MINERVA LABS

1203 S WHITE CHAPEL SUITE 150
SOUTHLAKE, TEXAS 76092
Phone: +1 965-279-2091
EMAIL: INFO@MINERVALABS.HEALTH
WEBSITE: WWW.MINERVALABS.HEALTH

HEREDITARY NEUROLOGICAL DISORDERS RISK TESTING REQUISITION FORM

INSTRUCTIONS

- Patient and Physician must sign the consent form
- All items identified as '***Required***' must be provided/attached to the requisition form.

SUBMISSION CHECKLIST

- ☐ SOAP notes and progress notes
- ☐ Patient insurance ID card or face sheet
- ☐ Physician and Patient Signature

Ordering Physician Information

Physician Name	NPI#	FAX#
Office/Practice/Institution Name	Physician's Email	
Street Address		
City	State	Zip Code
Office Contact Name	Contact Phone	Contact Email

Ordering Provider (Please select one physician per order)

Physician name: ..... Physician NPI: ..... Physician name: ..... Physician NPI: .....

Physician name: ..... Physician NPI: ..... Physician name: ..... Physician NPI: .....

PATIENT INFORMATION

REQUIRED

Patient First Name	Patient Last Name	Date of Birth (mm/dd/yyyy)	Phone Number
Address	City	State	Zip

Gender Identity

- ☐ Male
- ☐ Female
- ☐ Female-to-Male
- ☐ Male-to-Female
- ☐ Genderqueer
- ☐ Other (Specify) .....
- ☐ Choose not to Disclose

Sexual Orientation

- ☐ Lesbian, gay, or homosexual
- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Something else (Describe) .....
- ☐ Choose not to disclose

Ancestry

- ☐ White/Caucasian
- ☐ Native American
- ☐ Hispanic
- ☐ African American
- ☐ Ashkenazi Jewish
- ☐ Middle Eastern
- ☐ American Indian
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander

PAYMENT OPTIONS (SELECT ONE)

REQUIRED

- ☐ Insurance Billing (Please provide the insurance information)
- ☐ Self-Pay (Please provide credit card details or mail the check to the laboratory address)
- ☐ Client Billing / Institutional Billing

Primary Insurance	Insurance Policy/ID#	Group
Primary Policy Holder Name	Date of Birth	
Secondary Insurance	Insurance Policy/ID#	Group
Secondary Policy Holder Name	Date of Birth	

SPECIMEN INFORMATION

REQUIRED

Sample Type

☐ Buccal Swab ☐ Extracted DNA

Sample Draw Date (mm/dd/yyyy)

...../...../.....

Shipping Instructions

- Label each specimen tube with the patient's full name and date of birth or patient's full name and collection date.
- To receive the specimen requirements and shipping guidelines, please send an email to - **info@minervalabs.health**

Send completed Requisition form with collected sample to:
1203 South White Chapel STE 150,

Southlake,Texas 76092

CLINICAL HISTORY

Indications for Testing ☐ Diagnostic ☐ Presymptomatic ☐ Family History ☐ Family Variant ☐ Other:

Age of Primary Diagnosis:

Previous genetic tests: ☐ Yes ☐ No

(If Yes, please specify the test and results)

Will Patient management be changed depending on the test results? ☐ Yes ☐ No

Birth and Neonatal History ☐ N/A

Gestational age at birth: ..... Birth weight : .....

Head circumference at birth (if available):.....

Development History ☐ N/A

Development delay: ☐ Yes ☐ No ☐ Unknown

Type of delay (choose all that apply) : ☐ motor ☐ Language ☐ Global

Intellectual disability: ☐ Yes ☐ No ☐ Unknown

Regression or plateau: ☐ Yes ☐ No ☐ Unknown

Does patient meet DSM-V diagnostic criteria for an autism spectrum disorder?

☐ Yes ☐ No

Seizure History ☐ N/A Age at first unprovoked seizure : .....

Has this patient been diagnosed with an epilepsy syndrome?

☐ Yes ☐ No ☐ Unknown

If yes, please specify:

.....

Continued

Other History q N/A

Hypo-/hyperpigmentation: q Yes q No q

Telangiectasias: q Yes q No

Other skin abnormality, type: .....

Brain tumour, type: .....

Nerve tumour, type: .....

Other tumour, type: .....

Other Clinical Findings (choose all that apply)

- ☐ Ataxia
- ☐ Hearing disorder
- ☐ Macrocephaly
- ☐ Migraine
- ☐ Psychiatric disorder
- ☐ Vision disorder
- ☐ Dysmorphic features
- ☐ Hypotonia
- ☐ Microcephaly
- ☐ Movement disorder
- ☐ Spacticity

FAMILY HISTORY

☐ No Known Family History ☐ Pedigree Attached ☐ Adopted

Relationship	Maternal	Paternal	Relavant History	Age at Disgnosis
1	☐	☐		
2	☐	☐		
3	☐	☐		

CUSTOM PANEL (SELECT GENES) OR COMPREHENSIVE PANEL

REQUIRED

- ☐ ADNP
- ☐ AFF2
- ☐ ALDH7A1
- ☐ ANG
- ☐ APTX
- ☐ ARX
- ☐ ASPA
- ☐ ASXL1
- ☐ ATN1
- ☐ ATP1A2
- ☐ ATP7B
- ☐ ATXN1
- ☐ ATXN10
- ☐ ATXN2
- ☐ ATXN3
- ☐ ATXN7
- ☐ ATXN8OS
- ☐ BCL11A
- ☐ BSCL2
- ☐ C12orf4
- ☐ CACNA1A
- ☐ CACNA1C
- ☐ CC2D1A
- ☐ CDKL5
- ☐ CHD2
- ☐ CNOT3
- ☐ CNTN6
- ☐ COL4A1
- ☐ COL4A3BP
- ☐ CSNK2A1
- ☐ CSTB
- ☐ CTNND2
- ☐ DHCR7
- ☐ DPYD
- ☐ EGR2
- ☐ EHMT1
- ☐ EN2
- ☐ EZH2
- ☐ FBXO11
- ☐ FMR1
- ☐ FOXG1
- ☐ FOXP1
- ☐ FTSJ1
- ☐ FXN
- ☐ GABRG2
- ☐ GAMT
- ☐ GARS
- ☐ GATM
- ☐ GBA
- ☐ GCH1
- ☐ GRIN2A
- ☐ GRN
- ☐ HEXA
- ☐ HFE
- ☐ HSPB1
- ☐ HTT
- ☐ IKBKAP
- ☐ KCNQ2
- ☐ KDM5C
- ☐ L1CAM
- ☐ LRRK2
- ☐ MAPT
- ☐ MBOAT7
- ☐ MECP2
- ☐ MED12
- ☐ MTHFR
- ☐ MTM1
- ☐ NDP
- ☐ NDUFA1
- ☐ NLGN3
- ☐ NLGN4X
- ☐ NOTCH3
- ☐ NSD1
- ☐ NTRK1
- ☐ NTRK2
- ☐ PABPN1
- ☐ PCDH19
- ☐ PDGFB
- ☐ PDHA1
- ☐ PIK3CA
- ☐ PINK1
- ☐ PMP22
- ☐ PNKD
- ☐ POLG
- ☐ PPP2R2B
- ☐ PRRT2
- ☐ PSEN1
- ☐ PTEN
- ☐ REEP1
- ☐ SCN1A
- ☐ SCN1B
- ☐ SCN2A
- ☐ SCN8A
- ☐ SCO2
- ☐ SGCE
- ☐ SLC16A2
- ☐ SLC2A1
- ☐ SLC6A8
- ☐ SLC9A6
- ☐ SMN1
- ☐ SMN2
- ☐ SOD1
- ☐ GALT
- ☐ GBE1
- ☐ GJB1
- ☐ HBB
- ☐ MCOLN1
- ☐ MFN2
- ☐ MPV17
- ☐ MPZ
- ☐ NPC1
- ☐ OPA1
- ☐ OPTN
- ☐ PAH
- ☐ PDSS2
- ☐ PLCG2
- ☐ POLG2
- ☐ PRNP
- ☐ PSEN2
- ☐ SPG11
- ☐ ST XBP1
- ☐ SYNGAP1
- ☐ TARDBP
- ☐ TBP
- ☐ TCF4
- ☐ TH
- ☐ THAP1
- ☐ TOR1A
- ☐ TPP1
- ☐ TSC1
- ☐ TSC2
- ☐ TTR
- ☐ UBA1
- ☐ ZEB2
- ☐ ZNF41
- ☐ ACADM
- ☐ APOE
- ☐ APP
- ☐ ARSA
- ☐ ATM
- ☐ BCKDHA
- ☐ BCKDHB
- ☐ BCS1L
- ☐ BLM
- ☐ C10orf2
- ☐ COQ2
- ☐ COX10
- ☐ DGUOK
- ☐ ERBB4
- ☐ FANCC
- ☐ FUS
- ☐ G6PC
- ☐ GAA
- ☐ RRM2B
- ☐ SCO1
- ☐ SETX
- ☐ SLC25A4
- ☐ SPAST
- ☐ SPTLC1
- ☐ SUCLA2
- ☐ SUCLG1
- ☐ TAZ
- ☐ TK2
- ☐ TYMP

COMMONLY USED ICD10 (DIAGNOSIS) CODES

please note, the icd-10 codes herein are solely for informational use. it is incumbent upon order practitioners to the diagnosis code that precisely justifies test conduct, regardless of its presence in the subsequent list.

Inflammatory diseases of the central nervous system (G00-G09)

Bacterial meningitis, not elsewhere classified (G00)

- ☐ G00.8 Other bacterial meningitis
- ☐ G00.9 Bacterial meningitis, unspecified

Meningitis due to other and unspecified causes (G03)

- ☐ G03.1 Chronic meningitis
- ☐ G03.9 Meningitis, unspecified

Encephalitis, myelitis and encephalomyelitis (G04)

- ☐ G04.30 Encephalitis, myelitis, and encephalomyelitis, unspecified
- ☐ G04.91 Encephalomyelitis, unspecified

Systemic atrophies primarily affecting the central nervous system (G10-G14)

Hereditary ataxia (G11)

- ☐ G11.0 Congenital non-progressive ataxia
- ☐ G11.1 Early onset cerebellar ataxia
- ☐ G11.2 Late onset cerebellar ataxia
- ☐ G11.8 Other hereditary ataxias
- ☐ G11.9 Hereditary ataxia, unspecified

Spinal muscular atrophy and related syndromes (G12)

- ☐ G12.1 Other inherited spinal muscular atrophy
- ☐ G12.20 Progressive spinal muscular atrophy, unspecified
- ☐ G12.21 Amyotrophic lateral sclerosis
- ☐ G12.23 Primary lateral sclerosis
- ☐ G12.24 Familial motor neuron disease
- ☐ G12.25 Progressive bulbar palsy
- ☐ G12.29 Other motor neuron disease
- ☐ G12.8 Other spinal muscular atrophy and related syndromes
- ☐ G12.9 Spinal muscular atrophy, unspecified

Extrapyramidal and movement disorders (G20-G26)

Parkinson's disease (G20)

- ☐ G20.A1 Atypical Parkinsonism
- ☐ G20.A2 Vascular parkinsonism
- ☐ G20.B1 Multiple system atrophy with orthostatic hypotension
- ☐ G20.B2 Multiple system atrophy with parkinsonism
- ☐ G20.C Drug-induced parkinsonism

Secondary parkinsonism (G21)

- ☐ G21.0 Malignant neuroleptic syndrome
- ☐ G21.11 Other drug-induced secondary parkinsonism
- ☐ G21.2 Secondary parkinsonism due to other external agents
- ☐ G21.8 Other secondary parkinsonism
- ☐ G21.9 Secondary parkinsonism, unspecified

Other degenerative diseases of basal ganglia (G23)

- ☐ G23.1 Other specified degenerative diseases of basal ganglia
- ☐ G23.9 Degenerative disease of basal ganglia, unspecified

Dystonia (G24)

- ☐ G24.01 Drug-induced acute dystonia
- ☐ G24.02 Drug-induced subacute dyskinesia
- ☐ G24.2 Idiopathic nonfamilial dystonia
- ☐ G24.3 Spasmodic torticollis
- ☐ G24.4 Drug-induced tardive dyskinesia

- ☐ G24.8 Other dystonia
- ☐ G24.9 Dystonia, unspecified

Other extrapyramidal and movement disorders (G25)

- ☐ G25.0 Essential tremor
- ☐ G25.1 Drug-induced tremor
- ☐ G25.2 Other specified forms of tremor
- ☐ G25.4 Drug-induced chorea
- ☐ G25.61 Restless legs syndrome
- ☐ G25.70 Drug-induced movement disorder, unspecified
- ☐ G25.79 Other specified drug-induced movement disorders
- ☐ G25.81 Restless legs syndrome
- ☐ G25.83 Oromandibular spasm
- ☐ G25.89 Other specified extrapyramidal and movement disorders
- ☐ G25.9 Extrapyramidal and movement disorder, unspecified

Other degenerative diseases of the nervous system (G30-G32)

Alzheimer's disease (G30)

- ☐ G30.0 Alzheimer's disease with early onset
- ☐ G30.1 Alzheimer's disease with late onset
- ☐ G30.8 Other Alzheimer's disease
- ☐ G30.9 Alzheimer's disease, unspecified

Other degenerative diseases of the nervous system, NEC (G31)

- ☐ G31.01 Pick's disease
- ☐ G31.09 Other frontotemporal dementia
- ☐ G31.1 Senile degeneration of brain, not elsewhere classified
- ☐ G31.2 Degeneration of nervous system due to alcohol
- ☐ G31.81 Lewy body disease
- ☐ G31.82 Multiple system degeneration
- ☐ G31.83 Progressive supranuclear ophthalmoplegia
- ☐ G31.84 Corticobasal degeneration
- ☐ G31.85 Mixed cortical and subcortical dementia
- ☐ G31.89 Other specified degenerative diseases of the nervous system
- ☐ G31.9 Degenerative disease of the nervous system, unspecified

Demyelinating diseases of the central nervous system (G35-G37)

Multiple sclerosis (G35)

- ☐ G35 Multiple sclerosis

Other demyelinating diseases of central nervous system (G37)

- ☐ G37.0 Acute disseminated encephalomyelitis (ADEM)
- ☐ G37.8 Other specified demyelinating diseases of central nervous system

Episodic and paroxysmal disorders (G40-G47)

Epilepsy and recurrent seizures (G40)

- ☐ G40.001 Location-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset, without status epilepticus
- ☐ G40.009 Location-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset, without status epilepticus
- ☐ G40.011 Location-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset, with status epilepticus
- ☐ G40.019 Location-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset, without status epilepticus
- ☐ G40.019 Location-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset, without status epilepticus
- ☐ G40.209 Location-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, without status epilepticus
- ☐ G40.309 Generalised idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
- ☐ G40.311 Generalised idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
- ☐ G40.319 Generalised idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
- ☐ G40.401 Other generalised epilepsy and epileptic syndromes, intractable, with status epilepticus
- ☐ G40.409 Other generalised epilepsy and epileptic syndromes, not intractable, without status epilepticus
- ☐ G40.411 Other generalised epilepsy and epileptic syndromes, intractable, with status epilepticus
- ☐ G40.419 Other generalised epilepsy and epileptic syndromes, not intractable, with status epilepticus
- ☐ G40.501 Epileptic seizures related to external causes, intractable, with status epilepticus
- ☐ G40.89 Other epilepsy and recurrent seizures
- ☐ G40.901 Epilepsy, unspecified, intractable, with status epilepticus
- ☐ G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
- ☐ G40.911 Epilepsy, unspecified, intractable, with status epilepticus
- ☐ G40.919 Epilepsy, unspecified, not intractable, with status epilepticus
- ☐ G40.A01 Absence epileptic syndrome, intractable, with status epilepticus
- ☐ G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus
- ☐ G40.A11 Absence epileptic syndrome, intractable, with status epilepticus
- ☐ G40.A19 Absence epileptic syndrome, not intractable, with status epilepticus
- ☐ G40.B01 Juvenile myoclonic epilepsy, intractable, with status epilepticus
- ☐ G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
- ☐ G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
- ☐ G40.B19 Juvenile myoclonic epilepsy, not intractable, with status epilepticus

Migraine (G43)

- ☐ G43.00 Migraine without aura, not intractable, without status migrainosus
- ☐ G43.001 Migraine without aura, not intractable, without status migrainosus
- ☐ G43.009 Migraine without aura, not intractable, without status migrainosus
- ☐ G43.011 Migraine without aura, intractable, with status migrainosus
- ☐ G43.019 Migraine without aura, intractable, without status migrainosus
- ☐ G43.101 Migraine with aura, not intractable, without status migrainosus
- ☐ G43.109 Migraine with aura, not intractable, without status migrainosus
- ☐ G43.111 Migraine with aura, intractable, with status migrainosus
- ☐ G43.119 Migraine with aura, intractable, without status migrainosus
- ☐ G43.501 Persistent migraine aura without cerebral infarction, without migrainosus
- ☐ G43.511 Persistent migraine aura without cerebral infarction, migrainosus
- ☐ G43.601 Persistent migraine aura with cerebral infarction, status migrainosus
- ☐ G43.701 Chronic migraine without aura, not intractable, without status migrainosus
- ☐ G43.709 Chronic migraine without aura, not intractable, without status migrainosus
- ☐ G43.711 Chronic migraine without aura, intractable, with status migrainosus
- ☐ G43.719 Chronic migraine without aura, intractable, without status migrainosus
- ☐ G43.801 Other migraine, not intractable, without status migrainosus
- ☐ G43.809 Other migraine, not intractable, without status migrainosus
- ☐ G43.819 Other migraine, intractable, without status migrainosus
- ☐ G43.821 Other migraine, intractable, with status migrainosus
- ☐ G43.829 Other migraine, intractable, without status migrainosus
- ☐ G43.901 Migraine, unspecified, not intractable, without status migrainosus
- ☐ G43.909 Migraine, unspecified, not intractable, without status migrainosus
- ☐ G43.911 Migraine, unspecified, intractable, with status migrainosus
- ☐ G43.919 Migraine, unspecified, not intractable, with status migrainosus
- ☐ G43.A0 Cyclical vomitng, not intractable
- ☐ G43.B0 Ophthalmoplegic migraine, not intractable
- ☐ G43.C0 Periodic headache syndromes in child or adult, not intractable
- ☐ G43.D0 Abdominal migraine, not intractable

Other headache syndromes (G44)

- ☐ G44.001 Cluster headache syndrome, unspecified, not intractable
- ☐ G44.009 Cluster headache syndrome, unspecified, intractable
- ☐ G44.011 Episodic cluster headache, not intractable
- ☐ G44.019 Episodic cluster headache, intractable
- ☐ G44.021 Chronic cluster headache, not intractable
- ☐ G44.029 Chronic cluster headache, intractable
- ☐ G44.1 Vascular headache, not elsewhere classified
- ☐ G44.201 Tension-type headache, unspecified, not intractable
- ☐ G44.209 Tension-type headache, unspecified, intractable
- ☐ G44.211 Episodic tension type headache, not intractable
- ☐ G44.219 Episodic tension type headache, intractable
- ☐ G44.221 Chronic tension type headache, not intractable
- ☐ G44.229 Chronic tension type headache, intractable
- ☐ G44.309 Post-traumatic headache, unspecified, not intractable
- ☐ G44.319 Post traumatic headache, unspecified, intractable
- ☐ G44.59 Other complicated headache syndromes
- ☐ G44.85 Headache associated with sexual activity
- ☐ G44.89 Other headache syndromes

Transient cerebral ischemic attacks and related syndromes (G45)

- ☐ G45.1 Carotid artery syndrome (hemispheric)
- ☐ G45.3 Amaurosis fugax
- ☐ G45.8 Other transient cerebral ischemic attacks and related syndromes
- ☐ G45.9 Transient cerebral ischemic attack, unspecified

Vascular syndromes of brain in cerebrovascular diseases (G46)

- ☐ G46.0 Middle cerebral artery syndrome
- ☐ G46.4 Vertebrobasilar artery syndrome
- ☐ G46.8 Other vascular syndromes of brain in cerebrovascular diseases

Sleep disorders (G47)

- ☐ G47.00 Insomnia, unspecified
- ☐ G47.01 Insomnia due to medical condition
- ☐ G47.09 Other insomnia
- ☐ G47.10 Hypersomnia, unspecified
- ☐ G47.11 Idiopathic hypersomnia
- ☐ G47.19 Other hypersomnia

- ☐ G47.20 Circadian rhythm sleep disorder, unspecified
- ☐ G47.30 Sleep apnea, unspecified
- ☐ G47.31 Primary central sleep apnea
- ☐ G47.33 Obstructive sleep apnea (adult) (pediatric)
- ☐ G47.36 Sleep-related hypoventilation in conditions classified elsewhere
- ☐ G47.37 Central sleep apnea in conditions classified elsewhere
- ☐ G47.39 Other sleep apnea
- ☐ G47.411 Narcolepsy with cataplexy
- ☐ G47.52 REM sleep behavior disorder
- ☐ G47.54 Parasomnia, unspecified
- ☐ G47.59 Other parasomnia
- ☐ G47.61 Periodic limb movement disorder
- ☐ G47.62 Sleep-related leg cramps
- ☐ G47.63 Sleep-related bruxism
- ☐ G47.69 Other sleep related movement disorders
- ☐ G47.8 Other sleep disorders
- ☐ G47.9 Sleep disorder, unspecified

Nerve, nerve root and plexus disorders (G50-G59)

Disorders of trigeminal nerve (G50)

- ☐ G50.0 Trigeminal neuralgia
- ☐ G50.1 Atypical facial pain

Facial nerve disorders (G51)

- ☐ G51.0 Bell's palsy
- ☐ G51.1 Geniculate ganglionitis
- ☐ G51.8 Other facial nerve disorders
- ☐ G51.9 Facial nerve disorder, unspecified

Disorders of other cranial nerves (G52)

- ☐ G52.8 Other specified disorders of other cranial nerves
- ☐ G52.9 Disorder of cranial nerve, unspecified

Cranial nerve disorders in diseases classified elsewhere (G53)

- ☐ G53 Cranial nerve disorders in diseases classified elsewhere

Nerve root and plexus disorders (G54)

- ☐ G54.1 Lumbosacral root disorders, not elsewhere classified
- ☐ G54.2 Cervical root disorders, not elsewhere classified
- ☐ G54.3 Thoracic root disorders, not elsewhere classified
- ☐ G54.4 Lumbosacral plexus disorders
- ☐ G54.6 Phantom limb syndrome with pain
- ☐ G54.7 Phantom limb syndrome without pain
- ☐ G54.8 Other nerve root and plexus disorders
- ☐ G54.9 Nerve root and plexus disorder, unspecified

Nerve root and plexus compressions in diseases classified elsewhere (G55)

- ☐ G55 Nerve root and plexus compressions in diseases classified elsewhere

Mononeuropathies of upper limb (G56)

- ☐ G56.00 Carpal tunnel syndrome, unspecified upper limb
- ☐ G56.01 Carpal tunnel syndrome, right upper limb
- ☐ G56.02 Carpal tunnel syndrome, left upper limb
- ☐ G56.03 Carpal tunnel syndrome, bilateral upper limbs
- ☐ G56.22 Lesion of ulnar nerve, left upper limb
- ☐ G56.40 Causalgia of unspecified upper limb
- ☐ G56.41 Causalgia of right upper limb
- ☐ G56.92 Other specified mononeuropathies of left upper limb
- ☐ G56.93 Other specified mononeuropathies of bilateral upper limbs

Mononeuropathies of lower limb (G57)

- ☐ G57.01 Lesion of sciatic nerve, right lower limb
- ☐ G57.03 Lesion of sciatic nerve, bilateral lower limbs
- ☐ G57.13 Lesion of femoral nerve, bilateral lower limbs
- ☐ G57.32 Lesion of lateral popliteal nerve, left lower limb
- ☐ G57.53 Lesion of medial plantar nerve, bilateral lower limbs
- ☐ G57.61 Lesion of lateral plantar nerve, right lower limb
- ☐ G57.73 Lesion of plantar nerve, bilateral lower limbs
- ☐ G57.80 Other specified mononeuropathies of unspecified lower limb
- ☐ G57.81 Other specified mononeuropathies of right lower limb
- ☐ G57.82 Other specified mononeuropathies of left lower limb
- ☐ G57.83 Other specified mononeuropathies of bilateral lower limbs
- ☐ G57.90 Unspecified mononeuropathy of lower limb, unspecified lower limb

Other mononeuropathies (G58)

- ☐ G58.0 Intercostal neuropathy
- ☐ G58.8 Other specified mononeuropathies
- ☐ G58.9 Mononeuropathy, unspecified

Mononeuropathy in diseases classified elsewhere (G59)

- ☐ G59 Mononeuropathy in diseases classified elsewhere

Polyneuropathies and other disorders of the peripheral nervous system (G60-G65)

Hereditary and idiopathic neuropathy (G60)

- ☐ G60.0 Hereditary motor and sensory neuropathy
- ☐ G60.3 Idiopathic progressive neuropathy
- ☐ G60.8 Other hereditary and idiopathic neuropathies
- ☐ G60.9 Hereditary and idiopathic neuropathy, unspecified

Inflammatory polyneuropathy (G61)

- ☐ G61.0 Guillain-Barré syndrome
- ☐ G61.82 Multifocal motor neuropathy
- ☐ G61.89 Other inflammatory polyneuropathies
- ☐ G61.9 Inflammatory polyneuropathy, unspecified

Other and unspecified polyneuropathies (G62)

- ☐ G59
- ☐ G62.1 Alcoholic polyneuropathy
- ☐ G62.2 Polyneuropathy due to other toxic agents
- ☐ G62.82 Radiationinduced polyneuropathy
- ☐ G62.89 Other specified polyneuropathies
- ☐ G62.9 Polyneuropathy, unspecified

Polyneuropathy in diseases classified elsewhere (G63)

- ☐ G63 Polyneuropathy in diseases classified elsewhere

Other disorders of peripheral nervous system (G64)

- ☐ G64 Other disorders of peripheral nervous system

Diseases of myoneural junction and muscle (G70-G73)

Myasthenia gravis and other myoneural disorders (G70)

- ☐ G70.2 Congenital and developmental myasthenia
- ☐ G70.9 Myoneural disorder, unspecified

Primary disorders of muscles (G71)

- ☐ G71.00 Muscular dystrophy, unspecified
- ☐ G71.09 Other specified muscular dystrophies
- ☐ G71.8 Other primary disorders of muscles
- ☐ G71.9 Primary disorder of muscle, unspecified

Other and unspecified myopathies (G72)

- ☐ G72.3 Mitochondrial myopathy, not elsewhere classified
- ☐ G72.49 Other inflammatory and immune myopathies, not elsewhere classified
- ☐ G72.89 Other specified myopathies
- ☐ G72.9 Myopathy, unspecified

Cerebral palsy and other paralytic syndromes (G80-G83)

Cerebral palsy (G80)

- ☐ G80.9 Cerebral palsy, unspecified

Hemiplegia and hemiparesis (G81)

- ☐ G81.00 Flaccid hemiplegia affecting unspecified side
- ☐ G81.92 Hemiplegia, unspecified affecting left dominant side
- ☐ G81.94 Hemiplegia, unspecified affecting left nondominant side

Other paralytic syndromes (G83)

- ☐ G82.20 Paraplegia, unspecified
- ☐ G82.22 Paraplegia, incomplete
- ☐ G83.10 Monoplegia of lower limb affecting unspecified side
- ☐ G83.9 Paralytic syndrome, unspecified

Other disorders of the nervous system (G89-G99)

Pain, not elsewhere classified (G89)

- ☐ G89.0 Central pain syndrome
- ☐ G89.11 Acute pain due to trauma
- ☐ G89.18 Other acute postprocedural pain
- ☐ G89.21 Chronic pain due to trauma
- ☐ G89.28 Other chronic postprocedural pain
- ☐ G89.29 Other chronic pain
- ☐ G89.3 Neoplasm related pain (acute) (chronic)
- ☐ G89.4 Chronic pain syndrome

Other disorders of brain (G93)

- ☐ G93.3 Post viral fatigue syndrome
- ☐ G93.40 Encephalopathy, unspecified
- ☐ G93.5 Compression of brain
- ☐ G93.89 Other specified disorders of brain

- ☐ G93.9 Disorder of brain, unspecified

Other disorders of central nervous system (G96)

- ☐ G96.9 Disorder of central nervous system, unspecified

Other complications of surgical and medical care, not elsewhere classified (G97)

- ☐ G97.0 Cerebrospinal fluid leak from spinal puncture
- ☐ G97.1 Other reaction to spinal and lumbar puncture
- ☐ G97.2 Accidental puncture or laceration of dura during a procedure
- ☐ G97.3 Postprocedural hemorrhage of nervous system organ or structure
- ☐ G97.4 Postprocedural cerebrospinal fluid leak
- ☐ G97.5 Postprocedural discitis
- ☐ G97.6 Other postprocedural neurologic dysfunction
- ☐ G97.8 Other postprocedural complications and disorders of nervous system

Other disorders of nervous system (G98)

- ☐ G98.0 Syringomyelia and syringobulbia, not elsewhere classified
- ☐ G98.8 Other specified disorders of nervous system

Other disorders of nervous system in diseases classified elsewhere (G99)

- ☐ G99.0 Autonomic neuropathy in diseases classified elsewhere
- ☐ G99.2 Myelopathy in diseases classified elsewhere
- ☐ G99.8 Other specified disorders of nervous system in diseases classified elsewhere

Additional ICD Codes: _____

PATIENT CONSENT

By signing this form, I acknowledge that the information provided by me is true and correct. I have read or have had read to me the **Minerva Labs** Informed Consent document at the end of this test requisition form, and understand the information regarding molecular genetics testing. For direct insurance billing: I authorize my insurance benefits to be paid directly to **Minerva Labs** and their affiliates, authorize **Minerva Labs** to release medical information concerning my testing to my insurer, to be my designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and responsible for sending **Minerva Labs** and their affiliates, money received from my health insurance company. I also give permission for my specimen and clinical information to be used in de-identified studies at **Minerva Labs** and their affiliates for publication, if appropriate. I have had the opportunity to ask questions about the testing, the procedure, the risks, and the alternatives. I authorize **Minerva Labs** and their affiliates to perform the testing as ordered.

Signature Date

Certificate of medical necessity, Consent, Test Authorization and Physician Signature

The individual signing this form, or their representative, hereby confirms their status as a licensed medical professional authorized to order genetic testing and confirms that the patient has provided informed consent for the testing and that it is medically necessary. They certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome, or disorder. They acknowledge that the test results may have an impact on the patient's medical management. The information provided on this form is accurate to the best of their knowledge. The signature on this form applies to the attached letter of medical necessity. If the insurance provider requests the laboratory to gather the medical necessity for any reason, the signer agrees to provide the Care Plan notes and Letter of Intent for this order.

Signature Date

For the purposes of this consent, "I", "my", and "your" will refer to me or to my child, including my unborn child, if my child is the person for whom the healthcare provider has ordered testing.

PURPOSE OF THIS TEST

The purpose of this test is (a) to see if I may have a genetic variant or chromosome rearrangement causing a genetic disorder; or (b) to evaluate the chance that I will develop or pass on a genetic disorder in the future. If I already know the specific gene variant(s) or chromosome rearrangement that causes the genetic disorder in my family, I agree to inform the laboratory of this information.

WHAT TYPE OF TEST RESULTS CAN I EXPECT FROM GENETIC TESTING?

1. Positive: A change in your DNA was found, which is very likely the cause of your features/symptoms. This is the most straightforward test result, which can be used as the basis to test other family members to determine their chances of having either the disease or a child with the disease.
2. Negative: No variants were found to explain your symptoms. This does not mean that you do not have a genetic condition. It is still possible that there is a genetic variant not found by the test that was ordered. Your healthcare provider or genetic counselor may discuss more testing either now or in the future.
3. Variant of Uncertain Significance (VUS): A change in a gene was found. However, we are not sure whether this variant is the cause of your symptoms/features. More information is needed. We may suggest testing other family members to help figure out the meaning of the test result.
4. Unexpected Results: In rare instances, this test may reveal an important genetic change that is not directly related to the reason for ordering this test. For example, this test may find you are at risk for another genetic condition I am not aware of or it may indicate differences in the number or rearrangement of sex chromosomes.

We may disclose this information to the ordering healthcare provider if it likely affects medical care.

Because medical and scientific knowledge is constantly changing, new information that becomes available may supplement the information **Minerva Labs** used to interpret my results. Healthcare providers can contact **Minerva Labs** at any time to discuss the classification of an identified variant.

WHAT IS TRIO/DUO-BASED GENETIC TESTING?

For some genetic tests, including samples from the biological parents and/or other biological relatives along with the patient's sample can help with the interpretation of the test results. These tests are often referred to as "trio tests" since they typically include samples from the patient and both parents.

Samples from relatives should be submitted with the patient's sample. Clinical information must be provided for the patient and any relative who submits a sample.

I understand that **Minerva Labs** will use the relative sample(s) when needed for the interpretation of my test results and that my test report may include clinical and genetic information about a relative when it is relevant to the interpretation of the test results. I further understand that relatives will not receive an independent analysis of data nor a separate report.

RISKS AND LIMITATIONS OF GENETIC TESTING

1. In some cases, testing may not identify a genetic variant even though one exists. This may be due to limitations in current medical knowledge or testing technology.
2. Accurate interpretation of test results may require knowing the true biological relationships in a family. I understand that if I fail to accurately state the biological relationships in my family, it could lead to incorrect interpretation of the test results, incorrect diagnoses, and/or inconclusive test results. If genetic testing reveals that the true biological relationships in a family are not as I reported them, including non-paternity (the reported father is not the biological father) and consanguinity (the parents are related by blood), I agree to have these findings reported to the healthcare provider who ordered the test.
3. Although genetic testing is highly accurate, inaccurate results may occur. These reasons include, but are not limited to mislabeled samples, inaccurate reporting of clinical/medical information, rare technical errors, or other reasons.
4. I understand that this test may not detect all of the long-term medical risks that I might experience. The result of this test does not guarantee my health and that additional diagnostic tests may still need to be done.
5. I agree to provide an additional sample if the initial sample is not adequate.

PATIENT CONFIDENTIALITY AND GENETIC COUNSELING

It is recommended that I receive genetic counseling before and after having this genetic test. I can find a genetic counselor in my area at www.nsgc.org. Further testing or additional consultations with a healthcare provider may be necessary.

To maintain confidentiality, test results will only be released to the referring healthcare provider, the ordering laboratory, to me, to other healthcare providers involved in my care, diagnosis and treatment, or to others with my consent or as permitted or required by law. Federal laws prohibit unauthorized disclosure of this information.

More information can be found at: www.genome.gov/10002077

INTERNATIONAL SAMPLES

If I reside outside the United States, I attest that by providing a sample for testing, I am not knowingly violating any export ban or other legal restriction in the country of my residence.

SAMPLE RETENTION After testing is complete, my sample may be de-identified and be used for test development and improvement, internal validation, quality assurance, and training purposes. **Minerva Labs** will not return DNA samples to you or to referring healthcare providers, unless specific prior arrangements have been made.

I understand that samples from residents of New York State will not be included in the de-identified research studies described in this authorization and **Minerva Labs** will not retain them for more than 60 days after test completion, unless specifically authorized by my selection. The authorization is optional, and testing will be unaffected if I do not check the box for the New York authorization language. **Minerva Labs** will not perform any tests on the biological sample other than those specifically authorized.

DATABASE PARTICIPATION De-identified health history and genetic information can help healthcare providers and scientists understand how genes affect human health. Sharing this deidentified information helps healthcare providers to provide better care for their patients and researchers to make new discoveries. **Minerva Labs** shares this type of information with healthcare providers, scientists, and healthcare databases. **Minerva Labs** will not share any personally identifying information and will replace the identifying information with a unique code not derived from any personally identifying information. Even with a unique code, there is a risk that I could be identified based on the genetic and health information that is shared. **Minerva Labs** believes that this is unlikely, though the risk is greater if I have already shared my genetic or health information with public resources, such as genealogy websites.

EXOME/GENOME SEQUENCING SECONDARY FINDINGS

- Applicable only for full exome sequencing and genome sequencing tests
- Does not pertain to Xpanded® or Slice tests

As many different genes and conditions are analyzed in an exome or genome sequencing test, these tests may reveal some findings not directly related to the reason for ordering the test. Such findings are called "incidental" or "secondary" and can provide information that was not anticipated.

Secondary findings are variants, identified by an exome or genome sequencing test, in genes that are unrelated to the individual's reported clinical features. The American College of Medical Genetics and Genomics (ACMG) has recommended that secondary findings identified in a specific subset of medically actionable genes associated with various inherited disorders be reported for all probands undergoing exome or genome sequencing. Please refer to the latest version of the ACMG recommendations for reporting of secondary findings in clinical exome and genome sequencing for complete details of the genes and associated genetic disorders. Reportable secondary findings will be confirmed by an alternate test method when needed.

WHAT WILL BE REPORTED FOR THE PATIENT?

All pathogenic and likely pathogenic variants associated with specific genotypes identified in the genes (for which a minimum of 10X coverage was achieved by exome sequencing or a minimum of 15X coverage was achieved by genome sequencing), as recommended by the ACMG.

WHAT WILL BE REPORTED FOR RELATIVES? The presence or absence of any secondary finding(s) reported for the proband will be provided for all relatives analyzed by an exome or genome sequencing test.

LIMITATIONS

Pathogenic and/or likely pathogenic variants may be present in a portion of the gene not covered by this test and therefore are not reported. The absence of reportable secondary findings for any particular gene does not mean there are no pathogenic and/or likely pathogenic variants in that gene. Pathogenic variants and/or likely pathogenic variants that may be present in a relative, but are not present in the proband, will not be identified nor reported. Only changes at the sequence level will be reported in the secondary findings report. Larger deletions/duplications, abnormal methylation, triplet repeat or other expansion variants, or other variants not routinely identified by clinical exome and genome sequencing will not be reported.

FINANCIAL AGREEMENT AND GUARANTEE

For insurance billing, I understand and authorize **Minerva Labs** to bill my health insurance plan on my behalf, to release any information required for billing, and to be my designated representative for purposes of appealing any denial of benefits. I irrevocably assign to and direct that payment be made directly to **Minerva Labs.**

I understand that my out-of-pocket costs may be different than the estimated amount indicated to me by **Minerva Labs** as part of a benefit investigation. I agree to be financially responsible for any and all amounts as indicated on the explanation of benefits issued by my health insurance plan. If my insurance provider sends a payment directly to me for services performed by **Minerva Labs** on my behalf, I agree to endorse the insurance check and forward it to **Minerva Labs** within 30 days of receipt as payment towards **Minerva Labs** claim for services rendered.

If I do not have health insurance, I agree to pay for the full cost of the genetic testing that was ordered by my healthcare provider and billed to me by **Minerva Labs.** I further understand and agree that, if I fail to make payment for genetic testing, in accordance with the payment policies of **Minerva Labs**, my account may be turned over to an external collection agency for non-payment. I agree to pay any associated collection costs, including attorney fees. By my signature on the **Minerva Labs** Test Requisition Form or at the bottom of this form, I accept full and complete financial responsibility for all genetic testing ordered by my healthcare provider.