

Received: ____/____/____

IIHG No. _____


**Institute of
Human Genetics**

University of Iowa Roy J. and Lucille A. Carver College of Medicine
Iowa Institute of Human Genetics
431 Newton Road, 117 EMRB
Iowa City, IA 52242-1078
Website: humangenetics.medicine.uiowa.edu
Email: iihg-clinicaldivision@healthcare.uiowa.edu
Phone: 319-335-3688
CLIA ID: 16D2053873 / CAP ID: 8864771

Test Request Form

Patient details

First Name:			
Last Name:			
Date of Birth:			
Gender:	Male	Female	
MRN:			

Ordering Provider

Name:			
Organization:			
Email:			
Telephone number:			
Address:			

Sample details

Sample type	Whole blood	Date sample collected:
DNA* extracted from whole blood at a CLIA certified laboratory		
CLIA ID:		
*DNA must be extracted in a CLIA certified laboratory. For labs outside of the USA, equivalent requirements apply		

Relevant clinical information

Clinical diagnosis (Include salient clinical features and relevant laboratory data)				
Providing detailed, relevant records will help in the interpretation of genetic findings. Record them here or include the patient's most recent clinic note with the sample.				
Is this person a transplant donor candidate?		Yes	No	
Ancestry:	African/African American	Amish	Ashkenazi Jewish	Latino/Admixed American
	East Asian	European (Finnish)	European (non-Finnish)	Middle Eastern Other:
Family history:	Positive	Negative		
Family history details:				

Test Menu

KidneySeq™ - Select a panel		
Comprehensive (339 genes)	CAKUT (61 genes)	Ciliopathies/tubulointerstitial diseases (93 genes)
Disorders of tubular ion transport (77 genes)	Glomerulopathies (68 genes)	Nephrolithiasis/nephrocalcinosis (37 genes)
Custom panel. List genes to analyze:		
CYP3A5 Drug metabolism testing for potential transplant recipients. This is a free add-on to KidneySeq™		
Familial testing: record the person being tested on this page. Record their family member's information on page 2.		
APOL1 Genotyping Test		
APOL1 genotyping includes the known G1 and G2 risk alleles as well as the G2 protective allele.		

Billing Information

*Institutional billing only. The IIHG does not do insurance or patient billing.

Institution Name:			Billing Contact:
Street Address:			Billing Contact Email:
			Phone:
City:	State:	Zip code:	Fax:

CPT Codes and sample requirements on p2.


Familial Testing – Index patient information

*The index patient is the first person in the family who was tested.

First Name: _____	Index patient clinical diagnosis:
Last Name: _____	
Date of Birth: _____	
Gender: Male Female	
Relationship to person on page 1	
Sibling Mother Father	
Other (specify): _____	

Sample Requirements

- Samples must be labeled two patient identifiers. Samples received without adequate patient identification will be rejected.
- 6ml whole blood in lavender EDTA tube (3ml pediatric minimum)
OR
- 10µg DNA (A260/A280 1.8-2) resuspended in 0.1mM EDTA (10mM Tris HCl, 0.1mM EDTA, pH 8, Teknova Cat #T0220)
 - DNA MUST be extracted by a CLIA certified laboratory. For laboratories outside of the United States, equivalent requirements apply.

Shipping Requirements

- Samples may be shipped at ambient temperature or with an ice pack. DO NOT freeze sample.
- If the sample is collected on a Friday, refrigerate the sample over the weekend for shipping the following week.
- Samples should be shipped for next day delivery, Tuesday-Friday. Samples are not received on weekends or US holidays.
- Please contact us at iihg-clinicaldivision@healthcare.uiowa.edu or 319-335-3688 with any questions or concerns.
- Ship overnight to:

University of Iowa Carver College of Medicine
IIHG Clinical Division
431 Newton Road, 140 EMRB
Iowa City, IA 52242

CPT Codes
KidneySeq™

- Comprehensive testing: 81403, 81404, 81405, 81406, 81407, 81408, 81479
- CAKUT: 81404, 81405, 81406, 81407, 81479
- Ciliopathies/tubulointerstitial diseases: 81404, 81405, 81406, 81407, 81408, 81479
- Disorders of tubular ion transport: 81404, 81405, 81406, 81407, 81479
- Glomerulopathies: 81404, 81405, 81406, 81407, 81479
- Nephrolithiasis/nephrocalcinosis: 81404, 81405, 81406, 81407, 81479
- Custom panel: email iihg-clinicaldivision@healthcare.uiowa.edu
- Familial testing: email iihg-clinicaldivision@healthcare.uiowa.edu

APOL1 Genotype Testing: 81479