

Carrier Screen with Reflex NIPT

43 Gene Expanded Panel for Ashkenazi Jewish, French Canadian, Cajun Descent

REQUISITION FORM

<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Collect the patient's sample by following the instructions in the UNITY™ kit. 2. Place the barcode sticker from box on this form. 3. Complete and place this form in the box along with the sample. 	<p>SAMPLE COLLECTION DATE _____</p> <div style="border: 1px dashed black; padding: 10px; text-align: center; margin-top: 10px;"> <p>PLACE BARCODE HERE</p> </div>
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PATIENT INFORMATION Shaded fields must be completed

First Name **MI** **Last Name**

Sex **Pregnant?** Yes No

Estimated Due Date _____

Twin / Triplet / Surrogate / Egg Donor Pregnancy? Yes No

Date of Birth **Cell Phone** **Email Address**

Street Address **Apt / Unit / Suite**

City **State** **Zip Code**

Ethnicity Select all that apply

This panel is for Ashkenazi Jewish, French Canadian, or Cajun patients

Ashkenazi Jewish French Canadian or Cajun Other / Unknown

Family History Describe relevant family history or prior testing

CLINIC INFORMATION Shaded fields must be completed

Clinic Name

Clinic Phone **Clinic Fax** **Clinic Account Number**

Clinic Address

Ordering Healthcare Provider(s) List and select all that apply

Genetic Counselor If applicable

BILLING INFORMATION Select one option and provide necessary details

Bill to Insurance Includes Medicaid and Tricare

Bill to Patient

Policy Owner Name **Relationship to Insured**

Self Dependent Other

Insurance Company Name

Member ID Number

Card Holder Name **Card Expiry Date**

Card Number **CVV**

CLINICAL INDICATION Select all that apply. Codes below are not exhaustive, provide additional as necessary.

This panel is for Ashkenazi Jewish, French Canadian, or Cajun patients

Screening for genetic disease carrier status **Z31.430, Z31.440, Z13.71**

Supervision, normal 1st pregnancy **Z34.00, Z34.01, Z34.02, Z34.03**

Supervision, other normal pregnancy **Z34.80, Z34.81, Z34.82, Z34.83**

Family history **Z84.39, Z84.81**

Supervision of elderly primigravida **O09.511, O09.512, O09.521, O09.522**

Other ICD-10 codes: Include patient's chart notes

Authorization

By submitting this requisition, I confirm that I have obtained the patient's informed consent for the requested screening. I confirm that this screen is clinically valuable for the patient.

Physician Signature **Date of Authorization**

OPTIONAL PATIENT ACKNOWLEDGEMENT

By signing below, I agree that my de-identified results may be shared with genetic databases in order to advance medical research. By not signing, my de-identified data will NOT be shared. BillionToOne respects your privacy and is committed to protecting it. For more information about our privacy policies please visit www.unityscreen.com/privacy.

Patient Signature **Date**

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