Molecular Otolaryngology & Renal Research Laboratories
For test inquiries please call: 319-335-6623 • For billing inquiries call 319-467-1647
Fax: 319-353-5869 or 319-335-9890
Email: morl@uiowa.edu • https://morl.lab.uiowa.edu
CLIA: 16D0966193

MORL – Hearing Loss Testing Requisition Form

REFERRING LABORATORY USE ONLY: *please complete below section*

Requisition Date: Completed by: Accn#:

Collection: Date:_____Time:_____ #Tubes: _____

FOR MORL USE ONLY:
MORL Case #:

Part A) Patient Information or ID Sticker *(Required)*

Name: _____
Last First

DOB: _____ /_____ /_____ **Sex**: ☐Male ☐Female
month day year *(please check sex assigned at birth)*

MRN:_____

Part A_1) Patient Demographic Information *(Required)*

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race: ☐ White ☐ Black or African American
☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ More Than One Race _____

Part B) Reporting Information *(Required)*

Healthcare Provider:

E-mail address:

Institution:

Street Address:

City: State: Zip:

Phone: ( ) FAX: ( )

Part C) Payment Information (*Required*)

Institutional billing or payment by Visa or MasterCard is accepted.

*****The MORL will NOT submit to insurance.**

Billing Contact:

Institution:

Street Address:

City: State: Zip:

Phone: ( ) FAX: ( )

If you or your patient would like to pay by credit card, please contact us at morl@uiowa.edu for instructions

Part D)Tests Requested – Completed Clinical History (page 2) is required to perform ANY testing

☐ **OtoSCOPE® Panel v9** (224 genes; Next Generation Sequencing (NGS) panel and copy number variant analysis)

☐ **Usher Panel** (9 genes; Next Generation Sequencing (NGS) panel and copy number variant analysis)

☐ **Aminoglycoside-Induced Hearing Loss Panel** (*MT-RNR1* gene; Sanger testing of m.1095T>C, m.1494C>T, and m.1555A>G)

☐ ***GJB2/GJB6*** (Sanger sequencing of *GJB2* and known deletion screening for del(*GJB6*-D13S1830) and del(*GJB6*-D13S1854))

☐ **Custom Testing** (Single gene testing or phenotype-driven panel may be available for genes included on the current OtoSCOPE® panel. Please contact 319-335-6623 or morl@uiowa.edu prior to ordering to discuss availability, test methods, and cost) **Gene:** _____ **Panel**:_____

Familial Testing Options:

Required information for all familial testing options:

MORL ID of Proband:_____ **Relationship (required):**_____ **Gene(s):**_____

Variant(s):_____

☐ ***GJB2/GJB6* Familial** (site specific analysis to screen for variants previously found in a family member)

☐ **OtoSCOPE Familial Testing** (site specific analysis to screen for variants previously found in a family member)

☐ **PHASE Program** (No cost segregation analysis/familial testing for biological parents of proband with qualifying autosomal recessive diagnosis)

☐ **HEAR VUS Program** (Variant reclassification program for qualifying families. Must have approval from MORL to participate)

Ship all samples to:

Dr. Richard Smith
Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa
285 Newton Rd., 5270 CBRB
Iowa City, IA 52242-1078
Phone: 319-335-6623

NO weekend deliveries

University of Iowa Shipping and Receiving Department is CLOSED on weekends & holidays

For accepted sample types see page 3

PLEASE INCLUDE A PEDIGREE, AUDIOGRAMS, TEMPORAL BONE IMAGING STUDIES (if performed) & CLINIC NOTES REGARDING HEARING LOSS FOR ALL TESTING REQUESTS

Updated 5/28/2025

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Patient Name: _____ **DOB:** _____ **MRN:**_____

Part E) Pertinent Clinical History and Findings (Required for ALL testing).

***Pertinent Clinical History and Findings*:** (check)

Audiologic History:
(Audiograms or ABRs)
Does this person have hearing loss: ☐ Yes ☐ No

Congenital hearing loss: ☐ Yes ☐ No

If ***NOT*** congenital, date/age of onset of hearing loss:_____

Degree of Hearing Loss:

Right Ear
- ☐ Normal Hearing
- ☐ Mild (20-40 dB)
- ☐ Moderate (41-55 dB)
- ☐ Moderately Severe (56-70 dB)
- ☐ Severe (71-90 dB)
- ☐ Profound (>90 dB)

Left Ear
- ☐ Normal Hearing
- ☐ Mild (20-40 dB)
- ☐ Moderate (41-55 dB)
- ☐ Moderately Severe (56-70 dB)
- ☐ Severe (71-90 dB)
- ☐ Profound (>90 dB)

Type of Hearing Loss:
- ☐ Conductive
- ☐ Sensorineural
- ☐ Mixed
- ☐ Auditory Neuropathy
- ☐ Unknown

Family History:

Other persons with hearing loss (if yes, you **MUST** attach a pedigree):
☐ Yes ☐ No
If yes, relationship to person named on this sheet _____

Family History Comments:

***Pertinent Clinical History and Findings*:** (check)

Physical Examination:
(provide clinic notes pertaining to hearing loss)
Excluding hearing loss, physical examination entirely normal:
☐ Yes ☐ No

If no, were features of syndromic hearing loss present? Describe features or name syndrome:_____

Vision:

Does your patient wear corrective lenses? ☐ Yes ☐ No

If yes, please provide diopter of vision correction:
Left:_____/Right:_____

Eye findings (e.g. cataracts)? ☐ Yes ☐ No

If yes, please describe: _____

Motor Milestones:

Delayed sitting: ☐ Yes ☐ No
If yes, approximate age patient sat:_____

Delayed walking: ☐ Yes ☐ No
If yes, approximate age patient walked:_____

Radiologic Studies:

Has the patient had a CT scan and/or MRI of temporal bones?
☐ Yes ☐ No

If they have had imaging, were there findings?
☐ Yes ☐ No

If yes, please describe: _____

Physical Exam Comments:

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Molecular Otolaryngology & Renal Research Laboratories Sample Requirements

*Questions? Contact Amy Weaver at 319-335-6623 or **amy-weaver@uiowa.edu***

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DNA Testing Sample requirement Lavender (EDTA) top tubes *(for whole blood)*

Minimum sample volume

3-5 cc. whole blood
(MORL not responsible for broken tubes.)
OR
5 µg DNA, resuspended in at least 50 ul of DNA Elution Buffer
OR
Saliva: DNA Genotek, ORAgene (1 OGR-500 kit) OR ORAcollect (OCD-100 at least 4 sponges)

Please note if you send less than the minimum volume/concentration of blood and/or DNA your request for testing will be rejected and a new sample will be required to perform the testing indicated on page 1 of this testing requisition form.

Blood or DNA Shipping requirements:

Overnight delivery, Room temperature **(DO NOT FREEZE)**

Delivery: Monday-Friday.

Samples may be refrigerated if delivery is delayed.

Information to Include: **Testing will not be performed unless ALL of the following information is provided, and the minimum sample requirement** (found on this page) **is met.**

Specimen information:
Patient identifiers (**full name, date of birth, sex, and medical record number**)
Patient address, necessary for receipt and/or reporting results
Pertinent history and clinical findings (found on page 2)
Date of collection & Sample type
Ordering healthcare provider

Billing information:
We will NOT bill insurance, Medicare, or patient directly.
Institutional billing accepted. Visa and Master Card accepted.
Personal checks NOT accepted.
Please include contact information including phone & fax number for billing questions.

DISCLAIMER:
This request to order molecular diagnostic tests from the MORL certifies to the MORL that the ordering healthcare provider has obtained informed consent from the patient as required by applicable state or federal laws for each test ordered, that the ordering healthcare provider has authorization from the patient permitting the MORL to report results for each test ordered to the ordering healthcare provider, and that the ordering healthcare provider assumes responsibility for providing the patient with all associated guidance and counseling regarding the test results.

For more information about the tests, we offer at the MORL please visit our website at:

https://morl.lab.uiowa.edu

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IMPORTANT INFORMATION FOR HEALTHCARE PROVIDER:

Genetic testing detection methods are greater than 99% accurate. There is a possibility a test may not work properly or pass quality metrics outlined by the MORL. You may be asked to provide an additional sample if it is felt that confirmatory testing is needed. There is a rare possibility of inaccurate results from the test. Possible reasons for inaccurate results include but are not limited to incorrect clinical or medical information provided with the sample or mislabeled samples.

Genetic testing may not always give a clear diagnosis. Analysis and interpretation of genetic test results represent our best knowledge and understanding of the genetics of deafness at the time of testing. Hearing loss is a complex disorder and penetrance of a phenotype (the degree of hearing loss, for example) may be variable. Research to determine genotype-phenotype correlations is ongoing.

Unexpected test results may be identified. These results may occur with screening tests that evaluate many genetic regions. In some cases, findings unrelated to the clinical indication for testing may be detected. Secondary findings are variants that are intentionally analyzed but unrelated to the primary testing indication, while incidental findings are identified unexpectedly. The MORL follows professional guidelines regarding the reporting of secondary findings, including those outlined by the American College of Medical Genetics and Genomics (ACMG) and ClinGen Gene Curation Expert Panels. If a reportable secondary finding is identified, it will be included in the test report.

Incidental findings are uncommon but may include findings related to sex chromosome differences (e.g., Turner syndrome, Klinefelter syndrome) identified during data analysis. If such a result is detected, the MORL will review the finding internally and contact the ordering provider to discuss its potential significance before issuing the report. Findings related to potential misattributed parentage are not routinely disclosed unless they impact test interpretation.

Because of the complexity of genetic testing, MORL recommends all test result be discussed with a genetic counselor or healthcare provider. We follow guidelines proposed by the American College of Medical Genetics and Genomics and do not offer carrier testing for autosomal recessive deafness in minors.

Note: Hearing loss is a complex disorder. This complexity means that variants in many different genes can lead to deafness. It is possible that no variants will be detected in the variant screens (the genes) you have requested.

If your patient is interested in joining research studies ongoing in the MORL to investigate other genetic causes of deafness please ask your patient to email Dr. Richard JH Smith (richard-smith@uiowa.edu) or Amy Weaver (amy-weaver@uiowa.edu).

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