PRINT RESET

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

FSHD1 and FSHD2 INTERNATIONAL REQUISITION

Complete for specimens collected outside the United States

Optical Mapping | Methylation | NGS

REQUIRED INFORMATION IN RED

REFERRING INSTITUTION (CLIENT) INFORMATION

Referring Institution:		**UIDL Client:**	
Requisition Completed By:		Date:	
Address Line 1 (street address, P.O. box, c/o, etc.):			
Address Line 2 (apartment, unit, suite, building, floor etc.):		City:	
State/Province/Region:		ZIP/Postal Code:	
Country:		Phone:	
Referring Physician:		Physician's Email:	

PATIENT INFORMATION

Last Name:		First Name:	
Gender:	☐ Male ☐ Female	Birth Date:	
Address Line 1 (street address, P.O. box, c/o, etc.):			
Address Line 2 (apartment, unit, suite, building, floor etc.):		City:	
State/Province/Region:		ZIP/Postal Code:	
Phone:		Patient's Email:	

RESULT DISSEMINATION

Contact:		Email:	

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)

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

Date of testing: _____ *Performing lab:* _____

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*

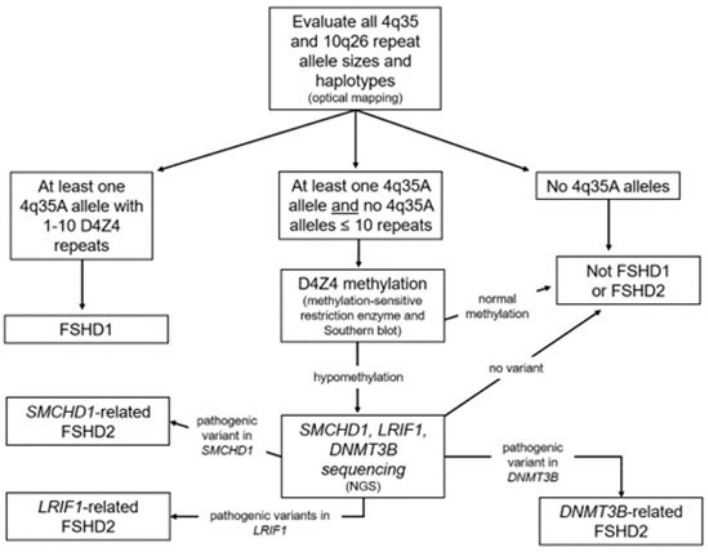
If Yes, deleted 4q35 EcoR1 allele size, if known: _____

*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 as early in the week as possible and ship priority overnight to avoid weekend deliveries.

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

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

NOTE: Complimentary collection kits are available. If a case requires prepayment, prepayment must be made before placing a collection kit order. To receive a complimentary collection kit, please email UIDLClientServices@healthcare.uiowa.edu

An Importer Certification Statement must be completed and submitted with every case.

BILLING DIRECTIVE

Visit the below link to review and ensure compliance with UIDL billing policies and procedures
https://uidl.medicine.uiowa.edu/fshd

NOTE: The UIDL's billing policy mandates prepayment for all cases originating outside the US unless otherwise approved.

Prepayment Required

Visit https://uidl.medicine.uiowa.edu/billing/prepayment to make the required prepayment.

☐ Prepayment

Direct Bill

☐ Referring Institution (Client)

Requires UIDL approval. Please contact UIDLClientServices@healthcare.uiowa.edu to initiate approval

Please visit the following links for further details related to UIDL FSHD testing:
FSHD - Detection of Abnormal Alleles with Interpretation (FSHD1 and FSHD2)
Facioscapulohumeral Dystrophy (FSHD) Information (FSHD1 and FSHD2)