Versiti Hematology Genetics Requisition Completion Guide

Effective January 30, 2023

We look forward to improving the ordering process with the implementation of this new form. Included in this guide are callouts to new and/or updated fields within the requisition, as well as tips for navigating the new ordering sections. Should you have any questions while completing this form, please contact Versiti's Diagnostic Labs Client Services team at 800-245-3117 x6250 or labinfo@versiti.org.

Section 1 (Page 1): Ordering Institution Information

Ordering Institution Information			
Person Completing Requisition:		Physician/Provider:	
Institution:			Client #:
Dept:		Address:	
City:	State:		Zip Code:
Phone (Lab):	Provider Contact (phone/email):		
Special Reporting Requests:			PO #:

NEW: We've added a field to include contact information for the ordering provider so that our team can contact them directly if questions arise about the order, patient history, and more.

Section 2 (Page 1): Patient Information

Patient Information			
Last Name:	First Name:	MI:	DOB:
MR#:	Accession #:	Draw Date:	Draw Time:
Biologic Sex/Sex Assigned at Birth: ☐Male ☐Female ☐Intersex ☐Unknown Karyotype:			
Patient-reported Ancestry (check all that apply): ☐Ashkenazi Jewish ☐Black/African American ☐Central Asian ☐East Asian ☐Hispanic/Latino ☐Middle Eastern ☐Native American ☐South Asian ☐White ☐Other:			

NEW: We've added options to the biologic sex and patient-reported ancestry fields.

Section 3 (Page 1): Specimen Information

No changes have been made to this section of the requisition.

Section 4 (Page 1): Patient History

Patient History
Gender: ☐Man ☐Woman ☐Non-binary ☐Self-described:
Is patient currently pregnant? ☐Yes ☐No Due Date:
Has patient had an allogeneic stem cell transplant? ☐ Yes* ☐ No *If yes, send pre-transplant extracted sample
Has patient had a blood transfusion in the last 2 weeks? ☐Yes ☐No Date and type of transfusion:_____
Clinical Diagnosis:
Relevant clinical presentation and laboratory findings (attach case notes if available):
Family history of clinical diagnosis listed above? ☐No ☐Yes (describe or include pedigree):

NEW: We've added the option to include patient-identified gender to reflect industry best practices.

Section 5 (Page 1): Verification of Informed Consent

No changes have been made to this section of the requisition.

Section 6 (Page 1): Shipping Requirements

No changes have been made to this section of the requisition.

Section 7 (Page 2): Sample Requirements

No changes have been made to this section of the requisition.

Section 8 (Page 2): Single Genes and Panels

Single Genes and Panels *Select only ONE test methodology where multiple options are available*					
Test Name *(Refer to page 3 for full list of genes included in panels)*	**Test Code**	NGS only	Del/Dup by aCGH only	NGS with reflex to aCGH	NGS with concurrent aCGH
☐ aHUS Genetic Evaluation NGS (all genes) + MPLA (select exons of *CFH, CFHR1, CFHR3, CFHR4, CFHR5*)	1200				
Autosomal Dominant Thrombocytopenia Panel	4865	☐	☐	☐	☐
Bernard-Soulier Syndrome Panel	4880	☐	☐	☐	☐
Coagulation Disorder Panel	4815	☐	☐	☐	☐
Comprehensive Bleeding Disorder Panel	4825	☐*	☐	☐	☐
Comprehensive Platelet Disorder Panel	4830	☐*	☐	☐	☐
Congenital Neutropenia Panel	4845	☐	☐	☐	☐
Fibrinolytic Disorder Panel	4860	☐*	☐	☐	☐
Fibrinogen Disorders Panel	4885	☐	☐	☐	☐
Glanzmann Thrombasthenia Panel	4870	☐	☐	☐	☐
Hermansky-Pudlak Syndrome Panel	4875	☐	☐	☐	☐
Inherited Thrombocytopenia Panel	4840	☐	☐	☐	☐
Platelet Function Disorder Panel	4835	☐*	☐	☐	☐
Thrombosis Panel	4820	☐	☐	☐	☐
Single Gene Analysis _____ (See available genes on page 3)	4855	☐	☐	☐	☐
Custom Blood Disorder Panel (Two gene minimum, 10 gene maximum.)	4850	☐	☐	☐	☐
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					
* Includes *PLAU* performed by aCGH					

NEW: If ordering a panel, single gene analysis, or a custom blood disorder panel, select one option from the four testing methodology options available shown in the four right-hand columns. Options include NGS only, deletion/duplication analysis by aCGH only, NGS with reflex to aCGH, or NGS with concurrent aCGH. Where test methodologies are unavailable for selection in the chart, such as the aHUS Genetic Evaluation, select the check box to the left of the test name.

Where noted by an asterisk (*), analysis of *PLAU* by aCGH is included in the "NGS- only" version of the select panel. See panel test descriptions at **Versiti.org/HG** for more information.

Review page 3 of the requisition, or visit **Versiti.org/HG**, for a full list of all available genes for single gene analysis.

Section 9 (Page 2): Specific Orders

Specific Orders *Select only ONE test methodology where multiple options are available*					
Test Name	**Test Code**	NGS only	Del/Dup by aCGH only	NGS with reflex to aCGH	NGS with concurrent aCGH
Hemophilia					
F8 (Factor VIII) Genetic Analysis (*Inversion analysis not included)*	4855	☐	☐	☐	☐
☐ *F8* (Factor VIII) Severe HA Analysis Reflex (*inversion, reflex to sequencing)* ☐ Check here for reflex to *F8* aCGH ☐ Check here to add concurrent *F8* aCGH	1403				
F8 (Factor VIII) Inversion Analysis ☐ **Both** Introns 1 and 22 (1402) ☐ Intron 22 **only** (1400) ☐ Intron 1 **only** (1401)	1402, 1400, or 1401				
F9 (Factor IX) Genetic Analysis	4855	☐	☐	☐	☐
von Willebrand Disease					
VWF Genetic Analysis (all exons)	4855	☐	☐	☐	☐
VWF Exon 28 Sequence Analysis (for type 2M or 2B VWD)	1284	☐			
VWD Platelet-Type Sequence Analysis (*GP1BA*)	1289	☐			
VWD Type 2N Sequence Analysis (*VWF* exons 17-21, 24-27)	1288	☐			
Other Testing					
ADAMTS13 Genetic Analysis	4855	☐	☐	☐	☐
ELANE Genetic Analysis	4855	☐	☐	☐	☐
☐ Factor V Leiden	1035				
☐ Hemoglobin SC Mutation Analysis	4624				
☐ Prothrombin Gene Mutation	1024				
Familial Testing					
☐ Targeted Familial Variant Analysis (4970) *If proband was not tested at Versiti, call to discuss if a control sample is needed.* Gene: _____ Exon: _____ Variant: _____ Proband Name: _____ Relationship to Proband: _____					

NEW: For specific orders, select one option from the four testing methodology options available shown in the four right-hand columns. Options include NGS only, deletion/duplication analysis by aCGH only, NGS with reflex to aCGH, or NGS with concurrent aCGH. Where test methodologies are blocked out in the chart, such as *F8* (Factor VIII) Severe HA Analysis Reflex or Factor V Leiden, select the check box to the left of the text to add the test to the order. Additional testing options may be shown beneath the test name; select those options where applicable.

Select von Willebrand disease tests are available by NGS only where noted.

Section 10 (Page 3): Single Genes and Panel Information

NEW: We've added a full listing of all genes included in our panels.