Penn Medicine
Molecular Pathology Laboratory
Director Vivianna Van Deerlin, MD, PhD

Requisition Form for *GRN*, *MAPT*, and *C9orf72* Mutation Testing

PATIENT INFORMATION
NAME:

ADDRESS

PHONE:

DATE OF BIRTH:_____ GENDER: M / F

ORDERING CLINICIAN INFORMATION
NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:_____

TESTING REQUESTED (CPT Code: 81479 for each test)
☐ *C9orf72* hexanucleotide repeat expansion analysis
☐ *GRN* sequencing (exons 1-13) ☐ *GRN* single exon, specify exon and mutation_____
☐ *MAPT* sequencing (exons 1, 9-13) ☐ *MAPT* single exon, specify exon and mutation_____

SPECIMEN INFORMATION
☐ Peripheral Blood ☐ DNA ☐ Frozen brain tissue
Collected by:_____ Autopsy diagnosis:_____
Date obtained_____ Autopsy date:_____

INDICATION FOR TESTING
☐ Diagnostic testing in affected individual
☐ Targeted mutation analysis in affected individual, family member with identified mutation
☐ Targeted mutation analysis for pre-symptomatic testing, family member with identified mutation
☐ Confirmation of research testing
☐ Other:_____

FAMILY HISTORY
Summary of relevant family history: If available, please attach a pedigree.
_____

_____

CLINICAL INFORMATION
Clinical Diagnosis:_____
If symptomatic, age at onset: _____
ICD10 code: _____

SYMPTOMS Check all that apply:
☐ Episodic memory difficulty
☐ Language difficulty
☐ Social difficulty
☐ Executive difficulty
☐ Symptoms of ALS or MND, please list:
_____
☐ Extrapyramidal features, please list:
_____
☐ N/A, patient is asymptomatic

PRIOR GENETIC TESTING Attach copy of report
Who was tested: _____
Gene(s) tested:_____
Testing lab:_____
Testing result:_____
If mutation identified, specify:_____

BILLING INFORMATION
Name as it appears on the credit card
_____
Billing Address _____
_____
Phone Number _____
Credit Card Number _____
Card Expiration Date _____
Security Code _____

SHIPPING: Please ship sample and forms to: Molecular Pathology Laboratory, 7 Maloney Building, University of Pennsylvania Health System,3400 Spruce Street, Philadelphia, PA 19104-4283; **phone: 215-662-6121**
For blood samples, informed consent required, available at lab's website:
http://pathology.uphs.upenn.edu/ClinicalServices/ClinicalPathology/cs_clinpath_molec.aspx

Please call the lab with questions or to set up a client billing account. Version.102615