

Preconception/Prenatal Requisition Form



INSTRUCTIONS 1. Collect the patient's sample by following the instructions in the Counsyl kit(s). 2. Place this form in the box along with the sample(s).

Family Prep Screen: For simultaneous testing, submit a separate form for each patient. **Informed Pregnancy Screen:** Send sample immediately or recollection may be required.

PATIENT INFORMATION

Counsyl will use this information to contact the patient via automatic e-mail, SMS and/or phone regarding payment, screen processing status and online results access. By submitting this requisition, I confirm that I have obtained the patient's authorization to be contacted by Counsyl by these means.

Patient e-mail address _____ Patient mobile number _____
First name _____ MI _____
Last name _____
Address _____
City _____ State _____ ZIP _____
Sex: _____ / _____
 Female Male Date of birth _____

- Ethnicity** Select all that apply.
 Northern European e.g. British, German
 Southern European e.g. Italian, Greek
 French Canadian or Cajun
 Ashkenazi Jewish
 Other/Mixed Caucasian
 East Asian e.g. Chinese, Japanese
 South Asian e.g. Indian, Pakistani
 Southeast Asian e.g. Filipino, Vietnamese
 African or African American
 Hispanic
 Middle Eastern
 Native American
 Pacific Islander
 Unknown

CLINIC INFORMATION

OBGYN Group of Eastern Connecticut
2600 Tamarack Ave, Suite 200
South Windsor, CT 06074
Fax: (860) 646-9877
Ordering healthcare provider Select one
 Dr. Sarah Graceffa
 Dr. Danielle Grieco
 Dr. Maryanne McDonnell
 Dr. Sreedhar Tallapureddy

AUTHORIZATION

Healthcare provider statement of medical necessity
By submitting this requisition, I confirm that I have obtained the patient's informed consent for the requested screening. I confirm that this Counsyl screen is clinically valuable for the patient.
Signature of healthcare provider _____ Date _____

AUTHORIZED REPRESENTATIVE

By providing the below contact, I confirm that the patient has consented to Counsyl sharing the patient's protected health information, including screening results and billing information, with the person listed upon request.

Name _____
Relationship to patient _____

BILLING INFORMATION • Select one option

Option A: Bill to insurance Attach a copy of front and back of patient's insurance card.
Policy owner's name _____
Relationship to insured:
 Self Spouse Child Other
Sex: _____ / _____
 Female Male Date of birth _____
 Option B: Bill to patient
Name of card holder _____
Card number _____
Expiration date _____ CCV _____ Billing ZIP _____
 Option C: Bill to clinic
Authorization number (if obtained, please attach) _____
Insurance company name _____
Member ID number _____
Group number _____

FAMILY PREP SCREEN - Expanded carrier screen

Place patient's Family Prep Screen barcode or write here: _____

Use the saliva or 4mL blood collection kit. Sample collection date _____ / _____ / _____
Is the patient pregnant? Yes No
If yes, est. due date: _____ / _____ / _____
Is the patient an egg/sperm donor? Yes No

- Disease panel** Required. Select one.
 CF + SMA
 Fundamental Panel (CF, SMA, FragX)
 ACOG + ACMG Panel
 Universal Panel

Include fragile X (female only):

- Clinical indications** Required. Codes below are not exhaustive.
 Family history: Z84.89
 Screening for genetic disease carrier status: Z31.430, Z31.440, Z13.71
 Family history of consanguinity: Z84.3
 Supervision, normal 1st pregnancy: Z34.00, Z34.01, Z34.02, Z34.03
 Supervision, other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
 Other genetic carrier status: Z14.8
 High-risk ethnicity: Z15.89
 Other ICD-10 codes: _____

Additional information

Partner's information Provide at least 2 of the following 3 identifiers to combine results.²
1. Name: _____
2. DOB: _____ / _____ / _____
3. _____

Place partner's Family Prep Screen barcode or write here: _____

¹ Fragile X testing will only be performed on samples from female patients.
² By providing the partner's information, I certify that I have obtained each partner's consent to combine their results, and have advised each partner that both parties will have access to each other's test results. Combined results can only be generated if the physician and disease panel are the same for both partners.

INFORMED PREGNANCY SCREEN - Noninvasive prenatal screen

Place patient's Informed Pregnancy Screen barcode or write here: _____

Use the 10mL blood collection kit. Sample collection date _____ / _____ / _____

- Testing options** Required. Select all that apply.
 Common aneuploidy, chromosome 13, 18, 21
 Include sex chromosome analysis³
 Include microdeletions, singleton only

- Clinical indications** Required. Codes below are not exhaustive.
^{*}Provide details and attach report with sample.
 Advanced maternal age, 1st pregnancy: O09.519, O09.511, O09.512, O09.513
 Advanced maternal age, not 1st pregnancy: O09.529, O09.521, O09.522, O09.523
 Abnormal U/S, non-CNS⁴: O28.3
 Abnormal U/S, CNS⁴: O35.0XX0
 Abnormal maternal serum screen⁴: O28.9
 Chromosome abnormality suspected in fetus⁴: O35.1XX0
 Previous pregnancy/child affected with chromosome abnormality: O35.2XX0
 Family history⁴: Z84.89
 Supervision, other high-risk pregnancy: O09.899, O09.891, O09.892, O09.893
 Supervision, normal 1st pregnancy: Z34.00, Z34.01, Z34.02, Z34.03
 Supervision, other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
 Other ICD-10 codes: _____

Required information
Incomplete information in this section may delay sample processing.
Estimated due date⁴ _____ / _____ / _____
Dating method:
 U/S LMP PE IVF
Pregnancy type:⁵
 Singleton (or unknown) Twins

Additional information
Maternal height _____ ft _____ in _____ lbs
Maternal weight _____ lbs
Was the pregnancy conceived by assisted reproductive technology? Yes No
If yes, ovum donor used? Yes No
If yes, age of donor at time of donation: _____ / _____ / _____
NT ultrasound date
NT _____ mm _____ mm _____ cm _____ cm
Twin B _____ mm _____ mm _____ cm _____ cm

³ Twin sex chromosome analysis consists only of presence or absence of Y chromosome DNA.
⁴ Blood must be drawn after 10 weeks.
⁵ If fetal demise has occurred or there are higher order multiples, screen cannot be performed.

