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Angioedema Complement and Genetic Test Requisition Form

Place Barcode Label Here

Specimen Collection Information
Collection Date: ____ / ____ / _____
Collection Time: ____ : ____ ☐ AM ☐ PM

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: ☐ M ☐ F
Address:	City: State:	Zip:

FAMILY HISTORY

Sample Pedigree: ☐ Proband ☐ Mother ☐ Father ☐ Siblings ☐ Other:	HAE Type: ☐ Type I ☐ Type II ☐ Unknown ☐ N/A Family history consistent with HAE type? ☐ Yes ☐ No ☐ No family history ☐ N/A Clinical history consistent with HAE? ☐ Yes ☐ No ☐ N/A

DIAGNOSIS CODES

Please select a code below and include it in the provider's notes: ☐ T78.3XXA: Angioedema, initial encounter ☐ T78.3XXD: Angioedema, subsequent encounter	*Please select the code below and include it in the provider's notes.* ☒ D84.1: Defects in the complement system
Additional Codes:	

PATIENT CONSENT/AUTHORIZATION

My healthcare provider has recommended that I receive genetic testing, and I authorize Virant Diagnostics to analyze my (or my child's) blood or saliva samples for such tests ordered. My healthcare provider has explained to me the genetic tests, their limitations, and that the purpose of the tests is to look for mutations or genetic alterations. Test results will only be released to healthcare providers as specified on the test requisition form. Furthermore, I authorize Virant Diagnostics to submit claims to my healthcare insurers for the lab services provided. I also authorize Virant Diagnostics and my healthcare provider to release any medical information necessary to the insurers to process this claim. Payment will be made directly to Virant Diagnostics from my insurers. If my insurers pay me directly, I agree to forward the payment to Virant Diagnostics. I understand that I am responsible for any amounts not covered or paid by my insurers. Should there be no insurance coverage, Virant Diagnostics reserves the right to bill me directly. I acknowledge that I have read and understood the Genetics Informed Consent Form at https://virantdx.com/wp-content/uploads/2022/12/Genetics-Informed-Consent-Form-221212.pdf. For family relative(s) providing sample(s) for Carrier Testing or **Whole Exome Sequencing**, patient consent/authorization has been completed on the Genetics Informed Consent Form. For **self-collected saliva samples**, I affirm that the sample identified on this form is my own (or my child's). I have not adulterated it in any way. I am voluntarily submitting this sample for analysis ordered by my healthcare provider.

Signature: _____ **Date:** ____ / ____ / _____

Printed Name: _____ **Relationship:** ☐ Self ☐ Parent ☐ Legal Guardian ☐ Durable Power of Attorney for Health Care

INSURANCE AND PAYMENT INFORMATION

☐ **Bill Insurance** (Attach copy of insurance card, front and back)

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:
☐ **Bill Client** (Based on prior agreement)	☐ **Bill Patient** (Based on prior agreement)

HEALTHCARE PROVIDER INFORMATION

Provider Name:	NPI:	
Organization:	Phone:	
Address:	City: State:	Zip:

Provider Authorization Signature: _____ **Date:** ____ / ____ / _____

COMPLEMENT AND BRADYKININ PANELS

Specimen Collection and Shipment Requirements:

- *For **Comprehensive and Chromogenic C1INH Function**, at least 3 mL of **whole blood** must be collected in a sodium citrate tube (light blue top) and sent to the laboratory on the day of collection for next day delivery. The specimen must be stored at -20°C until shipment and shipped with an ice pack.*
- *For **Bradykinin Comprehensive Panel**, at least 1 mL of **whole blood** must be collected in an EDTA tube (lavender top) and sent to the laboratory on the day of collection for next day delivery. The specimen must be stored at 4°C until shipment and shipped with an ice pack.*

☐ **Comprehensive C1INH Function** (C1s, Factor XII, and Plasma Kallikrein)	☐ **Chromogenic C1INH Function**
☐ **Bradykinin Comprehensive Panel**	

GENETIC TESTS

Specimen Type: ☐ Whole blood (EDTA tube, lavender top) ☐ Saliva

Specimen Collection and Shipment Requirements:

- *For **whole blood**, at least 3 mL must be collected in an EDTA tube (lavender top) and sent to the laboratory on the day of collection for next day delivery (with complement and bradykinin specimens if ordered). The specimen must be stored at 4°C until shipment and shipped with an ice pack.*
- *For **saliva**, collect and store specimens according to the collection kit manufacturer's instructions must be sent to the laboratory on the day of collection for next day delivery (with complement and bradykinin specimens if ordered).*

INDIVIDUAL GENES

Genes	Exon(s)	Screen for Known HAE Variant(s)	
☐ **SERPING1 gene**	exons 2-8	Region sequenced: coding ± 10bp	
☐ **F12 gene**	exon 9	c.983C>A	p.Thr328Lys
		c.983C>G	p.Thr328Arg
		c.971_1018 + 24del72	
		c.892_909 dup	
☐ **KNG1 gene**	exon 10	c.1136T>A	p.Met379Lys
☐ **ANGPT1 gene**	exon 2	c.355G>T	p.Ala119Ser
☐ **PLG gene**	exon 9	c.988A>G	p.Lys330Glu
	exon 18	c.2183T>A	p.Val728Glu
☐ **MYOF gene**	exon 7	c.651G>T	p.Arg217Ser
☐ **HS3ST6 gene**	exon 2	c.430A>T	p.Thr144Ser

PANELS

☐ **Hereditary Angioedema (HAE) 4 Gene Panel I** (SERPING1, F12, KNG1, and ANGPT1)

☐ **Hereditary Angioedema (HAE) 4 Gene Panel II** (SERPING1, PLG, MYOF, and HS3ST6)

The following panels are available upon special request:

- **nlC1INH Hereditary Angioedema (HAE) Panel** (all 6 nlC1INH genes)
- **Hereditary Angioedema (HAE) Panel** (all 6 nlC1INH genes plus SERPING1 gene)
- **Angioedema Panel** (77 genes involved in the complement, coagulation, and tissue kallikrein pathways)
  - *For more information, please visit https://virantdx.com/testing-solutions/genetic-testing/comprehensive-angioedema-gene-panel/.*
- **Whole Exome Sequencing** (22,000 genes)
  - *Specimen must be **whole blood**.*
  - *Clinical information must be provided on https://virantdx.com/wp-content/uploads/2022/12/Genetics-Clinical-Information-Form-221212.pdf.*
  - *Providing maternal and paternal (or other family relative) specimens in addition to the proband specimen is helpful for result interpretation.*

TARGETED VARIANT TESTING

☐ **Known Familial Variant(s)**		☐ **Confirmation of Variant Identified in Research Lab**	
Proband Name:		Relationship to Proband:	
Variant Information:			
Gene:	Transcript (NM#):	Coding Position (c.):	Protein (p.):

ORDERING INSTRUCTIONS

1. For clinics and providers new to Virant Diagnostics, contact us at Angioedemalab@virantdx.com or (877) 888-2973 for more details on how to complete the test requisition, either on paper through this form or online through our Laboratory Information System (LIS).
2. After completing the test requisition, arrange specimen collection or phlebotomy services and prepare the specimen for shipment. Include the test requisition form, the patient's medical records (provider's notes, prior laboratory results, etc.), and an insurance card copy (front and back). These documents can also be uploaded to the patient's Documents in our LIS or faxed to (888) 713-3456.
3. For **genetic tests ONLY**, once the specimen is received, prior authorization will be requested by Virant Diagnostics on the provider and patient's behalf. The outcome will be communicated to the provider and patient before the specimen is processed.

Please visit our webpage at https://virantdx.com/testing-solutions/angioedema/
and contact us at Angioedemalab@virantdx.com or (877) 888-2973 for any inquiries.

FOR LABORATORY USE ONLY

HAE Complement Accession #:		Bradykinin Accession #:
Genetic Accession #:		Patient ID:
Client/Physician ID:	Date Received: ____ / ____ / _____	Time Received: ____ : ____ ☐ AM ☐ PM
Comment:		