

University of Iowa Health Care

<b>FOR CLIENT USE ONLY:</b>	<b>FOR MORL USE ONLY:</b>
Requisition Date:	MORL Case #:
Completed by: _____ Accn# _____	

<b>Part A) Patient Information (Required)</b>	<b>Part B) Reporting Information (Required)</b>
Patient Name: _____	Referring Institution: _____
Street: _____	Street: _____
City: _____	City: _____ State: _____ Zip: _____
State: _____ Zip: _____	Phone: _____
Phone: (____) _____	Fax: _____
Date of Birth: _____ Sex: _____	Referring Physician: _____
	Referring Physician UPIN: _____

<b>Part C) Payment Information (Required)</b> Results will <u>not</u> be released until payment is received.  <b>Make checks payable to:</b> Department of Otolaryngology University of Iowa 200 Hawkins Dr Iowa City, IA 52242	<input type="checkbox"/> <b>Send bill to (Institutions only)*:</b>  ATTN: Address: (if different to above) Street: City: _____ State: _____ Zip: _____		
	<input type="checkbox"/> <b>Pre-paid by Patient/Responsible Party (No Personal Checks)</b> Method: <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money order #: _____ <input type="checkbox"/> <b>Credit Card (Only Visa or MasterCard accepted) Please provide information below</b>		
Cardholder (Print)	Type	Visa / MasterCard	
Cardholder (Signature)	Card No		
	Expires	CVV2 # (from back of card):	
	Cardholder Zip Code		
* Will not bill insurance or patient directly.			

Select	Gene	CPT Codes	Cost
	<i>GJB2/GJB6 (Connexin 26/30)</i>	83891, 83894, 83898(x3), 83903, 83904(x4), 83912	\$300
	<i>SLC26A4 (Pendrin)</i>	83891, 83894, 83898(x20), 83903(x20), 83904(5), 83912	\$500
	<i>EYA1</i>	83891, 83894, 83898(x16), 83903(x16), 83904(8), 83912	\$500
	<i>WFS1 (Wolframin)</i>	83891, 83894, 83898(x8), 83903(x6), 83904(x8), 83912	\$500
	<i>POU3F4</i>	83891, 83894, 83898(x20), 83904(x6), 83912	\$400
	<i>MTRNR1-</i> C1494T and A1555G mutations	83891, 83894, 83898, 83904(x2), 83912	\$150
	<i>MTTL1-A3243G mutation</i>	83891, 83894, 83898, 83904(x2), 83912	\$150
	<i>MTTS1-A7445G mutation</i>	83891, 83894, 83898, 83904(x2), 83912	\$150
	<i>TECTA (Alpha Tectorin)</i>	83891, 83894, 83898(x23), 83903(x13), 83904(10), 83912	\$500
	<i>KCNQ4</i>	83891, 83894, 83898(x12), 83903(x12), 83904(10), 83912	\$525
	<i>COCH (Cochlin)</i>	83891, 83894, 83898(x12), 83903(x12), 83904(10), 83912	\$500
	<i>OTOF (Otoferlin)</i>	83891, 83894, 83898(x38), 83903(x8), 83904(48), 83912	\$1300

Sequencing for Familial Mutations (Indicate Gene and mutation known to segregate in family)

Select	Gene	Specific Mutation	CPT Codes	Cost
			83891, 83894, 83898, 83904, 83912	\$200

**Part D) Specimen Information** (Complete the appropriate information below or include in an accompanying letter)

**Specimen Collection Date:**

**Specimen Type:**

**Pertinent Clinical History and Findings:** (please circle)

Inheritance Pattern (recessive, dominant, X-linked, other \_\_\_\_\_)

Onset of Hearing Loss (congenital, early childhood, late)

Degree of Hearing Loss (mild, moderate, severe, profound, symmetric, asymmetric)

Type of Hearing Loss (conductive, sensorineural, syndromic, nonsyndromic)

**Comments:**

Responsibility of Genetic Counseling

Please check one box below:

\*Specimen **will not be accepted** without genetic counseling information.

The referring physician will provide genetic counseling/test interpretation to the patient.

The referring physician will refer the patient to a genetic counselor in the patient's local area for genetic counseling /test interpretation

DNA tests may detect an abnormality. Detection methods are greater than 98% accurate.

Many of the tests are relatively new. The analysis and interpretation represents our best knowledge and understanding of the genetics of deafness.

There is a small possibility that a test may not work properly or an error may occur. You may be asked for an additional sample if it is felt that confirmatory testing is needed.

By submitting a sample for genetic screening, you are voluntarily participating in this test.

An error in diagnosis may occur if incorrect information is provided with the sample.

Hearing loss is a complex disorder and penetrance of a phenotype (the degree of hearing loss, for example) may be variable. Research to determine genotype-phenotype correlations is ongoing.

Because of the complexity of DNA testing, results should be discussed with a genetic counselor or physician.

We follow guidelines proposed by the American College of Medical Genetics and do not offer carrier testing for autosomal recessive deafness in minors.

**Note: Hearing loss is a very complex disorder. This complexity means that mutations in many different genes can lead to deafness. It is possible that no mutations will be detected in the mutation screens (the genes) you have requested.**

**If your patient is interested in joining research studies ongoing in the MORL laboratories to investigate other genetic causes of deafness please ask your patient to email Dr. Richard JH Smith ( [richard-smith@uiowa.edu](mailto:richard-smith@uiowa.edu)), Carla Nishimura ( [carla-nishimura@uiowa.edu](mailto:carla-nishimura@uiowa.edu)), or Jodi Klein ( [jodi-klein@uiowa.edu](mailto:jodi-klein@uiowa.edu)).**