PRINT RESET

FSHD1 and FSHD2 REQUISITION

Optical mapping | Methylation | NGS

University of Iowa Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, IA 52242
Client Services Toll Free: (866) 844-2522
Client Services Local: (319) 384-7212
Client Services Fax: (319) 384-7213

REQUIRED INFORMATION IN RED

REFERRING INSTITUTION (CLIENT) INFORMATION

Referring Institution:			**UIDL Client:**		
Requisition Completed By:		Date:			
Address:					
City:		State:		Zip Code:	
Phone:		Fax (Results):			
Referring Physician:		Physician's Phone:			

PATIENT INFORMATION

Last Name:		First Name:			
Gender:	☐ Male ☐ Female	Birth Date:			
Address:			Phone:		
City:		State:		Zip Code:	

SPECIMEN INFORMATION

Collection Date:		Collection Time (HH:MM):	
Specimen Type:	12 mL (10 minimum) whole blood		
Collection Medium:	2 pink top (K2 EDTA) tubes, 6.0 mL each		

* **Nucleic acid (NA) extract**—before ordering testing, please review **https://uidl.medicine.uiowa.edu/nucleic-acid-extracts** for UIDL compliance requirements, and contact the laboratory for additional specimen details (e.g., concentration, elution buffer, transport instructions, etc.) and approval.
UIDL may accept NA extract provided it is: 1) an acceptable specimen type; and 2) isolated in a CLIA-certified laboratory or a laboratory meeting equivalent requirements prescribed by the Centers of Medicare and Medicaid Services (CMS). **REQUIREMENT**: A valid copy of your institution's CLIA certificate, or certificate recognized by CMS.

TEST REQUEST

☐ FSHD (FSHD1 & FSHD2) Panel (LAB8104) (Please refer to the below diagnostic workflow)

OR select one or more of the following individual FSHD panel components:

☐ Allele size and haplotyping ☐ Methylation ☐ NGS (*SMCHD1*, *LRIF1*, *DNMT3B*)

CLINICAL INFORMATION (Complete the following section AND provide pertinent clinical history)

Diagnosis/ICD-10 Code(s):	1.	2.	3.	4.	5.	6.

Will the ordering physician assume responsibility for providing the patient with guidance and genetic counseling regarding the test results?
☐ Yes ☐ No

Has the patient had prior testing for FSHD?
☐ Yes ☐ No ☐ Unknown
If Yes, provide the following
Performing lab:
Date of testing:

Does the patient have a 4q35 deletion?
☐ Yes ☐ No ☐ Unknown
If Yes, deleted 4q35 EcoR1 fragment size, if known:

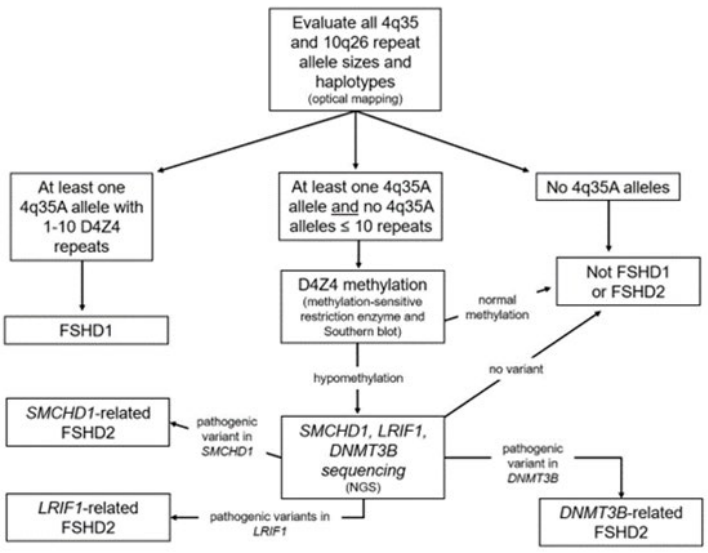
Has the patient undergone 4qA4qB allele testing?
☐ Yes ☐ No ☐ Unknown

Does the patient have one or more 4q35A alleles?
☐ Yes ☐ No ☐ Unknown

Does the patient have a family history of **FSHD1** that has been confirmed by molecular genetic testing?
☐ Yes ☐ No ☐ Unknown
If Yes, deleted 4q35 EcoR1 allele size, if known:

Does the patient have a family history of **FSHD2** that has been confirmed by molecular genetic testing?
☐ Yes ☐ No ☐ Unknown
If Yes, variant:

FSHD Diagnostic Workflow



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SHIPPING INSTRUCTIONS

Collect specimen Monday through Thursday and ship priority overnight to avoid weekend deliveries.

Maintain refrigerated temperatures (***Do NOT Freeze***) and Ship directly to the UIDL:

200 Hawkins Drive, 5231 RCP, Iowa City, IA 52242

NOTE: To receive a complimentary collection kit, please complete the UIDL Supply Order Form: https://uidl.medicine.uiowa.edu/supply-orders

BILLING DIRECTIVES & PREPAYMENT INFORMATION

If the responsible billing party is not properly identified, and/or all billing requirements have not been met by the referring entity upon specimen arrival, the UIDL will process the specimen to maintain the integrity of the sample until the billing requirements are fulfilled.

The test order will be canceled if the responsible billing party cannot be determined, and all billing requirements have not been met after 6 months.

If the patient is a Non-Iowa resident with non-Iowa Medicaid or no insurance, if payable benefits are determined to be unavailable and the referring institution declines financial responsibility for charges after vetting insurance coverage, or if the case originates outside of the United States, prepayment will be required.

Please visit the below link to review billing options, confirm prepayment criteria, or to confirm billing details before sending a specimen:

https://uidl.medicine.uiowa.edu/fshd

BILLING CONTACT (REQUIRED)

Representative at referring institution responsible for clarifying billing and insurance discrepancies:

Contact Name:		**Title:**	
Email Address:		**Phone:**	

BILLING DIRECTIVE — The UIDL will only accept one of the following billing directives

☐ **1. Referring Institution (Client)**

Only available to clients within the U.S.

RESET DIRECTIVE

☐ **2. Patient Insurance**

Complete and accurate insurance documentation must accompany requisition.

Referring institution and/or patients are responsible for vetting insurance coverage.

Is prior authorization required?

If required, must be obtained by the referring institution and/or the patient. PA number must be provided below or included with requisition.

☐ No ☐ Yes (prior authorization number: ☐)

For Medicare claim filing, is a fully executed ABN attached with the case?

NOTE: The UIDL will process the specimen and hold testing until a fully executed ABN is received.

☐ No ☐ Yes

☐ **3. Patient (Self-Pay)**

Non-Iowa residents without valid insurance will be required to submit a prepayment.
Completion of the Prepayment Form is required: https://uidl.medicine.uiowa.edu/billing/prepayment
Iowa residents will receive a statement of charges upon completion of testing—prepayment is not required.

Process and Hold Specimen – Testing to remain on hold until UIDL is notified by the Referring Institution

Available for use if specimen collection is done prior to identifying the responsible billing party and vetting insurance coverage. Specimen will be held, and testing will not begin until the referring institution confirms the appropriate billing directive.
The referring institution and/or patient is responsible for vetting insurance coverage.

☐ Yes—Expedite specimen to the UIDL for processing and storage.

Referring institution must contact UIDL after specimen is received to remove hold & initiate testing.

Please contact uidlclientservices@healthcare.uiowa.edu for assistance or clarification.