

**Signature Genomics**

## Checklist: How to Send Direct CVS or Amniotic Fluid Samples for Microarray



Signature Genomics recognizes that timely results are important for prenatal patients and health care providers. For those health care providers who prefer to send direct specimens, either amniotic fluid or CVS, we will work with you to provide quick results. Below are the simple steps to follow to ship a direct specimen to Signature Genomics.

### CHECKLIST

**Set aside appropriate amount of direct CVS or amniotic fluid sample.**

- **CVS tissue:** 5–10mg for microarray.
- **Amniotic fluid:** 15–20cc for microarray.
- Signature Genomics offers kits to ship prenatal specimens!  
Visit [signaturegenomics.com/order/test\\_prenatal.html](http://signaturegenomics.com/order/test_prenatal.html) for more information.

**Complete Signature Genomics' two-page Prenatal Requisition Form**  
(see reverse for more details).

**Include the following with shipment:**

- Two-page Prenatal Requisition Form.  
If you are waiting for outside test results before choosing to proceed with microarray analysis on the prenatal sample, indicate this by checking the "Extract and Hold" box (see reverse for more details) on the requisition form under the Prenatal Sample Test Requested heading.
- If Signature Genomics is to bill insurance directly, include the following to expedite the process:
  - Letter of Medical Necessity
  - Clinic Notes
  - Patient signatures on highlighted lines where indicated
- Samples:
  - Direct CVS or amniotic fluid sample
  - Blood samples from parents (see reverse for parental sample requirements)
- Call 877.744.2447** and ask for one of Signature Genomics' genetic counselors to let them know that you are sending the case so that we may know to expect the specimen and be confident that we are meeting your needs.
- Ship overnight at ambient temperature to:**

Signature Genomics  
2820 N. Astor Street  
Spokane, WA 99207

*(Continued on reverse)*

## DIRECTIONS FOR COMPLETING THE REQUISITION FORM

### Requisition Form, Page 1:

#### Informed Consent Signature

For patients who are New York state residents or for samples drawn or sent through a New York laboratory, the ordering health care provider must attest that informed consent has been received. Contact Signature Genomics for our Informed Consent form.

#### Patient Demographics, Pregnancy Information, and Sample Type Information

The following items must be completed:

- **Fetal sex, indication for study, gestational age, and referring physician information.**
- **Include contact information for clinician:** Genetic Counselor or health care provider who is directly involved in the case.
- **Include contact information for laboratory personnel:** The contact information for the lab staff member who is shipping the sample or who is monitoring the back-up sample may be provided under "Sample Information" on the requisition form.
- **Test requested:** In order to address the needs of the patient and health care provider, Signature Genomics offers a choice of microarray options, including the Signature PrenatalChip®TE (Targeted Enhanced) and the Signature PrenatalChip®OS (High Density). Both are oligonucleotide-based, whole genome arrays. Our genetic counselors are available to discuss the differences between these two options with health care providers.



If you would like Signature Genomics to hold the processing of the sample until outside testing is complete, check this box in this section of the requisition form:

#### PRENATAL SAMPLE TEST REQUESTED

- Check this box to request that Signature Genomics (SG) stabilize the prenatal sample and HOLD analysis until an authorized health care provider (MUST be listed on this form) contacts SG to proceed. (e.g. SG will hold a sample until karyotyping is complete at a separate non-SG lab.)

- **Maternal cell contamination studies** (recommended): Some institutions or laboratories that perform karyotyping may already perform MCC studies. If not, this can be organized at Signature Genomics. If MCC studies are desired, please obtain 3–5cc maternal blood in EDTA (purple top tube) or 5ug extract DNA and send with the prenatal sample.
- **Sample information:** Direct sample requirements are the following:
  - **CVS tissue:** 5–10mg for microarray.
  - **Amniotic fluid:** 15–20cc for microarray.

More information about additional acceptable sample types may be found in the Sample Information section on page 1 of the requisition form.

- **Parental samples.** Signature Genomics recommends sending parental samples with all prenatal samples. For each parent, submit 3–5cc EDTA (purple top tube) and 3–5cc NaHep (green top tube). The new prenatal requisition form allows you to document the parents' information and the prenatal sample information all on one form. Write in the prenatal information at the top of the form and the information on the parents in the lower left of the requisition form. In the event that the parental bloods are sent separately from the prenatal sample, simply send a copy of the requisition form with the prenatal sample and a copy with the parental sample(s). If there is a fee to analyze the parental samples, Signature Genomics will contact the clinician to obtain authorization to proceed. An additional billing form (page 2 of the requisition form) with new signatures may be required if testing parental samples.

### Requisition Form, Page 2:

#### Select one of three billing options:

1. Signature Genomics can bill **private insurance.**
  - Guide the patient to sign on the yellow lines (required) to accept financial responsibility for their account and to authorize Signature Genomics to contact their health insurance company. Signature Genomics cannot proceed with benefits investigation without these signatures.
  - Some insurance companies require a letter of medical necessity and/or clinic notes in order to communicate accurate coverage and benefits information. In order to allow Signature Genomics to obtain benefits and coverage information prior to testing, you may submit this information prior to shipping the sample. Fax these documents plus the completed two page requisition form with signatures and a copy of the insurance card to Signature Genomics at 509.474.6839. Alternatively, you may choose to submit this paperwork with the sample.
  - Signature Genomics offers a Financial Assistance Program discount to patients with financial need, based on family size and income. Your patient may contact us to determine if they qualify for our Financial Assistance discount.
2. **Institutional billing.** Some institutions/laboratories have a contract with Signature Genomics. Contact us or your institution's billing department for specific billing practices.
3. **Self-payment is available.** These patients will qualify for additional discounts.