH FAMILY HISTORY)

RELATIONSHIP TO PROBAND: _____

*If family mutation is known, complete the FAMILIAL MUTATION/ VARIANT ANALYSIS section.

☐ ASYMPTOMATIC/POPULATION SCREENING

☐ OTHER (Specify clinical findings below):

☐ *FAMILIAL MUTATION/VARIANT ANALYSIS:

COMPLETE ALL FIELDS BELOW AND ATTACH THE PROBAND'S REPORT.

GENE NAME: _____

MUTATION/UNCLASSIFIED VARIANT: _____

THIS INDIVIDUAL IS CURRENTLY:
- ☐ SYMPTOMATIC
- ☐ ASYMPTOMATIC

NAME OF PROBAND: _____

RELATIONSHIP TO PROBAND: _____

BMGL LAB#: _____

☐ A COPY OF ORIGINAL RESULTS ATTACHED

IF PROBAND TESTING WAS PERFORMED AT ANOTHER LAB, CALL TO DISCUSS PRIOR TO SENDING SAMPLE. A POSITIVE CONTROL MAY BE REQUIRED IN SOME CASES.

REQUIRED: NEW YORK STATE PHYSICIAN SIGNATURE OF CONSENT

I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

Physician's Printed Name: _____ Signature: _____ Date (MM/DD/YY): _____

CYTOGENETIC TESTS

SAMPLE TYPES: Blood in EDTA (purple top) tube AND Blood in Sodium Heparin (green top) tube

☐	8665	Chromosomal Microarray Analysis (CMA) - HR+SNP screen (comprehensive) (340K High Resolution Copy Number probes Plus 60K SNP probes (UPD/AOH)) Specify Gene of Interest: If UPD suspected, specify chromosome:
☐	8655	Chromosomal Microarray Analysis (CMA) - HR (180K High Resolution Copy Number ≥30Kb) Specify Gene of Interest:

LAST UPDATED: 3/18/2015

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

NAME: _____ (LAST NAME) _____ (FIRST NAME) ___ (MI) DATE OF BIRTH: ___ / ___ / ___ (MM DD YY) GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

AVAILABLE MASSIVELY PARALLEL SEQUENCING (BCM-MitomeNGS[SM]) & MitoMet PANELS LISTED BY DISORDER

☐	20100	Albinism Sequence Analysis	13 GENES	*AP3B1, BLOC1S3, DTNBP1, GPR143, HPS1, HPS3, HPS4, HPS5, HPS6, OCA2, SLC45A2, TYR, TYRP1*
☐	5260	Developmental Glaucoma Sequence Analysis	8 GENES	*BEST1, CYP1B1, FOXC1, MFRP, PAX6, PITX2, PITX3, VSX*
☐	5250	Familial Exudative Vitreoretinopathy Sequence Analysis	4 GENES	*FZD4, LRP5, NDP, TSPAN12*
☐	5090	Leber Congenital Amaurosis Sequence Analysis	19 GENES	*AIPL1, CABP4, CEP290, CRB1, CRX, GUCY2D, IMPDH1, IQCB1, KCNJ13, LCA5, LRAT, NMNAT1, OTX2, RD3, RDH12, RPE65, RPGRIP1, SPATA7, TULP1*
☐	5255	Primary Open Angle Glaucoma Sequence Analysis	2 GENES	*MYOC, OPTN*
☐	2140	Progressive External Ophthalmoplegia Sequence Analysis	10 GENES	*C10orf2 (TWINKLE), MGME1, OPA1, OPA3, POLG, POLG2, RRM2B, SLC25A4(ANT1), SPG7, TK2*
☐	2190	Retinitis Pigmentosa Sequence Analysis	66 GENES	For full list of genes, please see website
☐	2195	Usher Syndrome Sequence Analysis	9 GENES	*CDH23, CLRN1, DFNB31, GPR98, MYO7A, PCDH15, USH1C, USH1G, USH2A*

DNA COPY NUMBER ANALYSIS

☐ 2000 **MitoMet®Plus**
MitoMet®Plus Microarray Analysis - Copy number analysis of approximately 1600 nuclear genes + entire mtDNA, of which approximately 1400 genes are Mitochondrial/Metabolic related.

1. Specific Disease/Gene: _____
2. Indication: _____

MITOCHONDRIAL DNA (mtDNA) MUTATION SCREENS

☐ 2010 ADVANCED mtDNA POINT MUTATIONS AND DELETIONS By MASSIVELY PARALLEL SEQUENCING (BCM-MitomeNGS[SM]):
Screens for 36 common point mutations and deletions in MELAS, MERRF, NARP, Leigh Syndrome, LHON, Cardiomyopathy, Deafness and/or Diabetes, Pearson Syndrome, and Kearns-Sayre Syndrome (for full list of conditions, please see web site).

INDIVIDUAL SEQUENCING TESTS - LISTED BY DISORDER

ABCA4-Related Disorders			*ABCA4*
☐	6603	*ABCA4* Comprehensive (Seq & Del/Dup Analysis)	
☐	6600	*ABCA4* Sequence Analysis	
☐	6667	*ABCA4* Deletion/Duplication Analysis	
AIPL1-Related Disorders			*AIPL1*
☐	2434	*AIPL1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2430	*AIPL1* Sequence Analysis	
☐	2433	*AIPL1* Deletion/Duplication Analysis	
Ataxia, Posterior Column, with Retinitis Pigmentosa			*FLVCR1*
☐	2489	*FLVCR1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2485	*FLVCR1* Sequence Analysis	
☐	2488	*FLVCR1* Deletion/Duplication Analysis	
BEST1-Related Disorders			*BEST1*
☐	2924	*BEST1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2920	*BEST1* Sequence Analysis	
☐	2923	*BEST1* Deletion/Duplication Analysis	

CEP290-Related Disorders			*CEP290*
☐	2419	*CEP290* Comprehensive (Seq & Del/Dup Analysis)	
☐	2415	*CEP290* Sequence Analysis	
☐	2418	*CEP290* Deletion/Duplication Analysis	
CDH23-Related Disorders			*CDH23*
☐	6655	*CDH23* Sequence Analysis	
CLRN1-Related Disorders			*CLRN1*
☐	6660	*CLRN1* Sequence Analysis	
COL2A1-Related Disorders			*COL2A1*
☐	32635	COL1A2 Sequence Analysis by NGS	
☐	7521	*COL2A1* Comprehensive (Seq & Del/Dup Analysis)	
☐	6580	*COL2A1* Sequence Analysis	
☐	6583	*COL2A1* Deletion/Duplication Analysis	
Cone-rod Dystrophy 15			*CDHR1*
☐	2389	*CDHR1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2385	*CDHR1* Sequence Analysis	
☐	2388	*CDHR1* Deletion/Duplication Analysis	

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

NAME: _____ (LAST NAME) _____ (FIRST NAME) ___ (MI) DATE OF BIRTH: ___ / ___ / ___ (MM DD YY) GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

INDIVIDUAL SEQUENCING TESTS - LISTED BY DISORDER

CRB1-Related Disorders			*CRB1*
☐	2849	*CRB1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2845	*CRB1* Sequence Analysis	
☐	2848	*CRB1* Deletion/Duplication Analysis	
CRX-Related Disorders			*CRX*
☐	2954	*CRX* Comprehensive (Seq & Del/Dup Analysis)	
☐	2950	*CRX* Sequence Analysis	
☐	2953	*CRX* Deletion/Duplication Analysis	
CYP1B1-Related Disorders			*CYP1B1*
☐	29215	*CYP1B1* Sequence Analysis by NGS	
Exudative Vitreoretinopathy 5			*TSPAN12*
☐	29260	*TSPAN12* Sequence Analysis by NGS	
FZD4-Related Disorders			*FZD4*
☐	29255	*FZD4* Sequence Analysis by NGS	
GUCY2D-Related Disorders			*GUCY2D*
☐	32435	*GUCY2D* Sequence Analysis by NGS	
☐	2439	*GUCY2D* Comprehensive (Seq & Del/Dup Analysis)	
☐	2438	*GUCY2D* Deletion/Duplication Analysis	
Gyrate Atrophy of Choroid and Retina			*OAT*
☐	5280	*OAT* Sequence Analysis	
Hermansky-Pudlak Syndrome			
See Panel 20100[1]			
☐	20105	*AP3B1* Sequence Analysis by NGS	*AP3B1*
☐	20110	*BLOC1S3* Sequence Analysis by NGS	*BLOC1S3*
☐	20115	*DTNBP1* Sequence Analysis by NGS	*DTNBP1*
☐	20120	*HPS1* Sequence Analysis by NGS	*HPS1*
☐	20125	*HPS3* Sequence Analysis by NGS	*HPS3*
☐	20130	*HPS4* Sequence Analysis by NGS	*HPS4*
☐	20135	*HPS5* Sequence Analysis by NGS	*HPS5*
☐	20140	*HPS6* Sequence Analysis by NGS	*HPS6*
IMPDH1-Related Disorders			*IMPDH1*
☐	2789	*IMPDH1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2785	*IMPDH1* Sequence Analysis	
☐	2788	*IMPDH1* Deletion/Duplication Analysis	
Iris Hypoplasia and Glaucoma			*FOXC1*
☐	5219	*FOXC1* Comprehensive (Seq & Del/Dup Analysis)	
☐	5215	*FOXC1* Sequence Analysis	
☐	5218	*FOXC1* Deletion/Duplication Analysis	
LCA5-Related Disorders			*LCA5*
☐	2394	*LCA5* Comprehensive (Seq & Del/Dup Analysis)	
☐	2390	*LCA5* Sequence Analysis	
☐	2393	*LCA5* Deletion/Duplication Analysis	

Leber Congenital Amaurosis			
See Panel 5090[1]			
☐	5084	*CABP4* Comprehensive (Seq & Del/Dup Analysis)	*CABP4*
☐	5080	*CABP4* Sequence Analysis	*CABP4*
☐	5083	*CABP4* Deletion/Duplication Analysis	*CABP4*
☐	5069	*IQCB1* Comprehensive (Seq & Del/Dup Analysis)	*IQCB1*
☐	5065	*IQCB1* Sequence Analysis	*IQCB1*
☐	5068	*IQCB1* Deletion/Duplication Analysis	*IQCB1*
☐	5079	*KCNJ13* Comprehensive (Seq & Del/Dup Analysis)	*KCNJ13*
☐	5075	*KCNJ13* Sequence Analysis	*KCNJ13*
☐	5078	*KCNJ13* Deletion/Duplication Analysis	*KCNJ13*
☐	5085	*NMNAT1* Sequence Analysis	*NMNAT1*
☐	5070	*OTX2* Sequence Analysis	*OTX2*
Lowe Syndrome			*OCRL*
☐	6039	*OCRL* Sequence Analysis	
LRAT-Related Disorders			*LRAT*
☐	2839	*LRAT* Comprehensive (Seq & Del/Dup Analysis)	
☐	2835	*LRAT* Sequence Analysis	
☐	2838	*LRAT* Deletion/Duplication Analysis	
LRP5-Related Disorders			*LRP5*
☐	29265	*LRP5* Sequence Analysis by NGS	
Microphthalmia, Isolated 5 Disorder			*MFRP*
☐	2409	*MFRP* Comprehensive (Seq & Del/Dup Analysis)	
☐	2405	*MFRP* Sequence Analysis	
☐	2408	*MFRP* Deletion/Duplication Analysis	
NDP-Related Disorders			*NDP*
☐	29270	*NDP* Sequence Analysis by NGS	
Oculocutaneous Albinism			
See Panel 20100[1]			
☐	6083	X-Linked, *GPR143* Comprehensive (Seq & Del/Dup Analysis)	*GPR143*
☐	6123	X-Linked, *GPR143* Sequence Analysis	*GPR143*
☐	6042	X-Linked, *GPR143* Deletion/Duplication Analysis	*GPR143*
☐	6825	Type 1, *TYR* Sequence Analysis	*TYR*
☐	6830	Type 2, *OCA2* Sequence Analysis	*OCA2*
☐	6833	Type 2, *OCA2* Targeted Deletion Analysis	*OCA2*
☐	6835	Type 3, *TYRP1* Sequence Analysis	*TYRP1*
☐	6840	Type 4, SLC45A2 (OCA4) Sequence Analysis	*SLC45A2 (OCA4)*
Optic Atrophy			
☐	33465	Type 1, *OPA1* Sequence Analysis by NGS	*OPA1*
☐	3469	Type 1, *OPA1* Comprehensive (Seq & Del/Dup Analysis)	*OPA1*
☐	3468	Type 1, *OPA1* Deletion/Duplication Analysis	*OPA1*
☐	3529	Type 3, *OPA3* Comprehensive (Seq & Del/Dup Analysis)	*OPA3*
☐	3525	Type 3, *OPA3* Sequence Analysis	*OPA3*
☐	3528	Type 3, *OPA3* Deletion/Duplication Analysis	*OPA3*

[1] Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGS℠) PANELS

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

NAME: _____ LAST NAME _____ FIRST NAME ___ MI DATE OF BIRTH: ___ / ___ / ___ MM DD YY GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

INDIVIDUAL SEQUENCING TESTS - LISTED BY DISORDER

OPTN-Related Disorders			*OPTN*
☐	29250	*OPTN* Sequence Analysis by NGS	
PAX6-Related Disorders			*PAX6*
☐	29235	*PAX6* Sequence Analysis by NGS	
PITX2-Related Disorders			*PITX2*
☐	29240	*PITX2* Sequence Analysis by NGS	
PITX3-Related Disorders			*PITX3*
☐	29220	*PITX3* Sequence Analysis by NGS	
POC1B-Related Disorders			*POC1B*
☐	5355	*POC1B* Sequence Analysis	
Polyneuropathy, Hearing Loss, Ataxia, Retinitis Pigmentosa, and Cataract Disorder			*ABHD12*
☐	2414	*ABHD12* Comprehensive (Seq & Del/Dup Analysis)	
☐	2410	*ABHD12* Sequence Analysis	
☐	2413	*ABHD12* Deletion/Duplication Analysis	
Primary Open Angle Glaucoma 1A			*MYOC*
☐	29245	*MYOC* Sequence Analysis by NGS	
RD3-Related Disorders			*RD3*
☐	2834	*RD3* Comprehensive (Seq & Del/Dup Analysis)	
☐	2830	*RD3* Sequence Analysis	
☐	2833	*RD3* Deletion/Duplication Analysis	
RDH12-Related Disorders			*RDH12*
☐	2959	*RDH12* Comprehensive (Seq & Del/Dup Analysis)	
☐	2955	*RDH12* Sequence Analysis	
☐	2958	*RDH12* Deletion/Duplication Analysis	
Retinitis Pigmentosa			
See Panel 2190[1]			
☐	2964	*C2orf71* Comprehensive (Seq & Del/Dup Analysis)	*C2orf71*
☐	2960	*C2orf71* Sequence Analysis	*C2orf71*
☐	2963	*C2orf71* Deletion/Duplication Analysis	*C2orf71*
☐	2424	*C8orf37* Comprehensive (Seq & Del/Dup Analysis)	*C8orf37*
☐	2420	*C8orf37* Sequence Analysis	*C8orf37*
☐	2423	*C8orf37* Deletion/Duplication Analysis	*C8orf37*
☐	2764	*CA4* Comprehensive (Seq & Del/Dup Analysis)	*CA4*
☐	2760	*CA4* Sequence Analysis	*CA4*
☐	2763	*CA4* Deletion/Duplication Analysis	*CA4*
☐	2384	*CERKL* Comprehensive (Seq & Del/Dup Analysis)	*CERKL*
☐	2380	*CERKL* Sequence Analysis	*CERKL*
☐	2383	*CERKL* Deletion/Duplication Analysis	*CERKL*
☐	2949	*CNGA1* Comprehensive (Seq & Del/Dup Analysis)	*CNGA1*
☐	2945	*CNGA1* Sequence Analysis	*CNGA1*
☐	2948	*CNGA1* Deletion/Duplication Analysis	*CNGA1*
☐	2944	*CNGB1* Comprehensive (Seq & Del/Dup Analysis)	*CNGB1*
☐	2940	*CNGB1* Sequence Analysis	*CNGB1*

Retinitis Pigmentosa			
☐	2943	*CNGB1* Deletion/Duplication Analysis	*CNGB1*
☐	2969	*DHDDS* Comprehensive (Seq & Del/Dup Analysis)	*DHDDS*
☐	2965	*DHDDS* Sequence Analysis	*DHDDS*
☐	2968	*DHDDS* Deletion/Duplication Analysis	*DHDDS*
☐	2974	*EYS* Comprehensive (Seq & Del/Dup Analysis)	*EYS*
☐	2970	*EYS* Sequence Analysis	*EYS*
☐	2973	*EYS* Deletion/Duplication Analysis	*EYS*
☐	2994	*FAM161A* Comprehensive (Seq & Del/Dup Analysis)	*FAM161A*
☐	2990	*FAM161A* Sequence Analysis	*FAM161A*
☐	2993	*FAM161A* Deletion/Duplication Analysis	*FAM161A*
☐	2769	*FSCN2* Comprehensive (Seq & Del/Dup Analysis)	*FSCN2*
☐	2765	*FSCN2* Sequence Analysis	*FSCN2*
☐	2768	*FSCN2* Deletion/Duplication Analysis	*FSCN2*
☐	2779	*GUCA1B* Comprehensive (Seq & Del/Dup Analysis)	*GUCA1B*
☐	2775	*GUCA1B* Sequence Analysis	*GUCA1B*
☐	2778	*GUCA1B* Deletion/Duplication Analysis	*GUCA1B*
☐	2979	*IDH3B* Comprehensive (Seq & Del/Dup Analysis)	*IDH3B*
☐	2975	*IDH3B* Sequence Analysis	*IDH3B*
☐	2978	*IDH3B* Deletion/Duplication Analysis	*IDH3B*
☐	2454	*IMPG2* Comprehensive (Seq & Del/Dup Analysis)	*IMPG2*
☐	2450	*IMPG2* Sequence Analysis	*IMPG2*
☐	2453	*IMPG2* Deletion/Duplication Analysis	*IMPG2*
☐	2784	*KLHL7* Comprehensive (Seq & Del/Dup Analysis)	*KLHL7*
☐	2780	*KLHL7* Sequence Analysis	*KLHL7*
☐	2783	*KLHL7* Deletion/Duplication Analysis	*KLHL7*
☐	2495	*MAK* Sequence Analysis	*MAK*
☐	2984	*MERTK* Comprehensive (Seq & Del/Dup Analysis)	*MERTK*
☐	2980	*MERTK* Sequence Analysis	*MERTK*
☐	2983	*MERTK* Deletion/Duplication Analysis	*MERTK*
☐	2905	*NR2E3* Sequence Analysis	*NR2E3*
☐	2904	*NRL* Comprehensive (Seq & Del/Dup Analysis)	*NRL*
☐	2900	*NRL* Sequence Analysis	*NRL*
☐	2903	*NRL* Deletion/Duplication Analysis	*NRL*
☐	2989	*PDE6A* Comprehensive (Seq & Del/Dup Analysis)	*PDE6A*
☐	2985	*PDE6A* Sequence Analysis	*PDE6A*
☐	2988	*PDE6A* Deletion/Duplication Analysis	*PDE6A*
☐	2459	*PDE6B* Comprehensive (Seq & Del/Dup Analysis)	*PDE6B*
☐	2455	*PDE6B* Sequence Analysis	*PDE6B*
☐	2458	*PDE6B* Deletion/Duplication Analysis	*PDE6B*
☐	2999	*PDE6G* Comprehensive (Seq & Del/Dup Analysis)	*PDE6G*
☐	2995	*PDE6G* Sequence Analysis	*PDE6G*

[1] Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGS[SM]) PANELS

LAST UPDATED: 3/18/2015

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

NAME: _____ LAST NAME _____ FIRST NAME ____ MI DATE OF BIRTH: ____ / ____ / ____ MM DD YY GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

INDIVIDUAL SEQUENCING TESTS - LISTED BY DISORDER

Retinitis Pigmentosa (continued)			
☐	2998	*PDE6G* Deletion/Duplication Analysis	*PDE6G*
☐	2469	*PRCD* Comprehensive (Seq & Del/Dup Analysis)	*PRCD*
☐	2465	*PRCD* Sequence Analysis	*PRCD*
☐	2468	*PRCD* Deletion/Duplication Analysis	*PRCD*
☐	2399	*PROM1* Comprehensive (Seq & Del/Dup Analysis)	*PROM1*
☐	2395	*PROM1* Sequence Analysis	*PROM1*
☐	2398	*PROM1* Deletion/Duplication Analysis	*PROM1*
☐	2809	*PRPF3* Comprehensive (Seq & Del/Dup Analysis)	*PRPF3*
☐	2805	*PRPF3* Sequence Analysis	*PRPF3*
☐	2808	*PRPF3* Deletion/Duplication Analysis	*PRPF3*
☐	2799	*PRPF31* Comprehensive (Seq & Del/Dup Analysis)	*PRPF31*
☐	2795	*PRPF31* Sequence Analysis	*PRPF31*
☐	2798	*PRPF31* Deletion/Duplication Analysis	*PRPF31*
☐	2794	*PRPF6* Comprehensive (Seq & Del/Dup Analysis)	*PRPF6*
☐	2790	*PRPF6* Sequence Analysis	*PRPF6*
☐	2793	*PRPF6* Deletion/Duplication Analysis	*PRPF6*
☐	2804	*PRPF8* Comprehensive (Seq & Del/Dup Analysis)	*PRPF8*
☐	2800	*PRPF8* Sequence Analysis	*PRPF8*
☐	2803	*PRPF8* Deletion/Duplication Analysis	*PRPF8*
☐	2939	*PRPH2* Comprehensive (Seq & Del/Dup Analysis)	*PRPH2*
☐	2935	*PRPH2* Sequence Analysis	*PRPH2*
☐	2938	*PRPH2* Deletion/Duplication Analysis	*PRPH2*
☐	2464	*RBP3* Comprehensive (Seq & Del/Dup Analysis)	*RBP3*
☐	2460	*RBP3* Sequence Analysis	*RBP3*
☐	2463	*RBP3* Deletion/Duplication Analysis	*RBP3*
☐	2479	*RGR* Comprehensive (Seq & Del/Dup Analysis)	*RGR*
☐	2475	*RGR* Sequence Analysis	*RGR*
☐	2478	*RGR* Deletion/Duplication Analysis	*RGR*
☐	2919	*RHO* Comprehensive (Seq & Del/Dup Analysis)	*RHO*
☐	2915	*RHO* Sequence Analysis	*RHO*
☐	2918	*RHO* Deletion/Duplication Analysis	*RHO*
☐	2474	*RLBP1* Comprehensive (Seq & Del/Dup Analysis)	*RLBP1*
☐	2470	*RLBP1* Sequence Analysis	*RLBP1*
☐	2473	*RLBP1* Deletion/Duplication Analysis	*RLBP1*
☐	2814	*ROM1* Comprehensive (Seq & Del/Dup Analysis)	*ROM1*
☐	2810	*ROM1* Sequence Analysis	*ROM1*
☐	2813	*ROM1* Deletion/Duplication Analysis	*ROM1*
☐	2914	*RP1* Comprehensive (Seq & Del/Dup Analysis)	*RP1*
☐	2910	*RP1* Sequence Analysis	*RP1*
☐	2913	*RP1* Deletion/Duplication Analysis	*RP1*

Retinitis Pigmentosa (continued)			
☐	2449	*RP2* Comprehensive (Seq & Del/Dup Analysis)	*RP2*
☐	2445	*RP2* Sequence Analysis	*RP2*
☐	2448	*RP2* Deletion/Duplication Analysis	*RP2*
☐	2824	*RP9* Comprehensive (Seq & Del/Dup Analysis)	*RP9*
☐	2820	*RP9* Sequence Analysis	*RP9*
☐	2823	*RP9* Deletion/Duplication Analysis	*RP9*
☐	2359	*RPGR* Comprehensive (Seq & Del/Dup Analysis)	*RPGR*
☐	2355	*RPGR* Sequence Analysis	*RPGR*
☐	2358	*RPGR* Deletion/Duplication Analysis	*RPGR*
☐	2484	*SAG* Comprehensive (Seq & Del/Dup Analysis)	*SAG*
☐	2480	*SAG* Sequence Analysis	*SAG*
☐	2483	*SAG* Deletion/Duplication Analysis	*SAG*
☐	2929	*SEMA4A* Comprehensive (Seq & Del/Dup Analysis)	*SEMA4A*
☐	2925	*SEMA4A* Sequence Analysis	*SEMA4A*
☐	2928	*SEMA4A* Deletion/Duplication Analysis	*SEMA4A*
☐	2819	*SNRNP200* Comprehensive (Seq & Del/Dup Analysis)	*SNRNP200*
☐	2815	*SNRNP200* Sequence Analysis	*SNRNP200*
☐	2818	*SNRNP200* Deletion/Duplication Analysis	*SNRNP200*
☐	2894	*TOPORS* Comprehensive (Seq & Del/Dup Analysis)	*TOPORS*
☐	2890	*TOPORS* Sequence Analysis	*TOPORS*
☐	2893	*TOPORS* Deletion/Duplication Analysis	*TOPORS*
☐	2404	*TTC8* Comprehensive (Seq & Del/Dup Analysis)	*TTC8*
☐	2400	*TTC8* Sequence Analysis	*TTC8*
☐	2403	*TTC8* Deletion/Duplication Analysis	*TTC8*
☐	2494	*ZNF513* Comprehensive (Seq & Del/Dup Analysis)	*ZNF513*
☐	2490	*ZNF513* Sequence Analysis	*ZNF513*
☐	2493	*ZNF513* Deletion/Duplication Analysis	*ZNF513*
Retinoschisis			*RS1*
☐	29540	*RS1* Sequence Analysis by NGS	
RPE65-Related Disorders			*RPE65*
☐	2934	*RPE65* Comprehensive (Seq & Del/Dup Analysis)	
☐	2930	*RPE65* Sequence Analysis	
☐	2933	*RPE65* Deletion/Duplication Analysis	
RPGRIP1-Related Disorders			*RPGRIP1*
☐	32350	*RPGRIP1* Sequence Analysis by NGS	
☐	2354	*RPGRIP1* Comprehensive (Seq & Del/Dup Analysis)	
☐	2353	*RPGRIP1* Deletion/Duplication Analysis	
SPATA7-Related Disorders			*SPATA7*
☐	2854	*SPATA7* Comprehensive (Seq & Del/Dup Analysis)	
☐	2850	*SPATA7* Sequence Analysis	
☐	2853	*SPATA7* Deletion/Duplication Analysis	

LAST UPDATED: 3/18/2015

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

NAME: _____ LAST NAME _____ FIRST NAME ___ MI DATE OF BIRTH: ___ / ___ / ___ MM DD YY GENDER (Please select one): ☐ FEMALE ☐ MALE ☐ UNKNOWN

INDIVIDUAL SEQUENCING TESTS - LISTED BY DISORDER

TULP1-Related Disorders				*TULP1*
	☐	2844	*TULP1* Comprehensive (Seq & Del/Dup Analysis)	
	☐	2840	*TULP1* Sequence Analysis	
	☐	2843	*TULP1* Deletion/Duplication Analysis	
Spinocerebellar Ataxia 14 (SCA14)				*PRKCG*
	☐	2899	*PRKCG* Comprehensive (Seq & Del/Dup Analysis)	
	☐	2895	*PRKCG* Sequence Analysis	
	☐	2898	*PRKCG* Deletion/Duplication Analysis	
USH2A-Related Disorders				
	☐	6650	*USH2A* Sequence Analysis	*USH2A*
Usher Syndrome				
	See Panel 2195[1]			
	☐	6395	*MYO7A* Sequence Analysis	*MYO7A*
	☐	2379	Type 1C, *USH1C* Comprehensive (Seq & Del/Dup Analysis)	*USH1C*
	☐	2375	Type 1C, *USH1C* Sequence Analysis	*USH1C*
	☐	2378	Type 1C, *USH1C* Deletion/Duplication Analysis	*USH1C*
	☐	2864	Type 1G, *USH1G* Comprehensive (Seq & Del/Dup Analysis)	*USH1G*
	☐	2860	Type 1G, *USH1G* Sequence Analysis	*USH1G*
	☐	2863	Type 1G, *USH1G* Deletion/Duplication Analysis	*USH1G*
	☐	32370	Type 1F, *PCDH15* Sequence Analysis by NGS	*PCDH15*
	☐	2374	Type 1F, *PCDH15* Comprehensive (Seq & Del/Dup Analysis)	*PCDH15*
	☐	2373	Type 1F, *PCDH15* Deletion/Duplication Analysis	*PCDH15*
	☐	32365	Type 2C, *GPR98* Sequence Analysis by NGS	*GPR98*
	☐	2369	Type 2C, *GPR98* Comprehensive (Seq & Del/Dup Analysis)	*GPR98*
	☐	2368	Type 2C, *GPR98* Deletion/Duplication Analysis	*GPR98*
	☐	2364	Type 2D, *DFNB31* Comprehensive (Seq & Del/Dup Analysis)	*DFNB31*
	☐	2360	Type 2D, *DFNB31* Sequence Analysis	*DFNB31*
	☐	2363	Type 2D, *DFNB31* Deletion/Duplication Analysis	*DFNB31*
VSX1-Related Disorders				*VSX1*
	☐	29230	*VSX1* Sequence Analysis by NGS	

[1] Listed under MASSIVELY PARALLEL SEQUENCING (BCM MitomeNGS℠) PANELS

BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

SHIP TO: Baylor Miraca Genetics Laboratories
2450 Holcombe, Grand Blvd. -Receiving Dock
Houston, TX 77021-2024
Phone: 713-798-6555

INHERITED EYE DISORDERS REQUISITION

BILLING INFORMATION

IMPORTANT NOTICE: ONE OF THE THREE FOLLOWING BILLING OPTIONS MUST BE INDICATED BELOW.
PLEASE FORWARD ALL BILLING QUESTIONS TO: MEDGENBILLING@BCM.EDU

PATIENT INFORMATION

PATIENT NAME (LAST,FIRST, MI): _____ PATIENT DATE OF BIRTH (MM/DD/YY): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

☐ PAYMENT OPTION 1 - INSTITUTION

INSTITUTION NAME: _____ INSTITUTION CODE: _____

CONTACT NAME: _____ EMAIL (REQUIRED): _____

BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

☐ PAYMENT OPTION 2 - SELF-PAY (PAYMENT MUST ACCOMPANY SAMPLE)

☐ CREDIT CARD (PLEASE SELECT ONE): ◯ AMEX ◯ DISCOVER ◯ MC ◯ VISA

VALID CARD #: _____ EXPIRATION DATE (MM/YY): _____ CVC CODE: _____

BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

CARDHOLDER PRINTED NAME: _____ CARDHOLDER SIGNATURE: _____

☐ CHECK/MONEY ORDER: CHECK/MONEY ORDER #: _____ AMOUNT ENCLOSED: _____

☐ PAYMENT OPTION 3 - INSURANCE

PROVIDE A LEGIBLE PHOTOCOPY OF THE FRONT & BACK OF THE INSURANCE CARD OR HMO/MEDICAID HMO AUTHORIZATION/REFERRAL.

Please refer to the Financial Policy at www.bmgl.com for complete insurance filing information and managed care contract list. Insurance is filed to our contracted carriers as a client service courtesy. Patients are responsible for non-covered services, deductibles, co-insurance, contract exclusions, non-authorized services, and remaining balances after insurance reimbursement. HMO policies must have required approved authorizations. Baylor Miraca Genetics Laboratories cannot bill out-of-state welfare programs. We accept authorized Texas Medicaid HMO covered charges for genetic testing. Please contact our office prior to submitting a Texas Medicaid sample. Contact medgenbilling@bcm.edu with questions.

ORDERING PROVIDER: _____

ICD9 Diagnosis Code(s) - must be provided or insurance cannot be filed: _____

◯ PPO, POS, Commercial Insurance - Provide complete member information with legible front & back photocopy of insurance card.

◯ HMO - Provide approved authorization #: _____ and attach legible front & back photocopy of insurance card.

◯ Texas Medicaid HMO - Provide approved authorization #: _____ and contact Billing at 713-798-6555.

INSURED MEMBER'S INFORMATION

MEMBER NAME (Last, First, MI): _____ MEMBER DATE OF BIRTH (MM/DD/YY): _____ GENDER: ◯ FEMALE ◯ MALE

MEMBER POLICY #: _____ MEMBER SS #: _____ MEMBER GROUP #: _____

INSURANCE CO. NAME: _____ PHONE: _____

INSURANCE CO. ADDRESS: _____ CITY, STATE, ZIP: _____

I AUTHORIZE BAYLOR MIRACA GENETICS LABORATORIES TO FURNISH ANY MEDICAL INFORMATION REQUESTED ON MYSELF, OR MY COVERED DEPENDENTS. IN CONSIDERATION OF SERVICES RENDERED, I TRANSFER AND ASSIGN ANY BENEFITS OF INSURANCE TO BAYLOR MIRACA GENETICS LABORATORIES. I UNDERSTAND I AM RESPONSIBLE FOR ANY CO-PAY, DEDUCTIBLES, OR NON-AUTHORIZED SERVICES AND REMAINING BALANCES AFTER INSURANCE REIMBURSEMENT. I UNDERSTAND I AM FULLY RESPONSIBLE FOR PAYMENT OF MY ACCOUNT IF BAYLOR MIRACA GENETICS LABORATORIES IS NOT A PARTICIPANT WITH MY HEALTH PLAN, AND MY HEALTH PLAN DOES NOT FULLY REIMBURSE MY MEDICAL SERVICES DUE TO LACK OF AUTHORIZATION OR MEDICAL NECESSITY.

PRINTED NAME: _____ SIGNATURE: _____ DATE (MM/YY): _____