Athena Diagnostics
International Neurology Test Requisition (April 2019)

Please tear at perforation

Complete this requisition for all international samples. Athena Diagnostics requires that international specimens be accompanied with payment in U.S. dollars. If pre-payment is not received, there may be a delay in result reporting.

Please call our Client Services Department at 00-1-508-756-2886, extension 2 or contact us on our website at AthenaDiagnostics.com/international if you have questions regarding shipping or if you need further information.

Who Should Athena Contact with Questions About this Order?

Name_____
First Last

Phone_____ Fax_____

Email _____

Tests Ordered

Check the test(s) required on the reverse **or** write in below.

Test Code_____ Test Name_____

Test Code_____ Test Name_____

Payment Information

☐ Bank Check Enclosed (made payable to Athena Diagnostcs, Inc.)

☐ Credit Card:

☐ Visa ☐ Discover ☐ MC ☐ AMEX

Credit Card #_____

Exp:_____Security Code:_____

Cardholder Name:_____
As it appears on card

Billing Address:

_____

_____

_____

☐ Wire Transfer (Athena will send you wire transfer details.)

Fax Number:_____

E-Mail:_____

Testing will not begin until payment is received.

Laboratory Information

Lab Name_____

Complete Lab Address:

_____

_____

_____

_____

_____

Phone_____ Fax_____

***Indicates required information**

Patient Identification

Patient Name* _____
First Last

DOB* _____ Sex: ☐ Male ☐ Female ☐ Unknown

Age* _____

Patient ID # (if available)_____

Authorization to Use De-Identified Sample or Data for Research. To promote medical understanding and develop better health insights, Athena Diagnostics requests your permission to use your specimen in a de-identified way (without identifying information) for research, educational studies, commercial purposes and/or publication, if appropriate. Your name or other personal identifying information will not be used in or linked to the results of any studies and publications. Your refusal to have your specimen used or not used for research purposes will not affect processing or testing of your specimen, your test results or the service support provided by Athena Diagnostics to your physician. Please indicate your approval by checking the box next to **Yes** or denial by checking the box next to **No**.

I consent to the use of my de-identified specimen or data for research: ☐ **Yes** ☐ **No**

_____
Signature of Patient, Parent or Legally Authorized Representative Date

_____
Printed Name of Patient, Parent or Legally Authorized Representative Date

_____
Relationship to Patient if Signatory is Someone Other than Patient

Authorized Result Report Recipients Required Physician Information

Name_____
First Last

Complete Mailing Address:

_____

_____

_____

_____

_____

Indications for Testing (Check One)

☐ Diagnostic (symptomatic) ☐ Clinical Study ☐ Prenatal
☐ Predictive (asymptomatic) ☐ Carrier ☐ Other Research

Physician Attestation of Informed Consent

In accordance with Massachusetts General Law Chapter 111, Section 70G, and New York Civil Rights Law Section 79-1 verification of patient informed consent is required for genetic testing. Additionally, testing laboratories located in Massachusetts require a signed acknowledgement from the ordering medical practitioner. The signed acknowledgement is required to complete the genetic testing ordered if you have not previously signed a blanket Physician Attestation of Informed Consent (PAIC) at any Quest lab. The company offers a blanket PAIC that can be signed for all future orders.

I warrant that I have obtained both oral and written consent using the **Patient Informed Consent Form for Genetic Testing** provided by Athena Diagnostics. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person).

_____
Medical Practitioner Signature Date

_____
Printed Name of Medical Practitioner NPI

Patient Informed Consent Form for Genetic Testing is available at AthenaDiagnostics.com/consent.

Type of Specimen **Date Collected** _____

☐ Whole Blood ☐ Serum ☐ CSF ☐ Muscle ☐ DNA*: Source _____ Volume _____ Concentration _____

*** DNA must be extracted at a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.**

CLIA# _____

Once this form is complete, please ensure that you have:

☐ **Verified the specimen type and included date of collection**

☐ **Verified that the Indications for Testing section has been completed by the physician**

NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, patient ID no. These same two forms of ID should also be indicated on the test requisition.

200 Forest Street, 2nd Floor, Marlborough, MA 01752 • 00-1-508-756-2886 • Fax 00-1-610-271-6085 • AthenaDiagnostics.com

Athena Diagnostics Neurology Testing Services (April 2019)

Important: Please be sure to write in test code and test name in the Tests Ordered section on front.

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
Cerebrovascular Disease (Stroke)				
☐ 1175	Notch3(CADASIL) Sequencing Test	B	8 mL	L
☐ 1149	HTRA1 (CARASIL) Sequencing Test	B	8 mL	L
☐ 1120	COL4A1 Sequencing Test (CSVD)	B	8 mL	L
☐ **1122**	**Complete CCM Sequencing and CNV Evaluation** (KRIT1 Seq./Del., CCM2 Seq./Del., PDCD10 Seq./Del.)	B	8 mL	L
☐ **1152**	**KRIT1 (CCM1) Seq. and CNV Evaluation**	B	8 mL	L
☐ **1106**	**CCM2 Seq. and CNV Evaluation**	B	8 mL	L
☐ **1179**	**PDCD10 (CCM3) Seq. and CNV Evaluation**	B	8 mL	L
Dementia				
☐ **178**	**ADmark® Alzheimer's Evaluation**	C	2 mL	P
	(ApoE, Phospho-Tau, Total-Tau, Aß42) (Symptomatic for Dementia)	B	8 mL	L
	(CSF must be in polypropylene tube and arrive on cold pack or frozen)			
☐ 109	ADmark® ApoE Genotype Analysis & Interpretation (Symptomatic for Dementia)	B	8 mL	L
☐ 177	ADmark® Phospho-Tau/Total-Tau/Aß42 CSF Analysis & Interpretation (Symptomatic)	C	2 mL	P
	(CSF must be in polypropylene tube and arrive on cold pack or frozen)			
☐ **179**	**ADmark® Early-Onset Alzheimer's Evaluation** (PSEN1, APP Seq./Dup., PSEN2)	B	8 mL	L
☐ 167	ADmark® PSEN1 DNA Sequencing Test	B	8 mL	L
☐ 168	ADmark® APP DNA Sequencing Test and Duplication Test	B	8 mL	L
☐ 169	ADmark® PSEN2 DNA Sequencing Test	B	8 mL	L
☐ **281**	**Frontotemporal Dementia (FTD) Evaluation** (MAPT, GRN, C9orf72)	B	8 mL	L
☐ 209	C9orf72 (FTD) DNA Test	B	8 mL	L
☐ 204	GRN DNA Sequencing Test	B	8 mL	L
☐ 205	MAPT DNA Sequencing Test	B	8 mL	L
☐ **1711**	**Autoimmune Rapidly Progressive Dementia Evaluation with Recombx®** (Hu, MaTa, CV2, Amphiphysin, GAD65, NMDA, VGKC, LGI1, CASPR2)	S	2 mL	R
☐ 1714	Recombx® Hu Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1716	Recombx® MaTa Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1717	Recombx® CV2 Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1718	Recombx® Amphiphysin Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1705	GAD65 Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1706	NMDA Receptor Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1707	VGKC Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1708	LGI1 Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
☐ 1709	CASPR2 Autoantibody Test (Autoimmune Rapidly Progressive Dementia)	S	2 mL	R
Developmental Disabilities				
☐ **1186**	**Primary Microcephaly Sequencing Evaluation** (ASPM, MCPH1, WDR62)	B	8 mL	L
☐ 1092	ASPM Sequencing Test	B	8 mL	L
☐ 1153	MCPH1 Sequencing Test	B	8 mL	L
☐ 1257	WDR62 Sequencing Test	B	8 mL	L
☐ 1193	SHANK3 Sequencing Test	B	8 mL	L
☐ 1192	SHANK2 Sequencing Test	B	8 mL	L
☐ 1190	PTEN Sequencing Test	B	5 mL	L
☐ **795**	**Joubert Syndrome Evaluation** (TMEM67, TMEM216, AHI1, CEP290, NPHP1, CC2D2A)	B	8 mL	L
☐ 792	TMEM67 DNA Sequencing Test	B	8 mL	L
☐ 789	TMEM216 DNA Sequencing Test	B	8 mL	L
☐ 790	AHI1 DNA Sequencing Test	B	8 mL	L
☐ 791	CEP290 DNA Sequencing Test	B	8 mL	L
☐ 793	NPHP1 DNA Deletion Test	B	8 mL	L
☐ 794	CC2D2A DNA Sequencing Test	B	8 mL	L
☐ 737	Smith-Lemli-Opitz Syndrome (DHCR7) DNA Test	B	8 mL	L
☐ 1256	VPS13B (COH1) Sequencing Test	B	8 mL	L
☐ **1155**	**MECP2 Sequencing and CNV Evaluation**	B	8 mL	L
☐ 148	Rett Syndrome (MECP2) Dup./Del. Test	B	8 mL	L
☐ **1038**	**ARX Seq. and CNV Evaluation (Intellectual Disability)**	B	8 mL	L
☐ **1114**	**CDKL5 Seq. and CNV Evaluation (Atypical Rett)**	B	8 mL	L
☐ 1194	SYNGAP1 Sequencing Test	B	8 mL	L
☐ **1166**	**MEF2C Sequencing and CNV Evaluation**	B	4 mL	L
☐ **1142**	**FOXG1 Sequencing and CNV Evaluation**	B	4 mL	L
NOTE: Pediatric minimum for all Developmental Disabilities tests is 2 mL.				
Epilepsy				
☐ **6000**	**Epilepsy Advanced Sequencing and CNV Evaluation**	B	8 mL	L
☐ **6008**	**Epilepsy Advanced Sequencing and CNV Evaluation - Generalized, Absence, Focal, Febrile and Myoclonic Epilepsies**	B	8 mL	L
☐ **6010**	**Epilepsy Advanced Sequencing and CNV Evaluation - Epileptic Encephalopathy**	B	8 mL	L
☐ **6018**	**Epilepsy Advanced Sequencing and CNV Evaluation - Developmental Brain Malformations**	B	8 mL	L
☐ **6019**	**Epilepsy Advance Sequencing and CNV Evaluation - Intellectual Disability**	B	8 mL	L
☐ **6022**	**Epilepsy Advanced Sequencing and CNV Evaluation - Neuronal Ceroid Lipofuscinosis**	B	8 mL	L
☐ **6023**	**Epilepsy Advanced Sequencing and CNV Evaluation - Epilepsy with Migraine**	B	8 mL	L
☐ **6033**	**Epilepsy Advanced Sequencing and CNV Evaluation - Syndromic Disorders**	B	8 mL	L
☐ **6038**	**Epilepsy Advanced Sequencing and CNV Evaluation - Infantile Spasms**	B	8 mL	L
Please see website for the list of genes in each panel.				
☐ **5120**	**Autoimmune Epilepsy Evaluation** GAD65, VGKC, CASPR2, LGI1, NMDA	S	2 mL	R
☐ 5101	GAD65 Neurological Syndrome Autoantibody Test (Epilepsy) (Single)	S	2 mL	R
☐ 5102	VGKC Autoantibody Test (Epilepsy) (Single)	S	2 mL	R
☐ 5103	CASPR2 Autoantibody Test (Epilepsy) (Single)	S	2 mL	R
☐ 5104	LGI1 Autoantibody Test (Epilepsy) (Single)	S	2 mL	R
☐ 5105	NMDA Receptor Autoantibody Test (Epilepsy) (Single)	S	2 mL	R
☐ **1131**	**Complete Tuberous Sclerosis Seq. and CNV Evaluation** (TSC1 Seq., TSC1 Del., TSC2 Seq., TSC2 Del.)	B	8 mL	L
☐ 1245	TSC1 Sequencing Test	B	8 mL	L
☐ 1236	TSC1 CNV Test	B	8 mL	L
☐ 508	TSC1 Deletion Analysis	B	8 mL	L
☐ 1255	TSC2 Sequencing Test	B	8 mL	L
☐ 1254	TSC2 CNV Test	B	8 mL	L
☐ 524	TSC2 DNA Deletion Test	B	8 mL	L
☐ 523	TSC Familial DNA Seq. Mutation Evaluation	B	8 mL	L
	Proband Accession # _____			
	Relationship _____			
☐ **1129**	**SCN1A Seq. and CNV Evaluation**	B	8 mL	L
☐ 1191	SCN1A CNV Test	B	8 mL	L
☐ 537	SCN1A Deletion Test	B	8 mL	L
☐ **1133**	**CSTB (EPM1) Seq. and Repeat Expansion Evaluation**	B	8 mL	L
☐ 410	EPM1 DNA Test	B	8 mL	L
☐ **1036**	**ARX Seq. and CNV Evaluation (Epilepsy)**	B	8 mL	L
☐ **1115**	**CDKL5 Seq. and CNV Evaluation (Epilepsy)**	B	8 mL	L
☐ 4411	SLC2A1 DNA Sequencing Test	B	8 mL	L
☐ 1003	GFAP (Alexander Disease) Seq. Test	B	8 mL	L
☐ 443	POLG DNA Seq. Test (Alpers Syndrome)	B	8 mL	L
NOTE: Pediatric minimum for all Epilepsy tests is 2 mL.				
Family Testing				
☐ 185	Familial DNA Sequence Evaluation	B	8 mL	L
	This test detects previously identified sequence variants in at-risk family members. This test cannot be applied to the TTR gene.			
	For Familial TSC mutations, please order Code 523.			
	Proband Accession # _____			
	Relationship _____			
Genetic: Anti-Drug Antibody				
☐ 1181	AAV9 Antibody Test	S	2mL	R
Hearing Loss				
☐ **3029**	**Hearing Loss Advanced Seq. and CNV Evaluation**	B	8mL	L
	Please see website for the complete list of genes. This test is currently not available for New York patient testing.			
☐ **329**	**Connexin Related Deafness Evaluation** (Connexin 26, Connexin 30)	B	8 mL	L
☐ 321	Connexin 26 (GJB2) DNA Sequencing Test	B	8 mL	L
☐ 319	Connexin 30 (GJB6) DNA Test	B	8 mL	L
Leukodystrophy				
☐ 1175	Notch3(CADASIL) Sequencing Test	B	8 mL	L
☐ **6106**	**Leukoencephalopathy with Vanishing White Matter Evaluation** (EIF2B1, EIF2B2, EIF2B3, EIF2B4, EIF2B5)	B	8 mL	L
☐ 6101	EIF2B1 DNA Sequencing Test	B	8 mL	L
☐ 6102	EIF2B2 DNA Sequencing Test	B	8 mL	L
☐ 6103	EIF2B3 DNA Sequencing Test	B	8 mL	L
☐ 6104	EIF2B4 DNA Sequencing Test	B	8 mL	L
☐ 6105	EIF2B5 DNA Sequencing Test	B	8 mL	L
☐ 6107	ARSA DNA Sequencing Test	B	8 mL	L
☐ 6108	ABCD1 DNA Sequencing Test	B	8 mL	L
☐ **1183**	**PLP1 Sequencing and CNV Evaluation**	B	8 mL	L
☐ 6109	GJC2 DNA Sequencing Test	B	8 mL	L
Migraine				
☐ **1148**	**Hemiplegic Migraine Seq. Evaluation** (CACNA1A, ATP1A2, SCN1A)	B	8 mL	L
☐ 1103	CACNA1A Sequencing Test	B	8 mL	L
☐ 1101	ATP1A2 Sequencing Test	B	8 mL	L
☐ 1136	SCN1A Sequencing Test (FHM) (Exons 3, 23, 26)	B	8 mL	L
Mitochondrial Disorders				
☐ **575**	**Common Mitochondrial Disorders Evaluation** (POLG, MELAS, MERRF, NARP)	B	8 mL	L
☐ **576**	**Progressive External Ophthalmoplegia Evaluation** (POLG, TWINKLE, ANT1, OPA1, MELAS)	B	8 mL	L
☐ **577**	**Mitochondrial Neurogastrointestinal Encephalopathy (MNGIE) Evaluation** (TYMP, RRM2B, MELAS)	B	8 mL	L
☐ **578**	**Mitochondrial Hepatoencephalopathic Evaluation** (POLG, DGUOK, MPV17, TWINKLE)	B	8 mL	L
☐ **579**	**Mitochondrial Encephalomyopathic Evaluation** (TK2, RRM2B, POLG)	B	8 mL	L
☐ **515**	**LHON mtDNA Evaluation** (LHON 11778, 3460, 14484)	B	8 mL	L
☐ 474	POLG DNA Sequencing Test (Related to all allelic disorders)	B	8 mL	L
☐ 479	TWINKLE (PEO1/C10orf2) DNA Seq. Test (Related to mtDNA depletion)	B	8 mL	L
☐ 466	ANT1 (SLC25A4) DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 469	OPA1 DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 484	TYMP DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 486	RRM2B DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L

Athena Diagnostics, Inc., 200 Forest Street, 2nd Floor, Marlborough, MA 01752 • 800-394-4493 • Fax 610-271-6085 • AthenaDiagnostics.com

Note: Test requisitions become outdated. For the most accurate and up-to-date test offering, please visit AthenaDiagnostics.com.

athena diagnostics

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
☐ 487	DGUOK DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 488	MPV17 DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 489	TK2 DNA Sequencing Test (Related to mtDNA depletion)	B	8 mL	L
☐ 517	MELAS mtDNA Evaluation (MELAS 3243, 3271, 3252, 3256, 3291, 13513)	B	8 mL	L
☐ 518	MERRF mtDNA Evaluation (MERRF 8344, 8356, 8296, 8363)	B	8 mL	L
☐ 516	NARP mtDNA Evaluation (NARP 8993)	B	8 mL	L
☐ 824	PDHA1 DNA Sequencing Test	B	8 mL	L
Motor Neuron Diseases				
☐ **6520**	**Amyotrophic Lateral Sclerosis Advanced Evaluation** (ALS2, ANG, CHMPB2, C9ORF72, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMAR1, SOD1, SQSTM1, TARDBP, UBQLN2, VAPB, VCP)	B	8mL	L
☐ **6522**	**Nonprevalent Amyotrophic Lateral Sclerosis Advanced Sequencing Evaluation** (ALS2, ANG, CHMPB2, DCTN1, FIG4, FUS, OPTN, PFN1, SETX, SIGMAR1, SQSTM1, TARDBP, UBQLN2, VAPB, VCP)	B	8mL	L
☐ 670	C9orf72 DNA Test	B	8 mL	L
☐ 620	SOD1 DNA Sequencing Test	B	8 mL	L
☐ **6601**	**HSP, Common Sporadic Evaluation** (SPAST, SPG7)	B	8 mL	L
☐ **6602**	**HSP, Supplemental Sporadic Evaluation** (ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21, L1CAM, PLP1)	B	8 mL	L
☐ **6610**	**HSP, Complete Dominant Evaluation** (SPAST, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1)	B	8 mL	L
☐ **6611**	**HSP, Common Dominant Evaluation** (SPAST, ATLN, REEP1, KIF5A)	B	8 mL	L
☐ **6612**	**HSP, Supplemental Dominant Evaluation** (NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1)	B	8 mL	L
☐ **6620**	**HSP, Complete Recessive Evaluation** (SPG11, ZFYVE26, SPG7, CYP7B1, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21)	B	8 mL	L
☐ **6621**	**HSP, Common Recessive Evaluation** (SPG11, ZFYVE26, SPG7)	B	8 mL	L
☐ **6622**	**HSP, Supplemental Recessive Evaluation** (CYP7B1, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21)	B	8 mL	L
☐ **6630**	**HSP, Comprehensive Evaluation** (SPAST, SPG7, ATLN, REEP1, KIF5A, NIPA1, KIAA0196, BSCL2, HSPD1, RTN2, SLC33A1, SPG11, CYP7B1, ZFYVE26, ALS2, AP5Z1, FA2H, KIF1A, PNPLA6, SACS, SPG20, SPG21, L1CAM, PLP1)	B	8 mL	L
☐ **6631**	**HSP, X-Linked Evaluation** (L1CAM, PLP1)	B	8 mL	L
☐ **6509**	**SPG4 Evaluation** (SPAST)	B	8 mL	L
Individual HSP DNA Tests: ☐ 531 Atlastin (SPG3A) ☐ 632 Paraplegin (SPG7) ☐ 633 Spatacsin (SPG11) ☐ 614 ZFYVE26 (SPG15)		B	8 mL	L
☐ **214**	**SMA Plus** (Reflexive) Testing is performed in this order: 1. SMN1 Del./SMN2 Del.; 2. SMN1 Seq.	B	4 mL	L
☐ 111	SMA Diagnostic Test (including SMN2 Copy Number)	B	4 mL	L
☐ 211	SMN DNA Sequencing Test (only order if deletion testing has already been performed)	B	4 mL	L
☐ 444	SMA Carrier Screen SMN1 Del./SMN2 Del. Test	B	4 mL	L
☐ 117	Kennedy's Disease (SBMA) DNA Test	B	8 mL	L
☐ **6521**	**Atypical Spinal Muscular Atrophy Advanced Sequencing Evaluation** (BICD2, DYNC1H1, GARS, HSPB1, HSPB3, HSPB8, IGHMBP2, TRPV4, UBA1, VRK1)	B	8 mL	L
Movement Disorders				
☐ **6900**	**Ataxia, Complete Dominant Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3)	B	10 mL	L
☐ **6901**	**Ataxia, Common Repeat Expansion Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10)	B	8 mL	L
☐ **6903**	**Ataxia, Supplemental Dominant Evaluation** (AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A)	B	8 mL	L
☐ **6910**	**Ataxia, Complete Recessive Evaluation** (FXN, APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B	8 mL	L
☐ **6911**	**Ataxia, Supplemental Recessive Evaluation** (APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B	8 mL	L
☐ **6912**	**Oculomotor Apraxia Ataxia Advanced Sequencing Evaluation** (APTX, SETX)	B	8 mL	L
☐ **6920**	**Episodic Ataxia Evaluation** (CACNB4, KCNA1, SLC1A3, CACNA1A)	B	8 mL	L
☐ **6930**	**Ataxia, Comprehensive Evaluation** (ATXN1, ATXN2, ATXN3, CACNA1A, ATXN7, TBP, ATXN8OS, ATXN10, PPP2R2B, ATN1, AFG3L2, KCNC3, PRKCG, SPTBN2, EEF2, FGF14, ITPR1, KCND3, PDYN, TGM6, TTBK2, VAMP1, KCNA1, CACNB4, SLC1A3, CACNA1A, FXN, APTX, ATM, SETX, TTPA, ADCK3, AFG3L2, ANO10, FLVCR1, GRM1, MRE11A, MTPAP, SACS, SYNE1, SYT14, TDP1, SIL1, POLG)	B	10 mL	L
☐ **349**	**Ataxia, Friedreich (FXN) Evaluation** (FRDA/FXN Seq., FRDA/FXN Expansion)	B	8 mL	L
☐ **353**	**Ataxia-Telangiectasia (ATM) Evaluation** (ATM Seq., ATM Dup./Del.)	B	8 mL	L
Individual Ataxia DNA Tests: ☐ 371 SCA1 (ATXN1) ☐ 672 SCA2 (ATXN2) ☐ 105 SCA3 (ATXN3) ☐ 373 SCA6 (CACNA1A) ☐ 677 SCA7 (ATXN7) ☐ 384 SCA8 (ATXN8OS) ☐ 387 SCA10 (ATXN10) ☐ 285 SCA12 (PPP2R2B) ☐ 388 SCA17 (TBP) ☐ 401 DRPLA ☐ 383 POLG1 (MIRAS) ☐ 283 TTPA (AVED) ☐ 348 FRDA/FXN Seq. ☐ 119 FRDA/FXN Expansion		B	8 mL	L
☐ **402**	**Chorea Differential Evaluation** (DRPLA, Huntington's Disease)	B	8 mL	L
☐ 116	Huntington Disease Repeat Expansion Test	B	8 mL	L
☐ **639**	**Isolated Dystonia Evaluation** (DYT1, THAP1)	B	8 mL	L
☐ 626	Dystonia (DYT1) DNA Test	B	8 mL	L
☐ 618	THAP1 DNA Sequencing Test (DYT6)	B	8 mL	L
☐ **629**	**Complete Dopa-Responsive Dystonia (DYT5) Evaluation** (GCH1 Seq., GCH1 Del., TH Seq.)	B	8 mL	L
☐ 637	GCH1 DNA Sequencing Test (DYT5A)	B	8 mL	L
☐ 638	GCH1 Deletion Test (DYT5A)	B	8 mL	L
☐ 634	TH DNA Sequencing Test (DYT5B)	B	8 mL	L
☐ 624	SGCE DNA Sequencing Test (DYT11)	B	8 mL	L
☐ 627	SGCE Deletion Test (DYT11)	B	8 mL	L
☐ 617	PNKD (MR-1) DNA Sequencing Test	B	8 mL	L
☐ **588**	**Complete Parkinsonism Evaluation** (LRRK2, PARK2, PINK1, PARK7, SNCA)	B	8 mL	L
☐ 558	LRRK2 DNA Sequencing Test	B	8 mL	L
☐ 559	PARK2 (Parkin) DNA Sequencing Test	B	8 mL	L
☐ 040	PARK2 (Parkin) Duplication/Deletion Test	B	8 mL	L
☐ 542	PINK1 DNA Sequencing Test	B	8 mL	L
☐ 058	PINK1 Deletion Test	B	8 mL	L
☐ 554	PARK7 (DJ1) DNA Sequencing Test	B	8 mL	L
☐ 047	PARK7 (DJ1) Deletion Test	B	8 mL	L
☐ 557	Alpha Synuclein (SNCA) DNA Seq. Test	B	8 mL	L
☐ 059	Alpha Synuclein (SNCA) Dup./Del. Test	B	8 mL	L
☐ 1187	PRRT2 (Dyskinesia/IC) Seq. Test	B	8 mL	L
Multiple Sclerosis				
☐ **1284**	**NMO Spectrum Evaluation (AQP4, ELISA reflex to MOG, CBA)**	S	2 ml	R
☐ **1287**	**NMO Spectrum Evaluation (AQP4, CBA reflex to MOG, CBA)**	S	2 ml	R
☐ 1523	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, CBA with Reflex to Titer	S	2 ml	R
☐ 1282	Aquaporin-4 (AQP4) (NMO IgG) Antibody, CBA with Reflex to Titer	S	2 ml	R
☐ 193	Aquaporin-4 (AQP4) Antibody (NMO-IgG), ELISA	S	2 mL	R
☐ 112	NAbFeron® (INFB-1) Neutralizing Antibody Test	S	2 mL	R
☐ 197	TYSABRI® (Natalizumab) Antibody Test (See website for collection notes)	S	2 mL	R
Myasthenia Gravis				
☐ 482	MuSK Antibody Test	S	2 mL	R
☐ 1480	Titin Autoantibody Test	S	2 mL	R
☐ 1481	RyR Autoantibody Test	S	2 mL	R
☐ 1483	LRP4 Autoantibody Test	S	2 mL	R
☐ **1490**	**AChR-Seronegative Myasthenia Gravis Evaluation**	S	2 mL	R
☐ 1510	Acetylcholine Receptor Binding Antibody with Reflex to Musk Antibody	S	2mL	R
☐ 1511	Acetylcholine Receptor Binding Antibody with Reflex to MuSK/LRP4 Antibodies	S	2 mL	R
☐ 1513	Acetylcholine Receptor Binding Antibody	S	2 mL	R
☐ **1514**	**Myasthenia Gravis Panel 2**	S	2 mL	R
☐ 1516	Acetylcholine Receptor Blocking Antibody	S	1 mL	R
☐ 1517	Acetylcholine Receptor Modulating Antibody	S	1mL	R
☐ 1521	Myasthenia Gravis Panel 2 with Reflex to MuSK Antibody	S	3mL	R
Neuromuscular Disorders				
☐ **5501**	**Muscular Dystrophy Advanced Evaluation**	B	8 mL	L
☐ **5502**	**Congenital Muscular Dystrophy Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5503**	**Congenital Myopathy Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5504**	**Distal Myopathy Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5505**	**Myofibrillar Myopathy Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5506**	**Myotonic Syndromes Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5507**	**Periodic Paralysis Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5508**	**Malignant Hyperthermia Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5511**	**Congenital Myasthenic Syndrome Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5518**	**Emery-Dreifuss Muscular Dystrophy Advanced Sequencing Evaluation**	B	8 mL	L
☐ **5519**	**Limb Girdle Muscular Dystrophy Advanced Evaluation**	B	8 mL	L
☐ **5530**	**DMD Evaluation**	B	8 mL	L
NOTE: Please see website for the list of genes in each panel.				
☐ 5531	DMD Duplication/Deletion	B	8 mL	L
☐ 183	DMD DNA Sequencing Test	B	8 mL	L
☐ 100	Dystrophin ProteinTest	M	10 mg	C
☐ **207**	**Early-Onset Myotonia Evaluation** (DM1, CLCN1, SCN4A)	B	8 mL	L
☐ 108	DMPK DNA Test (DM1)	B	8 mL	L
☐ 110	CNBP DNA Test (DM2) (DM2 testing is not recommended for patients with early onset myotonic dystrophy)			
☐ 128	CLCN1 DNA Sequencing Test			
☐ 146	SCN4A (Myotonia) DNA Sequencing Test			
☐ **585**	**CAPN3 Evaluation** (includes CAPN3 Seq., CAPN3 Del.)	B	8 mL	L
Individual Limb Girdle Muscular Dystrophy Tests: ☐ 562 FKRP ☐ 565 LMNA ☐ 566 CAV3 ☐ 582 SGCA Duplication/Deletion Test ☐ 583 SGCG Duplication/Deletion Test ☐ 584 CAPN3 Duplication/Deletion Test		B	8 mL	L
☐ 561	Dysferlin Protein Blood Test Sample must be received within 48 hours of collection Sample must arrive on cold pack Ship sample M-Th only	B	10 mL	L
☐ 571	Dysferlin Sequencing Test	B	8 mL	L
☐ 405	FSHD1 Southern Blot Test Sample must be received within 72 hours of collection Ship sample M-Th only	B	15 mL	L
☐ 300	OPMD Repeat Expansion Test	B	8 mL	L
☐ **490**	**Optic Atrophy Evaluation** (OPA1)	B	8 mL	L
Neuro-Oncology				
☐ **648**	**Neurofibromatosis Type 1 (NF1) Evaluation** (NF1 Sequencing, NF1 Deletion)	B	8 mL	L
☐ **645**	**Neurofibromatosis Type 2 (NF2) Evaluation** (NF2 Seq., NF2 Dup./Del.)	B	8 mL	L
☐ 646	Neurofibromatosis Type 1 DNA Sequencing Test	B	8 mL	L
☐ 647	Neurofibromatosis Type 1 Deletion Test	B	8 mL	L
☐ 635	Neurofibromatosis Type 2 DNA Sequencing Test	B	8 mL	L
☐ 644	Neurofibromatosis Type 2 Duplication/Deletion Test	B	8 mL	L

Note: Additional specimens accepted. Please contact Lab Director.

Important: Please be sure to write in test code and test name in the Tests Ordered section on front.

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
Paraneoplastic & Other Antibody Disorders of the CNS				
☐ **4711**	**Paraneoplastic Neurological Syndromes Evaluation with Recombx®, Initial Assessment** (Hu, Yo, CV2, MaTa, Ri, Amphiphysin)	S	2 mL	R
		C	or 2 mL	P
☐ **4620**	**NeoComplete Paraneoplastic Evaluation with Recombx®** Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, VGCC, VGKC, Amphiphysin, gnAChR, NMDA, GAD65, LGI1, CASPR2.	S	2 mL	R
☐ **4640**	**Paraneoplastic Autoantibody Evaluation with Recombx®, CSF** Hu, Yo, Zic4, CV2, MaTa, Ri, CAR, Amphiphysin, NMDA, LGI1, CASPR2.	C	2ml	P
☐ **4724**	**NeoCerebellar Degeneration Paraneoplastic Profile with Recombx®** (Hu, Yo, Zic4, CV2, MaTa, Ri, Amphiphysin, GAD65 Neurological Syndrome)	S	2 mL	R
☐ **4722**	**NeoEncephalitis Paraneoplastic Evaluation with Recombx®** (Hu, CV2, MaTa, VGKC, Amphiphysin, GAD65, LGI1, NMDA, CASPR2)	S	2 mL	R
☐ **4725**	**NeoSensory Neuropathy Paraneoplastic Profile with Recombx®** (Hu, CV2, Amphiphysin)	S	2 mL	R
☐ **4727**	**Neuromyotonia Evaluation** (CASPR2, VGKC)	S	2 mL	R
Individual Recombx® Autoantibody Tests: ☐ 4684 CAR ☐ 4681 CV2 ☐ 4682 Hu ☐ 4683 MaTa ☐ 4685 Ri ☐ 4686 Yo ☐ 4689 Zic4		S	2 mL	R
☐ 449	LGI1 Antibody Test	S	2 mL	R
☐ 499	CASPR2 Antibody Test	S	2 mL	R
☐ 419	NMDA Receptor Autoantibody Test	S	2 mL	R
☐ 422	GAD65 Neurological Syndrome Antibody Test	S	2 mL	R
☐ 475	VGCC Type P/Q Autoantibody Test (LEMS)	S	2 mL	R
☐ 485	VGKC Antibody Test	S	2 mL	R
☐ 4674	Recombx® Amphiphysin Autoantibody Test	S	2 mL	R
☐ 428	Ganglionic AChR Antibody Test	S	2 mL	R
Peripheral Neuropathy: Autoimmune				
☐ **3100**	**SensoriMotor Neuropathy Profile with Recombx® - Complete** (Co-GM1 Quattro®, MAG 'Dual Antigen'®, Hu, GALOP™, Sulfatide)	S	2 mL	R
☐ **3148**	**Sensory Neuropathy Profile with Recombx®** (MAG 'Dual Antigen'®, Hu, GALOP™, Sulfatide)	S	2 mL	R
☐ **3163**	**Motor Neuropathy Profile - Complete** (Co-GM1 Quattro®, MAG 'Dual Antigen'®)	S	2 mL	R
☐ **289**	**Multifocal Motor Neuropathy Evaluation** (Co-GM1 Quattro®, PMP22 Dup./Del.)	S	2 mL	R
		B	8 mL	L

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
☐ 3155	Co-GM1 Quattro® Autoantibody Test (Co-Asialo, GD1a, Co-GD1b and Co-GM1)	S	2 mL	R
☐ 3127	MAG 'Dual Antigen'® Autoantibody Test	S	2 mL	R
☐ 261	GALOP™ Autoantibody Test	S	2 mL	R
☐ 210	Sulfatide Autoantibody Test	S	2 mL	R
☐ 160	GQ1b Autoantibody Test	S	2 mL	R
☐ 278	GD1a Autoantibody Test	S	2 mL	R
☐ 272	Co-Asialo Autoantibody Test	S	2 mL	R
☐ 273	Co-GD1b Autoantibody Test	S	2 mL	R
☐ 271	Co-GM1 Autoantibody Test	S	2 mL	R
Peripheral Neuropathy: Hereditary				
☐ **4001**	**CMT Advanced Evaluation – Comprehensive (Reflexive)** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. Cx32, PMP22, MFN2, MPZ, EGR2, LITAF, PRX, GDAP1, RAB7, GARS, NFL, HSPB1, LMNA, FIG4, SH3TC2, DNM2, YARS, FGD4, NDRG1, TRPV4, HSPB8, MTMR2, SBF2 DNA Seq.	B	8 mL	L
☐ **4002**	**CMT Advanced Evaluation – Dominant, Demyelinating (Reflexive)** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. MPZ, PMP22 Seq., EGR2, LITAF, DNM2, YARS DNA Seq.	B	8 mL	L
☐ **4003**	**CMT Advanced Evaluation – Dominant, Axonal** (MFN2, MPZ, RAB7, GARS, NFL, HSPB1, LMNA, DNM2, YARS, TRPV4, HSPB8)	B	8 mL	L
☐ **4004**	**CMT Advanced Evaluation – Recessive, Demyelinating** (PRX, GDAP1, SBF2, SH3TC2, MTMR2, NDRG1, FGD4, FIG4)	B	8 mL	L
☐ **4005**	**CMT Advanced Evaluation – Dominant (Reflexive)** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. MFN2, MPZ, PMP22 Seq., EGR2, LITAF, RAB7, GARS, NFL, HSPB1, DNM2, YARS, TRPV4, HSPB8 DNA Seq.	B	8 mL	L
☐ **4006**	**CMT Advanced Evaluation – Recessive** (PRX, GDAP1, SBF2, LMNA, FIG4, SH3TC2, MTMR2, NDRG1, FGD4)	B	8 mL	L
☐ **4007**	**CMT Advanced Evaluation – Demyelinating (Reflexive)** Testing is performed in this order: 1. PMP22 Dup./Del. If negative: 2. Cx32, MPZ, PMP22 Seq., EGR2, LITAF, PRX, GDAP1, DNM2, YARS, SH3TC2, MTMR2, NDRG1, FGD4, FIG4, SBF2 DNA Seq.	B	8 mL	L
☐ **4008**	**CMT Advanced Evaluation – Axonal** (MFN2, Cx32, MPZ, RAB7, GARS, NFL, HSPB1, GDAP1, DNM2, YARS, LMNA, TRPV4, HSPB8)	B	8 mL	L
☐ **4010**	**CMT Advanced Evaluation – Initial Genetic Assessment** (PMP22 Dup./Del., GJB1 (Cx32), MPZ, MFN2 Seq.)	B	8 mL	L

Test Code		Pref. Spec.	Pref. Vol.	Tube Type
☐ **4011**	**CMT Advanced Evaluation – Nonprevalent Axonal** (GJB1 (Cx32) Del., NFL, GDAP1, GARS, RAB7, HSPB1, DNM2, YARS, LMNA, TRPV4, HSPB8 Seq.)	B	8 mL	L
☐ **4012**	**CMT Advanced Evaluation – Nonprevalent Demyelinating** (GJB1 (Cx32) Del., EGR2, LITAF, PMP22, PRX, GDAP1, DNM2, YARS SH3TC2, MTMR2, NDRG1, FGD4, FIG4, SBF2 Seq.)	B	8 mL	L
☐ **4013**	**CMT Advanced Evaluation – Nonprevalent** (GJB1 (Cx32) Del., PMP22, EGR2, LITAF, PRX, GDAP1, RAB7, GARS NFL, HSPB1, LMNA, FIG4, SH3TC2, DNM2, YARS, FGD4, NDRG1, TRPV4, HSPB8, MTMR2, SBF2 Seq.)	B	8 mL	L
Individual CMT Tests: ☐ 144 TRPV4 ☐ 354 MTMR2 ☐ 394 NDRG1 ☐ 253 DNM2 ☐ 221 GDAP1 (CMT2K, 4A) ☐ 223 MFN2 (CMT2A2) ☐ 247 PMP22 Seq. ☐ 249 NFL (CMT2E, 1F) ☐ 134 MPZ (CMT1B, 2I, 2J) ☐ 224 SH3TC2 (CMT4C) ☐ 225 FIG4 (CMT4J) ☐ 143 Cx32 Seq./Del. (CMTX) ☐ 463 HSPB8 ☐ 164 SBF2 ☐ 208 FGD4 ☐ 468 YARS ☐ 222 LITAF/SIMPLE (CMT1C) ☐ 239 PRX (CMT4F) ☐ 248 EGR2 (CMT1D) ☐ 131 PMP22 Dup./Del. (CMT1A) ☐ 226 LMNA (CMT2B1, 4C1) ☐ 227 RAB7 (CMT2B) ☐ 228 GARS (CMT2D) ☐ 229 HSPB1 (CMT2F)		B	8 mL	L
☐ **243**	**Complete HNPP Evaluation** (PMP22 Sequencing, PMP22 Dup./Del.)	B	8 mL	L
☐ **245**	**Congenital Hypomyelination Evaluation** (MPZ, EGR2)	B	8 mL	L
☐ **296**	**Entrapment Neuropathy Evaluation** (PMP22 Seq., PMP22 Dup./Del., TTR)	B	8 mL	L
☐ 235	TTR DNA Sequencing Test	B	8 mL	L
Peripheral Neuropathy: Hereditary Sensory Autonomic Neuropathy				
☐ 691	**Early-Onset HSAN Evaluation** (NTRK1 and WNK1)	B	8 mL	L
☐ 698	**Late-Onset HSAN Evaluation** (SPTLC1 and SPTLC2)	B	8 mL	L
☐ 551	SPTLC1 (HSAN I) DNA Sequencing Test	B	8 mL	L
☐ 552	SPTLC2 (HSAN I) DNA Sequencing Test	B	8 mL	L
☐ 553	WNK1 (HSAN II) DNA Sequencing Test	B	8 mL	L
☐ 659	NTRK1 (HSAN IV) DNA Sequencing Test	B	8 mL	L
☐ 660	ATL1 (HSAN I) DNA Sequencing Test	B	8 mL	L
☐ 719	SEPT9 (HNA) DNA Sequencing Test	B	8 mL	L

NOTE: Specimen tube(s) must be labeled with two of the following forms of identification: name, date of birth, last four digits of SS#, patient ID no. These same two forms of ID must be indicated on the test requisition.

Specimen Type

C - CSF
B - Blood
S - Serum
M - Muscle Tissue

Tube Type

P - Polypropylene CSF Transfer Tube
R - Red
L - Lavender
C - Cryovial
**CSF must be collected in a tube not containing additives.

Athena Diagnostics Client Service Representatives are available from 8:30am to 9:00pm Eastern Time (U.S.).

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Important: Please be sure to write in test code and test name in the Tests Ordered section on front.