MORL - Hearing Loss Testing Requisition Form

University of Iowa Carver College of Medicine
University of Iowa Health Care

Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa *319-335-6623 Tel*
285 Newton Rd, 5270 CBRB *319-353-5869 Fax*
Iowa City, IA 52242-1078 *https://morl.lab.uiowa.edu*

REQUIRED INFORMATION FOR REFERRING LABORATORY USE ONLY:			**FOR MORL USE ONLY:**
Requisition Date:	Completed by:	Accn#:	MORL Case #:
Blood Specimen Collection Date:			

Part A) Patient Information *(Required)*

Name: _____
Last First

DOB: _____ /_____ /_____
month day year

Sex: ☐Male ☐Female

MRN:_____

- OR Place patient ID sticker here -

Part A$_1$) Patient Demographic Information *(Required)*

Ethnicity: ☐ Hispanic ☐ Not Hispanic

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

Please note: We request extensive patient demographic and clinical information. This information is required as it is very valuable in the interpretation of your patient's results.

Please check this requisition form. Did you provide the following?

☐ Patient date of birth and gender;
☐ Patient ethnicity and race;
☐ Patient's clinical and family history of hearing loss.

Part B) Reporting Information *(Required)*

Health Care Provider:		
E-mail address:		
NPI:		
Institution:		
Street Address:		
City:	State:	Zip:
Phone: ( )	FAX: ( )	

Part C) Payment Information (*Required*)

*****The MORL will NOT submit to insurance.**
Institutional billing or payment by credit card is accepted.

Billing Contact:		
Institution:		
Street Address:		
City:	State:	Zip:
Phone: ( )	FAX: ( )	

If you or your patient would like to pay by credit card please contact Jori Hendon at 319-335-6653

Part D$_1$) Panel Test Requested (please see page 2 for information required prior to performing this test)

☐ OtoSCOPE® panel
☐ Usher panel

Clinical information is very valuable in the interpretation of results. If information is not provided we cannot provide a phenotype/genotype correlation.

Part D$_2$) A la carteTests Requested – Do NOT freeze blood

☐ *GJB2/GJB6* *(Connexin 26/30)* ☐ *MTRNR1* – C1494T & A1555G variants ☐ *MTTL1*-A3243G variant ☐ *MTTS1*-A7445G variant

☐ Gene Specific _____

☐ Familial Testing Gene:_____ Variant:_____

Relationship to previously tested individual (pedigree required): _____

CPT codes link: https://morl.lab.uiowa.edu/testing-menu

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

Please see page 3 for sample and shipping requirements

Physician or genetics counselor should review information on page 4 of this requisition form with their patient/patient's family.
Physician should complete parts A, D, and E; Referring Lab should complete parts B and C.
Please contact Amy Weaver at 319-335-6623 if you have any questions

University of Iowa Carver College of Medicine
University of Iowa Health Care

MORL - Hearing Loss Testing Requisition Form

Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa *319-335-6623 Tel*
285 Newton Rd, 5270 CBRB *319-353-5869 Fax*
Iowa City, IA 52242-1078 *https://morl.lab.uiowa.edu*

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

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

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

Audiologic History
(Audiograms or ABRs from all affected individuals)

Congenital hearing loss: ☐ Yes ☐ No

If NOT congenital, date of onset of hearing loss:_____

Inheritance Pattern
☐ Recessive
☐ Dominant
☐ X-linked
☐ Other_____

Onset of Hearing Loss
☐ Congenital
☐ Early childhood
☐ Late

Degree of Hearing Loss
☐ Mild
☐ Moderate
☐ Severe
☐ Profound
☐ Symmetric
☐ Asymmetric

Type of Hearing Loss
☐ Conductive
☐ Sensorineural
☐ Syndromic
☐ Nonsyndromic

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:_____

_____

Motor Milestones:

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

Pendred Syndrome:

If the patient has **Pendred Syndrome**, was perchlorate study done? (If yes, attach copy of report)
☐ Yes ☐ No
Is a goiter present?
☐ Yes ☐ No

Radiologic Studies

CT scan / MRI of temporal bones (If yes, a disk of the temporal bone images or copy of report **MUST** be provided):
☐ Yes ☐ No
Report read as Dilated Vestibular Aqueducts?
☐ Yes ☐ No
OR Mondini malformation?
☐ Yes ☐ No

Comments:

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

Please see page 3 for sample and shipping requirements

Physician or genetics counselor should review information on page 4 of this requisition form with their patient/patient's family.
Physician should complete parts A, D, and E; Referring Lab should complete parts B and C.
Please contact Amy Weaver at 319-335-6623 if you have any questions

UNIVERSITY of IOWA CARVER COLLEGE OF MEDICINE
University of Iowa Health Care

Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa *319-335-6623 Tel*
285 Newton Rd, 5270 CBRB *319-353-5869 Fax*
Iowa City, IA 52242-1078 *https://morl.lab.uiowa.edu*

Molecular Otolaryngology & Renal Research Laboratories Sample Requirements

Please contact Amy Weaver at 319-335-6623 or amy-weaver@uiowa.edu if you have any questions

DNA Testing Sample requirement	Lavender (EDTA) top tubes *(for whole blood)*
Minimum sample volume ***All tubes must be labeled with patient identifiers (full name, dob, sex & medical record number ***	8-10 cc. whole blood (minimum amount of 3-4 cc. is accepted for children under age 4) (We are not responsible for broken tubes.) OR 10 µg DNA, minimum concentration 50ng/ul - (A260/A280 1.8-2) resuspended in 0.1mM EDTA (10mM Tris HCl, 0.1mM EDTA, pH 8, Teknova Cat# T0220)

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 page 3) **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 physician
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.*
Reporting Information:	Because of confidentiality issues reports will only be released to the individuals indicated on the page 1 of the testing requisition form.

Ship all samples to:

Attn: Dr. Richard Smith
Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa
285 Newton Road, 5270 CBRB
Iowa City, IA, 52242

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

https://morl.lab.uiowa.edu

Physician or genetics counselor should review information on page 4 of this requisition form with their patient/patient's family.
Physician should complete parts A, D, and E; Referring Lab should complete parts B and C.
Please contact Amy Weaver at 319-335-6623 if you have any questions

UNIVERSITY of IOWA CARVER COLLEGE OF MEDICINE
University of Iowa Health Care

Molecular Otolaryngology & Renal Research Laboratories
The University of Iowa *319-335-6623 Tel*
285 Newton Rd, 5270 CBRB *319-353-5869 Fax*
Iowa City, IA 52242-1078 *https://morl.lab.uiowa.edu*

IMPORTANT INFORMATION FOR PHYSICIAN OR GENETIC COUNSELOR:

DNA tests may detect an abnormality. Detection methods are greater than 99% accurate. Many of these tests are new. The analysis and interpretation represents our best knowledge and understanding of the genetics of deafness.

There is a small possibility that a test may not work properly or an error may occur. You may be asked for an additional sample if it is felt that confirmatory testing is needed.

An error in diagnosis may occur if incorrect information is provided with the sample.

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 detected. These results may occur with screening tests that evaluate many different genetic regions. From these tests, information may be learned about you, your child/children or your family that is not directly related to the clinical reason for ordering the test (secondary results). This information may provide data about the risk for a different genetic disease with symptoms that may or may not be currently evident.

A risk associated with this testing is that genetic testing has the potential to unintentionally reveal information regarding a child's paternity. Although the goal of this testing does not relate to paternity, during testing we may find genetic changes in both parents that may indicate possible non-paternity. In some cases non-paternity may be confused with genetic changes that arise spontaneously, called de novo variants. We will not attempt to resolve or disclose issues of non-paternity during the course of this testing.

Because of the complexity of DNA testing, results should be discussed with a genetic counselor or physician.

We follow guidelines proposed by the American College of Medical Genetics and do not offer carrier testing for autosomal recessive deafness in minors.

Note: Hearing loss is a very 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 laboratories to investigate other genetic causes of deafness please ask your patient to email Dr. Richard JH Smith (richard-smith@uiowa.edu), Carla Nishimura (carla-nishimura@uiowa.edu), or Amy Weaver (amy-weaver@uiowa.edu).