



Diagnostic Request Form

106 Gregor Mendel Circle • Greenwood, SC 29646
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Website: www.ggc.org **Highlighted boxes are required**

LAB USE ONLY

Patient Information (Please Print):

Last name		First		MI	Address	
Ethnicity (specify)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth MM / DD / YYYY		City, State, Zip	
Specimen collection date MM / DD / YYYY	Type of specimen Whole Blood	BMN Number		Invitae Order ID RQ#	Home telephone	

Referring Physician:

Name		Address	
Institution		City, State Zip	
NPI#	Physician Specialty	Telephone	Fax
Email Address:		Preferred Method to Receive Results: <input type="checkbox"/> Secure Email <input type="checkbox"/> Fax <input type="checkbox"/> Result Portal	

Genetic Counselor/Clinic coordinator:

Name	Email Address	Address
Telephone	Fax	City, State, Zip

Billing Information: Terms have been established with BioMarin Pharmaceutical Inc.

Discover Dysplasias Program

Indication for Study

Discover Dysplasias Molecular Results: Please indicate which gene the patient had variants identified and fill in the variant details.

- | | |
|--|---|
| <input type="checkbox"/> IDUA gene, Hurler, MPS I | <input type="checkbox"/> GNS gene, Sanfilippo D, MPS IIID |
| <input type="checkbox"/> IDS gene, Hunter, MPS II | <input type="checkbox"/> GALNS gene, Morquio A, MPS IVA |
| <input type="checkbox"/> SGSH gene, Sanfilippo A, MPS IIIA | <input type="checkbox"/> GLB1 gene, Morquio B, MPS IVB |
| <input type="checkbox"/> NAGLU gene, Sanfilippo B, MPS IIIB | <input type="checkbox"/> ARSB gene, Maroteaux-Lamy MPS VI |
| <input type="checkbox"/> HGSNAT gene, Sanfilippo C, MPS IIIC | <input type="checkbox"/> GUSB gene, Sly, MPS VII |

Variant # 1: _____ Variant # 2: _____

Or, please provide a copy of the molecular result report.

Select the enzyme test for your patient (please select only one):

- ☐ Hurler, MPS I, α -iduronidase enzyme analysis
- ☐ Hunter, MPS II Iduronate-2-sulfatase enzyme analysis
- ☐ Sanfilippo A, MPS IIIA heparan-N- sulfatase enzyme analysis
- ☐ Sanfilippo B, MPS IIIB N-acetyl- α -glucosaminidase enzyme analysis
- ☐ Sanfilippo C, MPS IIIC acetyl CoA:glucosamine N-acetyltransferase enzyme analysis
- ☐ Sanfilippo D, MPS IIID N-acetyl glucosamine-6-sulfatase enzyme analysis
- ☐ Morquio A, MPS IVA N-acetyl-galactosamine-6-sulfatase enzyme analysis
- ☐ Morquio B, MPS IVB β -galactosidase enzyme analysis
- ☐ Maroteaux-Lamy MPS VI arylsulfatase B enzyme analysis
- ☐ Sly, MPS VII β -glucuronidase enzyme analysis

I confirm that I have obtained patient consent for this test and acknowledge that all physician information on this form will be shared with BioMarin Pharmaceutical Inc.

Physician signature: _____

- ☐ Completed lab requisition form, including physician signature
- ☐ One (1) specimen tube labeled with patient's name, date of birth, and date of collection