MicroGen Health Inc 14225 Sullyfield Circle,
Suite E, Chantilly, Virginia, 20151
Website: microgenhealth.com | Phone: +1 5717751973 | Fax: 5717752012
CLIA # 49D2178444 | Laboratory Director : Dr.Shamaladevi Nagarajarao, Ph.D.

Accession ID	:	MH240216001
Patient	:	CARDIAC FUSION
DOB	:	12/12/2005
Gender	:	MALE
State	:	Texas

Cardiac

Patient Information

First Name	Middle Name	Last Name	Date Of Birth
CARDIAC		FUSION	12/12/2005
Mobile Number	**Email Address**	**Address**	**Gender**
6547893121		usa	MALE
City	**State**	**Zip**	
BROWNSVILLE	Texas	78520	

Practice Information

Practice Name	Practice Address
HILL SIDE PRIMARY CARE	12410 Toepperwein Rd,TEXAS,78233
Ordering Physician	**Ordering Physician NPI**
RACHEL CASTRO	1679968879

Sample Information

Collection Date	Collection Time	Specimen Type
02/16/2024	01:39 AM	Buccal Swab

Test Information

Cardiac

Comprehensive Panel

ABCC9 ACTA2 ACTC1 ACTN2 ANKRD1 BAG3 CACNA1C CACNB2 CAV3 COL4A1 CSRP3 CTF1
DES DMD DSC2 DSG2 DSP DTNA ELN EYA4 FBN1 FKTN GJA5 GPD1L HCN4 JAG1 JUP
KCNA5 KCNE2 KCNE3 LDB3 LMNA MYBPC3 MYH11 MYH6 MYH7 MYL2 MYL3 MYLK MYLK2
MYOZ2 NEXN PIGL PKP2 PLN PSEN1 PSEN2 RBM20 RYR2 SCN1B SCN3B SCN5A SGCD
SMAD3 TAZ TCAP TGFB3 TGFBR1 TGFBR2 TMEM43 TMPO TNNC1 TNNI3 TNNT2 TPM1 TTN
VCL ZIC3

Brugada Syndrome

CACNA1C CACNB2 GPD1L HCN4 KCNE3 SCN1B SCN3B SCN5A

Cardiomyopathy, ARVC

DSC2 DSG2 DSP JUP PKP2 RYR2 TGFB3 TMEM43

Dilated Cardiomyopathy, Dominant

ABCC9 ACTC1 ACTN2 ANKRD1 BAG3 CSRP3 CTF1 DES DSG2 EYA4 LDB3 LMNA MYBPC3
MYH6 MYH7 NEXN PLN PSEN1 PSEN2 RBM20 SCN5A SGCD TCAP TMPO TNNC1 TNNT2
TPM1 TTN VCL

Dilated Cardiomyopathy, Recessive

FKTN TNNI3

Dilated Cardiomyopathy, X-Linked

DMD TAZ

Familial Atrial Fibrillation

ABCC9 GJA5 KCNA5 KCNE2

Left Ventricular Noncompaction cardiomyopathy

ACTC1 DTNA LDB3 MYBPC3 MYH7 TAZ TNNT2

Hereditary Angiopathy with Nephropathy, Aneurysms

COL4A1

Supravalvular Aortic Stenosis

ELN

Thoracic Aortic Aneurysms and Aortic Dissections

ACTA2 FBN1 MYH11 MYLK SMAD3 TGFBR1 TGFBR2

Congenital Heart Disease

PIGL

Congenital Heart Defects 1, Nonsyndromic, 1

ZIC3

Congenital Heart Disease, Isolated Nonsyndromic

JAG1

Hypertrophic Cardiomyopathy

ACTC1 ACTN2 CAV3 CSRP3 MYBPC3 MYH6 MYH7 MYL2 MYL3 MYLK2 MYOZ2 NEXN PLN TCAP TNNC1 TNNI3 TNNT2 TPM1 TTN

ICD 10 CODES

I71.9

Payment Information

PATIENT

Patient Acknowledgment

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to MicroGen Health its assigned affiliates and authorized representatives for laboratory services furnished to me by MicroGen Health. I irrevocably designate, authorize and appoint MicroGen Health or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, summary plan description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to MicroGen Health immediately upon receipt. I hereby authorize MicroGen Health its assigned affiliates and authorized representatives to contact me or my health plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that i have provided to MicroGen Health, in compliance with federal and state laws. MicroGen Health, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of MicroGen Health and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

I have read the Informed Consent document and I give permission to MicroGen Health to perform genetic testing as described.

If you are a New York state resident and give permission for MicroGen Health to retain any remaining sample longer than 60 days after the completion of testing.

By signing above, the patient or payor authorizes MicroGen Health to contact them directly, and use the provided billing instructions to bill the indicated method.

Patient Signature

☐ By Checking this box, the ordering provider certifies that the patient cannot physically Sign the Release and Consent

Parent/Guardian signature

Ordering Physician Consent

CONFIRMATION OF INFORMED CONSENT, PRE-TEST GENETIC COUNSELING, AND MEDICAL NECESSITY FOR GENETIC TESTING

The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has given appropriate consent. I confirm that testing is medically necessary and the test results may impact medical management for the patient. I agree to allow..... To facilitate the provision of pre-test genetic counseling services by a third party service, informed DNA (unless otherwise noted ☐), as required by the patient's insurance provider (unless this box is checked ☐) Furthermore, all information on this Requisition Form is true to the best of my knowledge. My signature applies to the attachment letter of medical necessity.

I attest that the patient has received and read the MicroGen Health Informed Consent document, or has had it read to him or her, and that I have fully informed the patient about the purpose, capabilities, and limitations of the ordered test. The patient has voluntarily given his or her full consent for the ordered test and a signed copy of this consent is available on file. Any MicroGen Health Informed Consent that the patient agrees to at a later date will supersede and replace this Informed Consent.

Statement of Medical Necessity

By signing below, I, the ordering Medical Provider, confirm that testing is medically necessary and that test results may impact medical management for the patient.

Ordering Physician Signature