

REQUISITION FORM

3B-EXOME

Unique ID

Date of birth

YYYY

MM

DD

Patient Profile (For Proband)

You must fill in all the required fields (*).

Patient Information

Sex*	☐ Male	☐ Female
Age of onset*	☐ Antenatal	☐ Neonatal
	☐ Infancy	☐ Childhood
	☐ Adolescent	☐ Adult
	☐ Elderly	
Ethnicity*	☐ African/African-American	☐ Amish
	☐ Ashkenazi Jewish	☐ East Asian
	☐ Latino/Admixed American	☐ Finnish
	☐ Non-Finnish European	☐ South Asian
	☐ Other: _____	
	Family history	☐ Father
☐ Brother		☐ Sister
☐ Father's Father		☐ Father's Mother
☐ Mother's Father		☐ Mother's Mother
☐ Other: _____		

Sample Information

Type of sample*	☐ Whole Blood
	☐ Dried Blood Spot Card
	☐ Buccal Swab
	☐ Extracted gDNA: _____ Source of DNA
Collection date*	YYYY / MM / DD

Product Information

Secondary finding*	☐ Yes	☐ No
Reanalysis*	☐ Yes	☐ No
Related previous order	3billion Sample ID _____	
Relationship with the patient	e.g. Sibling _____	

Ordering Medical Professional & Institution Information

You must fill in all the required fields (*).

Ordering Medical Professional Information

Name*	_____
Medical specialty*	_____
Phone number*	_____
Email*	_____@_____

Institution Information

Institution name	_____
Department	_____
Country	_____
City	_____
Address	_____
ZIP/Postal code	_____

! Ordering Medical Professional Signature

I have discussed the Informed Consent form 3B-EXOME with the patient or their legal guardian.

I agree to allow _____ name of proxy doctor/institution to order 3billion's service on behalf of myself.

I also confirm that I have received consent from the patient and/or family members in accordance with local laws to obtain all relevant data including the patient's information and clinical reports provided by 3billion. I certify that the test ordered is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptoms, syndrome, or disorders. The result of this test will be used in the patient's medical care decision and/or genetic counselling of the patient and family member(s). In addition to the above, I certify that I have the authority under applicable law to order this test as an ordering physician.

Date YYYY / MM / DD

Signature _____

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Please select all that apply

Pre/Perinatal History

- ☐ Cystic hygroma
- ☐ Diaphragmatic hernia
- ☐ Encephalocele
- ☐ Growth delay
- ☐ Increased nuchal translucency
- ☐ Intrauterine Growth Retardation
- ☐ Nonimmune hydrops fetalis
- ☐ Oligohydramnios
- ☐ Omphalocele
- ☐ Polyhydramnios
- ☐ Prematurity GA: _____
- ☐ Prolonged neonatal jaundice
- ☐ Others: _____

Structural Brain Abnormalities

- ☐ Abnormal myelination
- ☐ Abnormality of basal ganglia
- ☐ Abnormality of brainstem
- ☐ Abnormality of periventricular white matter
- ☐ Abnormality of the corpus callosum
- ☐ Aplasia/hypoplasia of cerebellar vermis
- ☐ Aplasia/hypoplasia of cerebellum
- ☐ Arnold Chiari malformation
- ☐ Cerebellar atrophy
- ☐ Heterotopia
(Periventricular nodular heterotopia)
- ☐ Holoprosencephaly
- ☐ Hydrocephalus
- ☐ Leukodystrophy
- ☐ Lissencephaly
- ☐ Pachygyria
- ☐ Polymicrogyria
- ☐ Ventriculomegaly
- ☐ Others: _____

Developmental / Behavioral Findings

- ☐ Absent speech
- ☐ Aggressive behavior
- ☐ Anxiety
- ☐ Autistic Behavior
- ☐ Cognitive impairment
- ☐ Delayed speech & language development
- ☐ Developmental regression
- ☐ Dysarthria
- ☐ Gait disturbance
- ☐ Global developmental delay
- ☐ Hyperactivity
- ☐ Incoordination
- ☐ Intellectual disability
- ☐ Learning disability
- ☐ Memory impairment
- ☐ Sleep disturbance
- ☐ Stereotypy
- ☐ Others: _____

Neurological Findings

- ☐ Abnormality of nervous system
- ☐ Ataxia
- ☐ Cerebral palsy
- ☐ Chorea
- ☐ Cortical Visual Impairment
- ☐ Dementia
- ☐ Dysarthria
- ☐ Dyskinesia
- ☐ Dysphasia
- ☐ Dystonia
- ☐ Encephalopathy
- ☐ Headaches
- ☐ Hemiplegia
- ☐ Infantile Spasms
- ☐ Migraines
- ☐ Myoclonus
- ☐ Parkinsonism
- ☐ Peripheral neuropathy
- ☐ Seizures
- ☐ Sensory neuropathy
- ☐ Spasticity
- ☐ Syncope
- ☐ Tremors
- ☐ Vertigo
- ☐ Others: _____

Craniofacial/Dysmorphism

- ☐ Abnormal facial shape (Dysmorphic features)
- ☐ Specify: _____
- ☐ Brachycephaly
- ☐ Cleft lip and/or palate
- ☐ Coarse facial features
- ☐ Craniosynosis
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Short neck
- ☐ Synophrys
- ☐ Others: _____

Eye Defects / Vision

- ☐ Abnormality of Vision
- ☐ Anophthalmia
- ☐ Cataracts
- ☐ Coloboma
- ☐ Corneal opacity
- ☐ Ectopia lentis
- ☐ External ophthalmoplegia
- ☐ Microphthalmia
- ☐ Myopia
- ☐ Nystagmus
- ☐ Optic atrophy
- ☐ Optic neuropathy
- ☐ Ptosis
- ☐ Retinal detachment
- ☐ Retinitis pigmentosa
- ☐ Strabismus
- ☐ Others: _____

Hearing Impairment

- ☐ Abnormal Newborn Screen: _____
- ☐ Conductive hearing impairment
- ☐ Sensorineural hearing impairment
- ☐ Others: _____

Endocrine Findings

- ☐ Delayed puberty
- ☐ Diabetes Insipidus
- ☐ Diabetes Mellitus
- ☐ Hyperthyroidism
- ☐ Hypophosphatemia
- ☐ Hypothyroidism
- ☐ Maturity-onset diabetes of the young
- ☐ Rickets
- ☐ Others: _____

Respiratory Findings

- ☐ Asthma
- ☐ Bronchiectasis
- ☐ Hyperventilation
- ☐ Hypoventilation
- ☐ Pneumothorax
- ☐ Pulmonary fibrosis
- ☐ Respiratory insufficiency
- ☐ Others: _____

Hematologic or Immunologic Findings

- ☐ Allergic rhinitis
- ☐ Anemia
- ☐ Immunodeficiency
- ☐ Neutropenia
- ☐ Pancytopenia
- ☐ Recurrent infections
- ☐ Thrombocytopenia
- ☐ Others: _____

Skin/Hair Findings

- ☐ Abnormal blistering of the skin
- ☐ Abnormality of nail
- ☐ Alopecia
- ☐ Anhidrosis
- ☐ Café-Au-Lait Macules
- ☐ Coarse hair
- ☐ Cutis Laxa
- ☐ Eczema
- ☐ Hemangiomas
- ☐ Hyperextensible skin
- ☐ Hyperpigmentation of the skin
- ☐ Hypohidrosis
- ☐ Hypopigmentation of the skin
- ☐ Ichthyosis
- ☐ Skin rash
- ☐ Sparse hair
- ☐ Telangiectasia
- ☐ Vascular skin abnormality
- ☐ Velvety skin
- ☐ Others: _____

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Please select all that apply

Cardiac Findings

- ☐ Abnormal heart morphology
- ☐ Amyloidosis
- ☐ Aortic root dilation
- ☐ Arrhythmia
- ☐ Atrial septal defect
- ☐ Bicuspid aortic valve
- ☐ Bradycardia
- ☐ Coarctation of aorta
- ☐ Dilated cardiomyopathy
- ☐ Heterotaxy
- ☐ Hypertension
- ☐ Hypertrophic cardiomyopathy
- ☐ Mitral valve prolapse
- ☐ Noncompaction cardiomyopathy
- ☐ Patent ductus arteriosus
- ☐ Patent foramen ovale
- ☐ Prolonged QTc interval
- ☐ Sudden death
- ☐ Tetralogy of Fallot
- ☐ Ventricular septal defect
- ☐ Ventricular tachycardia
- ☐ Others: _____

Gastrointestinal Findings

- ☐ Constipation
- ☐ Diarrhea
- ☐ Duodenal stenosis/atresia
- ☐ Failure to thrive
- ☐ Feeding difficulties
- ☐ Gastroesophageal reflux
- ☐ Hepatomegaly
- ☐ Inflammatory bowel disease
- ☐ Intrahepatic biliary atresia
- ☐ Laryngomalacia
- ☐ Nausea
- ☐ Pancreatitis
- ☐ Pyloric stenosis
- ☐ Splenomegaly
- ☐ Tracheoesophageal fistula
- ☐ Vomiting
- ☐ Others: _____

Genitourinary Findings

- ☐ Ambiguous genitalia
- ☐ Cryptorchidism
- ☐ Cystic renal dysplasia
- ☐ Horseshoe kidney
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Inguinal hernia
- ☐ Micropenis
- ☐ Nephrolithiasis
- ☐ Polycystic kidney disease
- ☐ Renal agenesis
- ☐ Umbilical hernia
- ☐ Others: _____

Musculoskeletal Findings

- ☐ Abnormal connective tissue
- ☐ Abnormal form of the vertebral bodies
- ☐ Abnormality of the ribs
- ☐ Arachnodactyly
- ☐ Arthralgia
- ☐ Arthrogryposis
- ☐ Bruising susceptibility
- ☐ Clinodactyly
- ☐ Decreased muscle mass
- ☐ Ectrodactyly
- ☐ Exercise intolerance
- ☐ Fatigue
- ☐ Hemihypertrophy
- ☐ Hypertonia
- ☐ Hypotonia
- ☐ Joint hypermobility
- ☐ Muscle weakness
- ☐ Myalgia
- ☐ Myopathic facies
- ☐ Myopathy
- ☐ Osteoarthritis
- ☐ Osteopenia
- ☐ Pain
- ☐ Pectus carinatum
- ☐ Pectus excavatum
- ☐ Polydactyly
- ☐ Recurrent fractures
- ☐ Rhabdomyolysis
- ☐ Scoliosis
- ☐ Short stature
- ☐ Skeletal dysplasia
- ☐ Syndactyly
- ☐ Tall stature
- ☐ Others: _____

Metabolic Findings

(Attached relevant lab reports/values)

- ☐ Abnormal activity of mitochondrial respiratory chain
- ☐ Abnormal Newborn Screen: _____
- ☐ Abnormality of mitochondrial metabolism
- ☐ Elevated CPK
- ☐ Elevated hepatic transaminase
- ☐ Hyperammonemia
- ☐ Hyperglycemia
- ☐ Hypoammonemia
- ☐ Hypoglycemia
- ☐ Increased serum pyruvate
- ☐ Lactic acidosis
- ☐ Plasma AA: _____
- ☐ Urine OA: _____
- ☐ Others: _____

Vascular System

- ☐ Aneurysm
- ☐ Arterial calcification
- ☐ Arterial dissection
- ☐ Arterial tortuosity
- ☐ Arteriovenous malformation
- ☐ Epistaxis
- ☐ Lymphedema
- ☐ Pulmonary hypertension
- ☐ Stroke

Cancer

- ☐ Type: _____
- ☐ Location: _____
- ☐ Age of onset: _____

Other Testing/Imaging

(Please provide copy or report if possible)

- ☐ Echo: _____
- ☐ EEG: _____
- ☐ EMG: _____
- ☐ Gene Panel: _____
- ☐ Results: _____
- ☐ Performed at: _____
- ☐ Gene Sequencing*: _____
- ☐ Results: _____
- ☐ Performed at: _____

If you would like us to comment on the presence / absence of previously identified variants, including parental status (if included), provide complete variant information or a copy of the original report.

- ☐ Microarray: _____
- ☐ MRI: _____
- ☐ Muscle Biopsy: _____
- ☐ Ultrasound: _____
- ☐ X-rays: _____

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