



Diabetes-Obesity Requisition

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PRIMARY PATIENT

LAST NAME		FIRST NAME	
DATE OF BIRTH (MM/DD/YYYY)		GENETIC SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
MED REC#/PATIENT IDENTIFIER		ETHNICITY	
ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
PHONE		EMAIL	
SAMPLE DRAW DATE (MM/DD/YYYY)	SAMPLE TYPE <input type="radio"/> Blood <input type="radio"/> Buccal <input type="radio"/> Other: <input type="radio"/> Extracted DNA & DNA Source: (Blood, Buccal, Tissue, Fibroblast)		

I have read the Informed Consent document and I give permission to Elina Labs to perform genetic testing as described. I also give permission for my specimen and clinical information to be used in de-identified studies at Elina Labs and for publication, if appropriate. My name or other personal identifying information will not be used in or linked to the results of any studies and publications.

- Opt out of research
- Check this box if you are a New York state resident and give permission for Elina Labs to retain any remaining sample longer than 60 days after the completion of testing.

ORDER PROVIDER

INSTITUTION/PRACTICE NAME		INSTITUTION PHONE/FAX/EMAIL	
PROVIDER LAST NAME		PROVIDER FIRST NAME	
NPI (USA)	MINC (CANADA)	PROVIDER TITLE (MD, DO, GC)	
PROVIDER ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
PROVIDER PHONE		FAX REPORT TO	
GC/PRIMARY CONTACT		GC/PRIMARY CONTACT PHONE/EMAIL/FAX	

I attest that the patient has received and read the Elina Labs Informed Consent document, or has had it read to him or her, and that I have fully informed the patient about the purpose, capabilities, and limitations of the ordered test. The patient has voluntarily given his or her full consent for the ordered test and a signed copy of this consent is available on file. Any Informed Consent that the patient agrees to at a later date will supersede and replace this Informed Consent.

STATEMENT OF MEDICAL NECESSITY

By signing below, I, the ordering Medical Provider, confirm that testing is medically necessary and that test results may impact medical management for the patient.

PATIENT SIGNATURE (REQUIRED FOR BILLING PURPOSES) X	DATE (MM/DD/YYYY)
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ORDERING PROVIDER SIGNATURE (REQUIRED) X	DATE (MM/DD/YYYY)
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TEST REQUESTED

<input type="checkbox"/> FT-TP00073 Diabetes-Obesity Panel 56 genes	TEST OPTIONS: Omitted test options will default to Seq & Del/Dup.	TEST INDICATIONS Check all that apply.
	<input type="checkbox"/> Seq & Del/Dup <input type="checkbox"/> Exclude VUS	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Presymptomatic <input type="checkbox"/> Family History <input type="checkbox"/> Family Variant <input type="checkbox"/> Other:

CLINICAL HISTORY

Attach any available detailed medical records and clinical notes

Clinical Presentation

Please indicate any clinical presentations and/or findings that may be relevant to genetic testing:	There are many presentations which may not seem like a direct association for disease. Please list the most suspected presentations and attach detailed medical records and/or pedigree.
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FAMILY HISTORY

Attach pedigree and additional pages as needed

FAMILY MEMBER 1 NAME	RELATION TO PATIENT	GENETIC SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
DIAGNOSIS AND/OR SYMPTOMS		AGE OF ONSET	DOB (MM/DD/YYYY)
FAMILY MEMBER 2 NAME	RELATION TO PATIENT	GENETIC SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
DIAGNOSIS AND/OR SYMPTOMS		AGE OF ONSET	DOB (MM/DD/YYYY)
FAMILY MEMBER 3 NAME	RELATION TO PATIENT	GENETIC SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
DIAGNOSIS AND/OR SYMPTOMS		AGE OF ONSET	DOB (MM/DD/YYYY)



FT-TP00073 Diabetes-Obesity Panel

56 genes

ABCC8, ADRB2, ADRB3, AGRP, ALMS1, ARL6, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BBS9, BDNF, CARTPT, CEL, CEP290, EIF2AK3, ENPP1, FOXP3, GCK, GHRL, GLIS3, GNAS, HNF1A, HNF1B, HNF4A, INS, KCNJ11, LEP, LEPR, MAGEL2, MC4R, MKKS, MKS1, NEUROD1, NEUROG3, NTRK2, PCSK1, PDX1, POMC, PPARG, PPARGC1B, PTF1A, PYY, RFX6, SDC3, SDCCAG8, SIM1, TRIM32, TTC8, UCP1, UCP3, WDPCP, WFS1