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INSTRUCTIONS: Please review all of the below sections carefully. Your test ordering option will be indicated based on your selection made in the "Test Catalog" section. Please include as much supporting documentation and information as you can, and fill out all fields for which you are able to do so. If you have any questions or concerns, please reach out to our office for clarification.

COMPREHENSIVE NEUROLOGY TESTING REQUISITION FORM

ORDERING DETAILS

1. ELIGIBILITY CRITERIA

This test is available to individuals 18 or older who are suspected of or at risk of having a Comprehensive Neurology disorder based on one or more of the following (*please select all that apply*):

REQUIRED:

To avoid processing delays, you *must* select the appropriate eligibility criteria for the patient from the provided list of options below.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Amyotrophic Lateral Sclerosis <input type="radio"/> Ataxia <input type="radio"/> Autism Spectrum Disorder <input type="radio"/> Cerebral Cavemous Malformation <input type="radio"/> Charcot-Marie-Tooth Neuropathy <input type="radio"/> Coenzyme Q10 Deficiency <input type="radio"/> Cognitive Impairment <input type="radio"/> Collagen Type VI-Related Disorders <input type="radio"/> Epilepsy <input type="radio"/> Muscular Dystrophy/Myopathy <input type="radio"/> Congenital Myasthenic Syndrome(s) <input type="radio"/> Creatine Metabolism Deficiency <input type="radio"/> Dementia <input type="radio"/> Dystonia <input type="radio"/> Emery-Dreifuss Muscular Dystrophy <input type="radio"/> Epileptic Encephalopathy <input type="radio"/> Holoprosencephaly <input type="radio"/> Idiopathic Generalized and Focal Epilepsy <input type="radio"/> Leukodystrophy/Leukoencephalopathy <input type="radio"/> LGMD/Congenital Muscular Dystrophy | <ul style="list-style-type: none"> <input type="radio"/> Lissencephaly <input type="radio"/> Macrocephaly/Overgrowth Syndrome <input type="radio"/> Metabolic Epilepsy <input type="radio"/> Metabolic Myopathy/Rhabdomyolysis <input type="radio"/> Microcephaly/Pontocerebellar Hypoplasia <input type="radio"/> Migraines <input type="radio"/> NCL/Progressive Myoclonic Epilepsy <input type="radio"/> Nemaline Myopathy <input type="radio"/> Neuro-Ophthalmology <input type="radio"/> Neuronal Migration Disorder <input type="radio"/> Parkinson Disease <input type="radio"/> Periodic Paralysis <input type="radio"/> Polymicrogyria <input type="radio"/> Porphyria <input type="radio"/> Septo-Optic Dysplasia <input type="radio"/> Spastic Paraplegia <input type="radio"/> Spinal Muscular Atrophy <input type="radio"/> Tuberous Sclerosis <input type="radio"/> X-Linked Intellectual Disabilities |
|---|---|

Does the patient have a family member with a known disease-causing variant in one of the genes included on the Amyotrophic Lateral Sclerosis Panel, the Dementia Panel, or the Parkinson Disease Panel?

If yes, please list the family member relationship to patient, gene, and variant, if known:

2. GENE-SPECIFIC FAMILY FOLLOW-UP TESTING

For relatives of testing participants who received a Pathogenic/Likely Pathogenic result, or approved VUS, who would like to receive gene-specific follow-up testing at no additional charge

Relatives do not need to meet the eligibility criteria listed above. *If participating in gene-specific follow-up testing, please check the following box.*

PATIENT INFORMATION		
First Name	MI	Last Name
Date of Birth (MM/DD/YYYY)	Biological Sex <input type="checkbox"/> M <input type="checkbox"/> F	MRN (medical record number, if available)
Ancestry <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> French Canadian <input type="checkbox"/> Sephardic Jewish <input type="checkbox"/> Mediterranean <input type="checkbox"/> Other: _____		
Phone	Email address	
Street Address		City
State/Prov	ZIP/Postal	Country (if other than US)

ORDERING PHYSICIAN & CLINIC INFORMATION	
Clinic/Practice Name	
Phone	Fax
Street Address	
City	
State/Prov	Country (if other than US)
ZIP/Postal	
Primary Clinic Contact Name	
Extension (if applicable)	
Primary Clinic Contact Title	
Ordering Provider (Please select <i>one</i> physician per order.)	
<u>Physician Name</u>	<u>Physician NPI</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

SPECIMEN INFORMATION
Specimen type (please select and indicate number):
<input type="checkbox"/> Buccal Swab(s) - (OCD-100 kit)
Number of Swabs Provided: _____
Specimen collection date (MM/DD/YYYY): <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>

CLINICAL HISTORY (It is strongly encouraged to include notes, reports and/or previous genetic test results for this individual)

Cognitive Features	YES	NO	UNKNOWN	Motor Features (continued)	YES	NO	UNKNOWN
Progressive cognitive decline - amnesic presentation (memory loss, impairment in learning and recall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progressive muscle weakness and/or atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive cognitive decline - language presentation (word-finding deficits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle fasciculations and/or cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive cognitive decline - visuospatial presentation (spatial cognition-object agnosia, facial recognition, simultagnosia and alexia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyporeflexia and/or decreased or absent deep tendon reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive cognitive decline - executive dysfunction (impaired reasoning, judgment and problem solving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parkinsonism (bradykinesia, postural instability, rigidity, facial masking, resting tremor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral changes (disinhibition/impulsivity, apathy/inertia, and/or loss of sympathy/empathy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tardive dyskinesia (irregular, jerky movements), dystonia (patterned/twisting movements and postures) and/or myoclonus (muscle jerks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral changes (perseverative/compulsive behaviors and/or hyperorality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dysarthria (difficulty speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric illness (psychosis, mania, hallucinations, delusions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dysphagia (swallowing difficulties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuroimaging, biomarkers, genetic, and/or neuropathophysiology findings:			
Motor Features				<input type="checkbox"/> Abnormal MRI Major finding(s)? _____			
Cerebellar ataxia (gait and/or limb ataxia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal PET scan or CSF analysis Major finding(s)? _____			
Oculomotor dysfunction (ex: oculomotor apraxia, strabismus, and/or nystagmus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal brain pathology findings (typically only available post-mortem) Major finding(s)? _____			
Increased muscle tone and/or increased extremity deep-tendon reflexes/hyperreflexia (jaw jerk, Hoffman sign, positive Babinski sign, crossed adductors, extensor plantor response)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal EMG Major finding(s)? _____			
Spasticity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Previously tested for C9orf72 gene at outside laboratory? Test result (positive, negative, intermediate) _____ [please include copy of previous test result if available]			
Pseudobulbar affect (inappropriate laughing/crying/forced yawning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other features			
				<input type="checkbox"/> Paget disease of bone <input type="checkbox"/> Supranuclear palsy <input type="checkbox"/> Autonomic dysfunction (ex: orthostatic hypotension, urinary incontinence) <input type="checkbox"/> Familial insomnia <input type="checkbox"/> Other relevant clinical features: _____			

OPTIONAL - REQUESTED VARIANTS FOR THIS PATIENT'S REPORT, IF KNOWN

To have the presence or absence of specific variants commented on in this patient's report, provide the details requested below.
For gene-specific family follow-up, see the note following test selection menu.

Was the proband (individual with variant) tested at Elite Clinical Laboratory? If yes, list Accession ID: _____ If no, attach a copy of the test results (required).

Variant(s) Requested (e.g. GENE c.2200A>T (p.Thr734Ser) NM_00012345)	What is this patient's relationship to the proband? (Please select one)
If left blank, all variants identified in the proband will be commented on.	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____

BILLING/PAYMENT INFORMATION

INSURANCE BILLING				To avoid delays, please include a front and back copy of your insurance card, along with clinical notes, medical records, and/or a letter of medical necessity (LMN).	
Policy Holder Name	Patient Relationship to Policy Holder <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Other: _____		FOR MEDICARE PATIENTS ONLY		CASH PAY/SELF-PAY
Primary Insurance Name	Primary Insurance Policy #	Primary Insurance Group #	Have you, the patient, been treated as a hospital inpatient (more than a twenty-four [24] hour stay) in the last fourteen (14) days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you would prefer to pay by credit card, please include a fully filled out Credit Card Authorization Form with this test order form.
Secondary Insurance Name	Secondary Insurance Policy #	Secondary Insurance Group #			

CLINICAL HISTORY

FAMILY HISTORY							
Is there a family history of the disease(s) for which the patient is being tested?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below and attach pedigree and/or clinical notes.	
Relative / Relationship to the patient	Maternal or paternal	Diagnosed condition	Age at diagnosis	Relative / Relationship to the patient	Maternal or paternal	Diagnosed condition	Age at diagnosis

PERSONAL HISTORY

Is/was this patient affected or symptomatic?† Yes No

Provide details in the required clinical history questions (if applicable).

† Symptomatic means this patient has features or signs known or suspected to be related to the genetic testing being ordered and could include findings on physical examination, laboratory tests, and/or imaging.

COMPREHENSIVE NEUROLOGY TEST CATALOG

Custom Neurology NGS Testing (Select the genes below) or Comprehensive Neurology NGS Testing Panel (Test All Genes)

<input type="checkbox"/> ADNP	<input type="checkbox"/> ATXN10	<input type="checkbox"/> CHD2	<input type="checkbox"/> EN2	<input type="checkbox"/> GBA	<input type="checkbox"/> LRRK2	<input type="checkbox"/> NSD1	<input type="checkbox"/> PPP2R2B	<input type="checkbox"/> SLC2A1	<input type="checkbox"/> TH
<input type="checkbox"/> AFF2	<input type="checkbox"/> ATXN2	<input type="checkbox"/> CNOT3	<input type="checkbox"/> EZH2	<input type="checkbox"/> GCH1	<input type="checkbox"/> MAPT	<input type="checkbox"/> NTRK1	<input type="checkbox"/> PRRT2	<input type="checkbox"/> SLC6A8	<input type="checkbox"/> THAP1
<input type="checkbox"/> ALDH7A1	<input type="checkbox"/> ATXN3	<input type="checkbox"/> CNTN6	<input type="checkbox"/> FBXO11	<input type="checkbox"/> GRIN2A	<input type="checkbox"/> MBOAT7	<input type="checkbox"/> NTRK2	<input type="checkbox"/> PSEN1	<input type="checkbox"/> SLC9A6	<input type="checkbox"/> TOR1A
<input type="checkbox"/> ANG	<input type="checkbox"/> ATXN7	<input type="checkbox"/> COL4A1	<input type="checkbox"/> FMR1	<input type="checkbox"/> GRN	<input type="checkbox"/> MECP2	<input type="checkbox"/> PABPN1	<input type="checkbox"/> OPTN	<input type="checkbox"/> SMN1	<input type="checkbox"/> TPP1
<input type="checkbox"/> APTX	<input type="checkbox"/> ATXN8OS	<input type="checkbox"/> COL4A3BP	<input type="checkbox"/> FOXG1	<input type="checkbox"/> HEXA	<input type="checkbox"/> MED12	<input type="checkbox"/> PCDH19	<input type="checkbox"/> REEP1	<input type="checkbox"/> SMN2	<input type="checkbox"/> TSC1
<input type="checkbox"/> ARX	<input type="checkbox"/> BCL11A	<input type="checkbox"/> CSNK2A1	<input type="checkbox"/> FOXP1	<input type="checkbox"/> HFE	<input type="checkbox"/> MTHFR	<input type="checkbox"/> PDGFB	<input type="checkbox"/> SCN1A	<input type="checkbox"/> SOD1	<input type="checkbox"/> TSC2
<input type="checkbox"/> ASPA	<input type="checkbox"/> BSCL2	<input type="checkbox"/> CSTB	<input type="checkbox"/> FTSJ1	<input type="checkbox"/> HSPB1	<input type="checkbox"/> MTM1	<input type="checkbox"/> PDHA1	<input type="checkbox"/> SCN1B	<input type="checkbox"/> SPG11	<input type="checkbox"/> TTR
<input type="checkbox"/> ASXL1	<input type="checkbox"/> C12orf4	<input type="checkbox"/> CTNND2	<input type="checkbox"/> FXN	<input type="checkbox"/> HTT	<input type="checkbox"/> NDP	<input type="checkbox"/> PIK3CA	<input type="checkbox"/> SCN2A	<input type="checkbox"/> STXB1	<input type="checkbox"/> UBA1
<input type="checkbox"/> ATN1	<input type="checkbox"/> CACNA1A	<input type="checkbox"/> DHCR7	<input type="checkbox"/> GABRG2	<input type="checkbox"/> IKBKAP	<input type="checkbox"/> NDUFA1	<input type="checkbox"/> PINK1	<input type="checkbox"/> SCN8A	<input type="checkbox"/> SYNGAP1	<input type="checkbox"/> ZEB2
<input type="checkbox"/> ATP1A2	<input type="checkbox"/> CACNA1C	<input type="checkbox"/> DPYD	<input type="checkbox"/> GAMT	<input type="checkbox"/> KCNQ2	<input type="checkbox"/> NLGN3	<input type="checkbox"/> PMP22	<input type="checkbox"/> SCO2	<input type="checkbox"/> TARDBP	<input type="checkbox"/> ZNF41
<input type="checkbox"/> ATP7B	<input type="checkbox"/> CC2D1A	<input type="checkbox"/> EGR2	<input type="checkbox"/> GARS	<input type="checkbox"/> KDM5C	<input type="checkbox"/> NLGN4X	<input type="checkbox"/> PNKD	<input type="checkbox"/> SGCE	<input type="checkbox"/> TBP	
<input type="checkbox"/> ATXN1	<input type="checkbox"/> CDKL5	<input type="checkbox"/> EHMT1	<input type="checkbox"/> GATM	<input type="checkbox"/> L1CAM	<input type="checkbox"/> NOTCH3	<input type="checkbox"/> POLG	<input type="checkbox"/> SLC16A2	<input type="checkbox"/> TCF4	

INDICATION (S) FOR TESTING

ICD-10 Codes

Inflammatory diseases of the central nervous system (G00-G09)

ICD Category - Bacterial meningitis, not elsewhere classified (G00)

- G00.0 Hemophilus meningitis
- G00.1 Pneumococcal meningitis
- G00.2 Streptococcal meningitis
- G00.3 Staphylococcal meningitis
- G00.8 Other bacterial meningitis
- G00.9 Bacterial meningitis, unspecified

ICD Category - Meningitis in bacterial diseases classified elsewhere (G01)

- G01 Meningitis in bacterial diseases classified elsewhere

ICD Category - Meningitis in oth infec/parastc diseases classd elswhr (G02)

- G02 Meningitis in other infectious and parasitic diseases classified elsewhere

ICD Category - Meningitis due to other and unspecified causes (G03)

- G03.0 Nonpyogenic meningitis
- G03.1 Chronic meningitis
- G03.2 Benign recurrent meningitis [Mollaret]
- G03.8 Meningitis due to other specified causes
- G03.9 Meningitis, unspecified

ICD Category - Encephalitis, myelitis and encephalomyelitis (G04)

- G04.00 Acute disseminated encephalitis and encephalomyelitis, unspecified
- G04.01 Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)
- G04.02 Postimmunization acute disseminated encephalitis, myelitis encephalomyelitis
- G04.1 Tropical spastic paraplegia
- G04.2 Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
- G04.30 unspecified
- G04.31 Postinfectious acute necrotizing hemorrhagic encephalopathy
- G04.32 Postimmunization acute necotizing hemorrhagic encephalopathy
- G04.39 Other acute necrotizing hemorrhagic encephalopathy
- G04.81 Other encephalitis and encephalomyelitis
- G04.82 Acute flaccid myelitis
- G04.89 Other myelitis
- G04.90 Encephalitis and encephalomyelitis, unspecified
- G04.91 Myelitis, unspecified

ICD Category - Encphlts, myelitis & encephalomyelitis in dis classd elswhr (G05)

- G05.3 Encephalitis and encephalomyelitis in diseases classified elsewhere
- G05.4 Myelitis in diseases classified elsewhere

ICD Category - Intracranial and intraspinal abscess and granuloma (G06)

- G06.0 Intracranial abscess and granuloma
- G06.1 Intraspinal abscess and granuloma
- G06.2 Extradural and subdural abscess, unspecified

ICD Category - Intrcrn & intraspinal abscs & granuloma in dis classd elswhr (G07)

- G07 Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere

ICD Category - Intracranial and intraspinal phlebitis and thrombophlebitis (G08)

- G08 Intracranial and intraspinal phlebitis and thrombophlebitis

ICD Category - Sequelae of inflammatory diseases of central nervous system (G09)

- G09 Sequelae of inflammatory diseases of central nervous system ease

Systemic atrophies primary affecting the central nervous system (G10-G14)

ICD Category - Huntington's disease (G10)

- G10 Huntington's dis

ICD Category - Hereditary ataxia (G11)

- G11.0 Congenital nonprogressive ataxia
- G11.10 Early-onset cerebellar ataxia, unspecified
- G11.11 Friedreich ataxia
- G11.19 Other early-onset cerebellar ataxia
- G11.2 Late-onset cerebellar ataxia
- G11.3 Cerebellar ataxia with defective DNA repair

ICD Category - Systemic atrophies aff cnsl in diseases classd elswhr (G13)

- G13.0 Paraneoplastic neuromyopathy and neuropathy
- G13.1 Other systemic atrophy primarily affecting central nervous system in neoplastic disease
- G13.2 Systemic atrophy primarily affecting the central nervous system in myxedema
- G13.8 Systemic atrophy primarily affecting central nervous system in other diseases classified elsewhere

ICD Category - Postpolio syndrome (G14)

- G14 Postpolio syndrome

Extrapyramidal and movement disorders (G20-G26)

ICD Category - Parkinson's disease (G20)

- G20 Parkinson's disease

ICD Category - Secondary parkinsonism (G21)

- G21.0 Malignant neuroleptic syndrome
- G21.11 Neuroleptic induced parkinsonism
- G21.19 Other drug induced secondary parkinsonism
- G21.2 Secondary parkinsonism due to other external agents
- G21.3 Postencephalitic parkinsonism
- G21.4 Vascular parkinsonism
- G21.8 Other secondary parkinsonism
- G21.9 Secondary parkinsonism, unspecified

ICD Category - Other degenerative diseases of basal ganglia (G23)

- G23.0 Hallervorden-Spatz disease
- G23.1 Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
- G23.2 Striatonigral degeneration
- G23.8 Other specified degenerative diseases of basal ganglia
- G23.9 Degenerative disease of basal ganglia, unspecified

ICD Category - Dystonia (G24)

- G24.01 Drug induced subacute dyskinesia
- G24.02 Drug induced acute dystonia
- G24.09 Other drug induced dystonia
- G24.1 Genetic torsion dystonia
- G24.2 Idiopathic nonfamilial dystonia
- G24.3 Spasmodic torticollis
- G24.4 Idiopathic orofacial dystonia
- G24.5 Blepharospasm
- G24.8 Other dystonia
- G24.9 Dystonia, unspecified

ICD Category - Other extrapyramidal and movement disorders (G25)

- G25.0 Essential tremor
- G25.1 Drug-induced tremor
- G25.2 Other specified forms of tremor
- G25.3 Myoclonus
- G25.4 Drug-induced chorea
- G25.5 Other chorea
- G25.61 Drug induced tics
- G25.69 Other tics of organic origin
- G25.70 Drug induced movement disorder, unspecified
- G25.71 Drug induced akathisia
- G25.79 Other drug induced movement disorders
- G25.81 Restless legs syndrome
- G25.82 Stiff-man syndrome
- G25.83 Benign shuddering attacks
- G25.89 Other specified extrapyramidal and movement disorders
- G25.9 Extrapyramidal and movement disorder, unspecified

ICD Category - Extrapyramidal and movement disord in diseases classd elswhr (G26)

- G26 Extrapyramidal and movement disorders in diseases classified elsewhere

- G11.4 Hereditary spastic paraplegia
- G11.8 Other hereditary ataxias
- G11.9 Hereditary ataxia, unspecified

ICD Category - Spinal muscular atrophy and related syndromes (G12)

- G12.0 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
- G12.1 Other inherited spinal muscular atrophy
- G12.20 Motor neuron disease, unspecified
- G12.21 Amyotrophic lateral sclerosis
- G12.22 Progressive bulbar palsy
- G12.23 Primary lateral sclerosis
- G12.24 Familial motor neuron disease
- G12.25 Progressive spinal muscle atrophy
- G12.29 Other motor neuron disease
- G12.8 Other spinal muscular atrophies and related syndromes
- G12.9 Spinal muscular atrophy, unspecified

ICD Category - Oth degeneratv disord of nervous sys in dis classd elswhr (G32)

- G32.0 Subacute combined degeneration of spinal cord in diseases classified elsewhere
- G32.81 Cerebellar ataxia in diseases classified elsewhere
- G32.89 Other specified degenerative disorders of nervous system in diseases classified elsewhere

Demyelinating diseases of the central nervous system (G35-G37)

ICD Category - Multiple sclerosis (G35)

- G35 Multiple sclerosis

ICD Category - Other acute disseminated demyelination (G36)

- G36.0 Neuromyelitis optica [Devic]
- G36.1 Acute and subacute hemorrhagic leukoencephalitis [Hurst]
- G36.8 Other specified acute disseminated demyelination
- G36.9 Acute disseminated demyelination, unspecified

ICD Category - Other demyelinating diseases of central nervous system (G37)

- G37.0 Diffuse sclerosis of central nervous system
- G37.1 Central demyelination of corpus callosum
- G37.2 Central pontine myelinolysis
- G37.3 Acute transverse myelitis in demyelinating disease of central nervous system
- G37.4 Subacute necrotizing myelitis of central nervous system
- G37.5 Concentric sclerosis [Balo] of central nervous system
- G37.8 Other specified demyelinating diseases of central nervous system
- G37.9 Demyelinating disease of central nervous system, unspecified

Episodic and paroxysmal disorders (G40-G47)

ICD Category - Epilepsy and recurrent seizures (G40)

- G40.001 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable with status epilepticus
- G40.009 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
- G40.011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
- G40.019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
- G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
- G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
- G40.111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
- G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
- G40.201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
- G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
- G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
- G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
- G40.301 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
- G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
- G40.311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
- G40.319 Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
- G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus
- G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus
- G40.A11 Absence epileptic syndrome, intractable, with status epilepticus
- G40.A19 Absence epileptic syndrome, intractable, without status epilepticus
- G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
- G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
- G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
- G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus
- G40.401 Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
- G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
- G40.411 Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
- G40.419 Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus

Other degenerative diseases of the nervous system (G30-G32)

ICD Category - Alzheimer's disease (G30)

- G30.0 Alzheimer's disease with early onset
- G30.1 Alzheimer's disease with late onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified

ICD Category - Oth degenerative diseases of nervous system, NEC (G31)

- G31.01 Pick's disease
- G31.09 Other frontotemporal dementia
- G31.1 Senile degeneration of brain, not elsewhere classified
- G31.2 Degeneration of nervous system due to alcohol
- G31.81 Alpers disease
- G31.82 Leigh's disease
- G31.83 Dementia with Lewy bodies
- G31.84 Mild cognitive impairment, so stated
- G31.85 Corticobasal degeneration
- G31.89 Other specified degenerative diseases of nervous system
- G31.9 Degenerative disease of nervous system, unspecified
- G40.804 Other epilepsy, intractable, without status epilepticus
- G40.811 Lennox-Gastaut syndrome, not intractable, with status epilepticus
- G40.812 Lennox-Gastaut syndrome, not intractable, without status epilepticus
- G40.813 Lennox-Gastaut syndrome, intractable, with status epilepticus
- G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus
- G40.821 Epileptic spasms, not intractable, with status epilepticus
- G40.822 Epileptic spasms, not intractable, without status epilepticus
- G40.823 Epileptic spasms, intractable, with status epilepticus
- G40.824 Epileptic spasms, intractable, without status epilepticus
- G40.833 Dravet syndrome, intractable, with status epilepticus
- G40.834 Dravet syndrome, intractable, without status epilepticus
- G40.89 Other seizures
- G40.901 Epilepsy, unspecified, not intractable, with status epilepticus
- G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
- G40.911 Epilepsy, unspecified, intractable, with status epilepticus
- G40.919 Epilepsy, unspecified, intractable, without status epilepticus

ICD Category - Migraine (G43)

- G43.001 Migraine without aura, not intractable, with status migrainosus
- G43.009 Migraine without aura, not intractable, without status migrainosus
- G43.011 Migraine without aura, intractable, with status migrainosus
- G43.019 Migraine without aura, intractable, without status migrainosus
- G43.101 Migraine with aura, not intractable, with status migrainosus
- G43.109 Migraine with aura, not intractable, without status migrainosus
- G43.111 Migraine with aura, intractable, with status migrainosus
- G43.119 Migraine with aura, intractable, without status migrainosus
- G43.401 Hemiplegic migraine, not intractable, with status migrainosus
- G43.409 Hemiplegic migraine, not intractable, without status migrainosus
- G43.411 Hemiplegic migraine, intractable, with status migrainosus
- G43.419 Hemiplegic migraine, intractable, without status migrainosus
- G43.501 Persistent migraine aura without cerebral infarction, not intractable, with status migrainosus
- G43.509 Persistent migraine aura without cerebral infarction, not intractable, without status migrainosus
- G43.511 Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
- G43.519 Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
- G43.601 Persistent migraine aura with cerebral infarction, not intractable, with status migrainosus
- G43.609 Persistent migraine aura with cerebral infarction, not intractable, without status migrainosus
- G43.611 Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
- G43.619 Persistent migraine aura with cerebral infarction, intractable, without status migrainosus
- G43.701 Chronic migraine without aura, not intractable, with status migrainosus
- G43.709 Chronic migraine without aura, not intractable, without status migrainosus
- G43.711 Chronic migraine without aura, intractable, with status migrainosus
- G43.719 Chronic migraine without aura, intractable, without status migrainosus
- G43.A0 Cyclical vomiting, in migraine, not intractable
- G43.A1 Cyclical vomiting, in migraine, intractable
- G43.B0 Ophthalmoplegic migraine, not intractable
- G43.B1 Ophthalmoplegic migraine, intractable
- G43.C0 Periodic headache syndromes in child or adult, not intractable
- G43.C1 Periodic headache syndromes in child or adult, intractable
- G43.D0 Abdominal migraine, not intractable
- G43.D1 Abdominal migraine, intractable
- G43.801 Other migraine, not intractable, with status migrainosus
- G43.809 Other migraine, not intractable, without status migrainosus
- G43.811 Other migraine, intractable, with status migrainosus
- G43.819 Other migraine, intractable, without status migrainosus
- G43.821 Menstrual migraine, not intractable, with status migrainosus
- G43.829 Menstrual migraine, not intractable, without status migrainosus
- G43.831 Menstrual migraine, intractable, with status migrainosus
- G43.839 Menstrual migraine, intractable, without status migrainosus
- G43.901 Migraine, unspecified, not intractable, with status migrainosus
- G43.909 Migraine, unspecified, not intractable, without status migrainosus
- G43.911 Migraine, unspecified, intractable, with status migrainosus
- G43.919 Migraine, unspecified, intractable, without status migrainosus

<ul style="list-style-type: none"> <input type="checkbox"/> G40.42 Cyclin-Dependent Kinase-Like 5 Deficiency Disorder <input type="checkbox"/> G40.501 Epileptic seizures related to external causes, not intractable, with status <input type="checkbox"/> G40.509 Epileptic seizures related to external causes, not intractable <input type="checkbox"/> G40.801 Other epilepsy, not intractable, with status epilepticus <input type="checkbox"/> G40.802 Other epilepsy, not intractable, without status epilepticus <input type="checkbox"/> G40.803 Other epilepsy, intractable, with status epilepticus <input type="checkbox"/> G44.039 Episodic paroxysmal hemicrania, not intractable <input type="checkbox"/> G44.041 Chronic paroxysmal hemicrania, intractable <input type="checkbox"/> G44.049 Chronic paroxysmal hemicrania, not intractable <input type="checkbox"/> G44.051 Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT), intractable <input type="checkbox"/> G44.059 lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT), not intractable <input type="checkbox"/> G44.091 Other trigeminal autonomic cephalgias (TAC), intractable <input type="checkbox"/> G44.099 Other trigeminal autonomic cephalgias (TAC), not intractable <input type="checkbox"/> G44.1 Vascular headache, not elsewhere classified <input type="checkbox"/> G44.201 Tension-type headache, unspecified, intractable <input type="checkbox"/> G44.209 Tension-type headache, unspecified, not intractable <input type="checkbox"/> G44.211 Episodic tension-type headache, intractable <input type="checkbox"/> G44.219 Episodic tension-type headache, not intractable <input type="checkbox"/> G44.221 Chronic tension-type headache, intractable <input type="checkbox"/> G44.229 Chronic tension-type headache, not intractable <input type="checkbox"/> G44.301 Post-traumatic headache, unspecified, intractable <input type="checkbox"/> G44.309 Post-traumatic headache, unspecified, not intractable <input type="checkbox"/> G44.311 Acute post-traumatic headache, intractable <input type="checkbox"/> G44.319 Acute post-traumatic headache, not intractable <input type="checkbox"/> G44.321 Chronic post-traumatic headache, intractable <input type="checkbox"/> G44.329 Chronic post-traumatic headache, not intractable <input type="checkbox"/> G44.40 Drug-induced headache, not elsewhere classified, not intractable <input type="checkbox"/> G44.41 Drug-induced headache, not elsewhere classified, intractable <input type="checkbox"/> G44.51 Hemicrania continua <input type="checkbox"/> G44.52 New daily persistent headache (NDPH) <input type="checkbox"/> G44.53 Primary thunderclap headache <input type="checkbox"/> G44.59 Other complicated headache syndrome <input type="checkbox"/> G44.81 Hypnic headache <input type="checkbox"/> G44.82 Headache associated with sexual activity <input type="checkbox"/> G44.83 Primary cough headache <input type="checkbox"/> G44.84 Primary exertional headache <input type="checkbox"/> G44.85 Primary stabbing headache <input type="checkbox"/> G44.86 Cervicogenic headache <input type="checkbox"/> G44.89 Other headache syndrome 	<p>ICD Category - Other headache syndromes (G44)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G44.001 Cluster headache syndrome, unspecified, intractable <input type="checkbox"/> G44.009 Cluster headache syndrome, unspecified, not intractable <input type="checkbox"/> G44.011 Episodic cluster headache, intractable <input type="checkbox"/> G44.019 Episodic cluster headache, not intractable <input type="checkbox"/> G44.021 Chronic cluster headache, intractable <input type="checkbox"/> G44.029 Chronic cluster headache, not intractable <input type="checkbox"/> G44.031 Episodic paroxysmal hemicrania, intractable <input type="checkbox"/> G47.35 Congenital central alveolar hypoventilation syndrome <input type="checkbox"/> G47.36 Sleep related hypoventilation in conditions classified elsewhere <input type="checkbox"/> G47.37 Central sleep apnea in conditions classified elsewhere <input type="checkbox"/> G47.39 Other sleep apnea <input type="checkbox"/> G47.411 Narcolepsy with cataplexy <input type="checkbox"/> G47.419 Narcolepsy without cataplexy <input type="checkbox"/> G47.421 Narcolepsy in conditions classified elsewhere with cataplexy <input type="checkbox"/> G47.429 Narcolepsy in conditions classified elsewhere without cataplexy <input type="checkbox"/> G47.50 Parasomnia, unspecified <input type="checkbox"/> G47.51 Confusional arousals <input type="checkbox"/> G47.52 REM sleep behavior disorder <input type="checkbox"/> G47.53 Recurrent isolated sleep paralysis <input type="checkbox"/> G47.54 Parasomnia in conditions classified elsewhere <input type="checkbox"/> G47.59 Other parasomnia <input type="checkbox"/> G47.61 Periodic limb movement disorder <input type="checkbox"/> G47.62 Sleep related leg cramps <input type="checkbox"/> G47.63 Sleep related bruxism <input type="checkbox"/> G47.69 Other sleep related movement disorders <input type="checkbox"/> G47.8 Other sleep disorders <input type="checkbox"/> G47.9 Sleep disorder, unspecified
<p>ICD Category - Transient cerebral ischemic attacks and related syndromes (G45)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G45.0 Vertebro-basilar artery syndrome <input type="checkbox"/> G45.1 Carotid artery syndrome (hemispheric) <input type="checkbox"/> G45.2 Multiple and bilateral precerebral artery syndromes <input type="checkbox"/> G45.3 Amaurosis fugax <input type="checkbox"/> G45.4 Transient global amnesia <input type="checkbox"/> G45.8 Other transient cerebral ischemic attacks and related syndromes <input type="checkbox"/> G45.9 Transient cerebral ischemic attack, unspecified 	<p>Nerve, nerve root and plexus disorders (G50-G59)</p> <p>ICD Category - Disorders of trigeminal nerve (G50)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G50.0 Trigeminal neuralgia <input type="checkbox"/> G50.1 Atypical facial pain <input type="checkbox"/> G50.8 Other disorders of trigeminal nerve <input type="checkbox"/> G50.9 Disorder of trigeminal nerve, unspecified
<p>ICD Category - Vascular syndromes of brain in cerebrovascular diseases (G46)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G46.0 Middle cerebral artery syndrome <input type="checkbox"/> G46.1 Anterior cerebral artery syndrome <input type="checkbox"/> G46.2 Posterior cerebral artery syndrome <input type="checkbox"/> G46.3 Brain stem stroke syndrome <input type="checkbox"/> G46.4 Cerebellar stroke syndrome <input type="checkbox"/> G46.5 Pure motor lacunar syndrome <input type="checkbox"/> G46.6 Pure sensory lacunar syndrome <input type="checkbox"/> G46.7 Other lacunar syndromes <input type="checkbox"/> G46.8 Other vascular syndromes of brain in cerebrovascular diseases 	<p>ICD Category - Facial nerve disorders (G51)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G51.0 Bell's palsy <input type="checkbox"/> G51.1 Geniculate ganglionitis <input type="checkbox"/> G51.2 Melkersson's syndrome <input type="checkbox"/> G51.31 Clonic hemifacial spasm, right <input type="checkbox"/> G51.32 Clonic hemifacial spasm, left <input type="checkbox"/> G51.33 Clonic hemifacial spasm, bilateral <input type="checkbox"/> G51.39 Clonic hemifacial spasm, unspecified <input type="checkbox"/> G51.4 Facial myokymia <input type="checkbox"/> G51.8 Other disorders of facial nerve <input type="checkbox"/> G51.9 Disorder of facial nerve, unspecified
<p>ICD Category - Sleep disorders (G47)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G47.00 Insomnia, unspecified <input type="checkbox"/> G47.01 Insomnia due to medical condition <input type="checkbox"/> G47.09 Other insomnia <input type="checkbox"/> G47.10 Hypersomnia, unspecified <input type="checkbox"/> G47.11 Idiopathic hypersomnia with long sleep time <input type="checkbox"/> G47.12 Idiopathic hypersomnia without long sleep time <input type="checkbox"/> G47.13 Recurrent hypersomnia <input type="checkbox"/> G47.14 Hypersomnia due to medical condition <input type="checkbox"/> G47.19 Other hypersomnia <input type="checkbox"/> G47.20 Circadian rhythm sleep disorder, unspecified type <input type="checkbox"/> G47.21 Circadian rhythm sleep disorder, delayed sleep phase type <input type="checkbox"/> G47.22 Circadian rhythm sleep disorder, advanced sleep phase type <input type="checkbox"/> G47.23 Circadian rhythm sleep disorder, irregular sleep wake type <input type="checkbox"/> G47.24 Circadian rhythm sleep disorder, free running type <input type="checkbox"/> G47.25 Circadian rhythm sleep disorder, jet lag type <input type="checkbox"/> G47.26 Circadian rhythm sleep disorder, shift work type <input type="checkbox"/> G47.27 Circadian rhythm sleep disorder in conditions classified elsewhere <input type="checkbox"/> G47.29 Other circadian rhythm sleep disorder <input type="checkbox"/> G47.30 Sleep apnea, unspecified <input type="checkbox"/> G47.31 Primary central sleep apnea <input type="checkbox"/> G47.32 High altitude periodic breathing <input type="checkbox"/> G47.33 Obstructive sleep apnea (adult) (pediatric) <input type="checkbox"/> G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation 	<p>ICD Category - Disorders of other cranial nerves (G52)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G52.0 Disorders of olfactory nerve <input type="checkbox"/> G52.1 Disorders of glossopharyngeal nerve <input type="checkbox"/> G52.2 Disorders of vagus nerve <input type="checkbox"/> G52.3 Disorders of hypoglossal nerve <input type="checkbox"/> G52.7 Disorders of multiple cranial nerves <input type="checkbox"/> G52.8 Disorders of other specified cranial nerves <input type="checkbox"/> G52.9 Cranial nerve disorder, unspecified
<ul style="list-style-type: none"> <input type="checkbox"/> G56.41 Causalgia of right upper limb <input type="checkbox"/> G56.42 Causalgia of left upper limb <input type="checkbox"/> G56.43 Causalgia of bilateral upper limbs <input type="checkbox"/> G56.80 Other specified mononeuropathies of unspecified upper limb <input type="checkbox"/> G56.81 Other specified mononeuropathies of right upper limb 	<p>ICD Category - Cranial nerve disorders in diseases classified elsewhere (G53)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G53 Cranial nerve disorders in diseases classified elsewhere
	<p>ICD Category - Nerve root and plexus disorders (G54)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G54.0 Brachial plexus disorders <input type="checkbox"/> G54.1 Lumbosacral plexus disorders <input type="checkbox"/> G54.2 Cervical root disorders, not elsewhere classified <input type="checkbox"/> G54.3 Thoracic root disorders, not elsewhere classified <input type="checkbox"/> G54.4 Lumbosacral root disorders, not elsewhere classified <input type="checkbox"/> G54.5 Neuralgic amyotrophy <input type="checkbox"/> G54.6 Phantom limb syndrome with pain <input type="checkbox"/> G54.7 Phantom limb syndrome without pain <input type="checkbox"/> G54.8 Other nerve root and plexus disorders <input type="checkbox"/> G54.9 Nerve root and plexus disorder, unspecified
	<p>ICD Category - Nerve root and plexus compressions in diseases classified elsewhere (G55)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G55 Nerve root and plexus compressions in diseases classified elsewhere
	<p>ICD Category - Mononeuropathies of upper limb (G56)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G56.00 Carpal tunnel syndrome, unspecified upper limb <input type="checkbox"/> G56.01 Carpal tunnel syndrome, right upper limb <input type="checkbox"/> G56.02 Carpal tunnel syndrome, left upper limb <input type="checkbox"/> G56.03 Carpal tunnel syndrome, bilateral upper limbs <input type="checkbox"/> G56.10 Other lesions of median nerve, unspecified upper limb <input type="checkbox"/> G56.11 Other lesions of median nerve, right upper limb <input type="checkbox"/> G56.12 Other lesions of median nerve, left upper limb <input type="checkbox"/> G56.13 Other lesions of median nerve, bilateral upper limbs <input type="checkbox"/> G56.20 Lesion of ulnar nerve, unspecified upper limb <input type="checkbox"/> G56.21 Lesion of ulnar nerve, right upper limb <input type="checkbox"/> G56.22 Lesion of ulnar nerve, left upper limb <input type="checkbox"/> G56.23 Lesion of ulnar nerve, bilateral upper limbs <input type="checkbox"/> G56.30 Lesion of radial nerve, unspecified upper limb <input type="checkbox"/> G56.31 Lesion of radial nerve, right upper limb <input type="checkbox"/> G56.32 Lesion of radial nerve, left upper limb <input type="checkbox"/> G56.33 Lesion of radial nerve, bilateral upper limbs <input type="checkbox"/> G56.40 Causalgia of unspecified upper limb
	<p>ICD Category - Polyneuropathy in disease classified elsewhere (G63)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G63 Polyneuropathy in diseases classified elsewhere

<ul style="list-style-type: none"> <input type="checkbox"/> G56.82 Other specified mononeuropathies of left upper limb <input type="checkbox"/> G56.83 Other specified mononeuropathies of bilateral upper limbs <input type="checkbox"/> G56.90 Unspecified mononeuropathy of unspecified upper limb <input type="checkbox"/> G56.91 Unspecified mononeuropathy of right upper limb <input type="checkbox"/> G56.92 Unspecified mononeuropathy of left upper limb <input type="checkbox"/> G56.93 Unspecified mononeuropathy of bilateral upper limbs 	<p>ICD Category - Other disorders of peripheral nervous system (G64)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G64 Other disorders of peripheral nervous system
<p>ICD Category - Mononeuropathies of lower limb (G57)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G57.00 Lesion of sciatic nerve, unspecified lower limb <input type="checkbox"/> G57.01 Lesion of sciatic nerve, right lower limb <input type="checkbox"/> G57.02 Lesion of sciatic nerve, left lower limb <input type="checkbox"/> G57.03 Lesion of sciatic nerve, bilateral lower limbs <input type="checkbox"/> G57.10 Meralgia paresthetica, unspecified lower limb <input type="checkbox"/> G57.11 Meralgia paresthetica, right lower limb <input type="checkbox"/> G57.12 Meralgia paresthetica, left lower limb <input type="checkbox"/> G57.13 Meralgia paresthetica, bilateral lower limbs <input type="checkbox"/> G57.20 Lesion of femoral nerve, unspecified lower limb <input type="checkbox"/> G57.21 Lesion of femoral nerve, right lower limb <input type="checkbox"/> G57.22 Lesion of femoral nerve, left lower limb <input type="checkbox"/> G57.23 Lesion of femoral nerve, bilateral lower limbs <input type="checkbox"/> G57.30 Lesion of lateral popliteal nerve, unspecified lower limb <input type="checkbox"/> G57.31 Lesion of lateral popliteal nerve, right lower limb <input type="checkbox"/> G57.32 Lesion of lateral popliteal nerve, left lower limb <input type="checkbox"/> G57.33 Lesion of lateral popliteal nerve, bilateral lower limbs <input type="checkbox"/> G57.40 Lesion of medial popliteal nerve, unspecified lower limb <input type="checkbox"/> G57.41 Lesion of medial popliteal nerve, right lower limb <input type="checkbox"/> G57.42 Lesion of medial popliteal nerve, left lower limb <input type="checkbox"/> G57.43 Lesion of medial popliteal nerve, bilateral lower limbs <input type="checkbox"/> G57.50 Lesion of medial popliteal nerve, bilateral lower limbs <input type="checkbox"/> G57.51 Tarsal tunnel syndrome, right lower limb <input type="checkbox"/> G57.52 Tarsal tunnel syndrome, left lower limb <input type="checkbox"/> G57.53 Tarsal tunnel syndrome, bilateral lower limbs <input type="checkbox"/> G57.60 Lesion of plantar nerve, unspecified lower limb <input type="checkbox"/> G57.61 Lesion of plantar nerve, right lower limb <input type="checkbox"/> G57.62 Lesion of plantar nerve, left lower limb <input type="checkbox"/> G57.63 Lesion of plantar nerve, bilateral lower limbs <input type="checkbox"/> G57.70 Causalgia of unspecified lower limb <input type="checkbox"/> G57.71 Causalgia of right lower limb <input type="checkbox"/> G57.72 Causalgia of left lower limb <input type="checkbox"/> G57.73 Causalgia of bilateral lower limbs <input type="checkbox"/> G57.80 Other specified mononeuropathies of unspecified lower limb <input type="checkbox"/> G57.81 Other specified mononeuropathies of right lower limb <input type="checkbox"/> G57.82 Other specified mononeuropathies of left lower limb <input type="checkbox"/> G57.83 Other specified mononeuropathies of bilateral lower limbs <input type="checkbox"/> G57.90 Unspecified mononeuropathy of unspecified lower limb <input type="checkbox"/> G57.91 Unspecified mononeuropathy of right lower limb <input type="checkbox"/> G57.92 Unspecified mononeuropathy of left lower limb <input type="checkbox"/> G57.93 Unspecified mononeuropathy of bilateral lower limbs 	<p>ICD Category - Sequelae of inflammatory and toxic polyneuropathies (G65)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G65.0 Sequelae of Guillain-Barré syndrome <input type="checkbox"/> →G65.1 Sequelae of other inflammatory polyneuropathy G65.2 Sequelae of toxic polyneuropathy <p>Diseases of myoneural junction and muscle (G70-G73)</p> <p>ICD Category G70</p> <ul style="list-style-type: none"> <input type="checkbox"/> G70.00 Myasthenia gravis without (acute) exacerbation <input type="checkbox"/> G70.01 Myasthenia gravis with (acute) exacerbation <input type="checkbox"/> G70.1 Toxic myoneural disorders <input type="checkbox"/> G70.2 Congenital and developmental myasthenia <input type="checkbox"/> G70.80 Lambert-Eaton syndrome, unspecified <input type="checkbox"/> G70.81 Lambert-Eaton syndrome in disease classified elsewhere <input type="checkbox"/> G70.89 Other specified myoneural disorders <input type="checkbox"/> G70.9 Myoneural disorder, unspecified
<p>ICD Category - Other mononeuropathies (G58)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G58.0 Intercostal neuropathy <input type="checkbox"/> G58.7 Mononeuritis multiplex <input type="checkbox"/> G58.8 Other specified mononeuropathies <input type="checkbox"/> G58.9 Mononeuropathy, unspecified <p>ICD Category - Mononeuropathy in diseases classified elsewhere (G59)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G59 Mononeuropathy in diseases classified elsewhere 	<p>ICD Category - Myasthenia gravis and other myoneural disorders (G70)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G71.00 Muscular dystrophy, unspecified <input type="checkbox"/> G71.01 Duchenne or Becker muscular dystrophy <input type="checkbox"/> G71.02 Facioscapulohumeral muscular dystrophy <input type="checkbox"/> G71.09 Other specified muscular dystrophies <input type="checkbox"/> G71.11 Myotonic muscular dystrophy <input type="checkbox"/> G71.12 Myotonia congenita <input type="checkbox"/> G71.13 Myotonic chondrodystrophy <input type="checkbox"/> G71.14 Drug induced myotonia <input type="checkbox"/> G71.19 Other specified myotonic disorders <input type="checkbox"/> G71.20 Congenital myopathy, unspecified <input type="checkbox"/> G71.21 Nemaline myopathy <input type="checkbox"/> G71.220 X-linked myotubular myopathy <input type="checkbox"/> G71.228 Other centronuclear myopathy <input type="checkbox"/> G71.29 Other congenital myopathy <input type="checkbox"/> G71.3 Mitochondrial myopathy, not elsewhere classified <input type="checkbox"/> G71.8 Other primary disorders of muscles <input type="checkbox"/> G71.9 Primary disorder of muscle, unspecified <p>ICD Category - Primary disorders of muscles (G71)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G72.0 Drug-induced myopathy <input type="checkbox"/> G72.1 Alcoholic myopathy <input type="checkbox"/> G72.2 Myopathy due to other toxic agents <input type="checkbox"/> G72.3 Periodic paralysis <input type="checkbox"/> G72.41 Inclusion body myositis [IBM] <input type="checkbox"/> G72.49 Other inflammatory and immune myopathies, not elsewhere classified <input type="checkbox"/> G72.81 Critical illness myopathy <input type="checkbox"/> G72.89 Other specified myopathies <input type="checkbox"/> G72.9 Myopathy, unspecified
<p>Polyneuropathies and other disorders of the peripheral nervous system (G60-G65)</p> <p>ICD Category - Hereditary and idiopathic neuropathy (G60)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G60.0 Hereditary motor and sensory neuropathy <input type="checkbox"/> G60.1 Refsum's disease <input type="checkbox"/> G60.2 Neuropathy in association with hereditary ataxia <input type="checkbox"/> G60.3 Idiopathic progressive neuropathy <input type="checkbox"/> G60.8 Other hereditary and idiopathic neuropathies <input type="checkbox"/> G60.9 Hereditary and idiopathic neuropathy, unspecified <p>ICD Category - Inflammatory polyneuropathy (G61)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G61.0 Guillain-Barre syndrome <input type="checkbox"/> G61.1 Serum neuropathy <input type="checkbox"/> G61.81 Chronic inflammatory demyelinating polyneuritis <input type="checkbox"/> G61.82 Multifocal motor neuropathy <input type="checkbox"/> G61.89 Other inflammatory polyneuropathies <input type="checkbox"/> G61.9 Inflammatory polyneuropathy, unspecified 	<p>ICD Category - Other and unspecified myopathies (G72)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G72.0 Drug-induced myopathy <input type="checkbox"/> G72.1 Alcoholic myopathy <input type="checkbox"/> G72.2 Myopathy due to other toxic agents <input type="checkbox"/> G72.3 Periodic paralysis <input type="checkbox"/> G72.41 Inclusion body myositis [IBM] <input type="checkbox"/> G72.49 Other inflammatory and immune myopathies, not elsewhere classified <input type="checkbox"/> G72.81 Critical illness myopathy <input type="checkbox"/> G72.89 Other specified myopathies <input type="checkbox"/> G72.9 Myopathy, unspecified <p>ICD Category - Disord of myoneural junction and muscle in dis classd elswhr (G73)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G73 Disorders of myoneural junction and muscle in diseases classified elsewhere
<p>ICD Category - Other and unspecified polyneuropathies (G62)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G62.0 Drug-induced polyneuropathy <input type="checkbox"/> G62.1 Alcoholic polyneuropathy <input type="checkbox"/> G62.2 Polyneuropathy due to other toxic agents <input type="checkbox"/> G62.81 Critical illness polyneuropathy <input type="checkbox"/> G62.82 Radiation-induced polyneuropathy <input type="checkbox"/> G62.89 Other specified polyneuropathies <input type="checkbox"/> G62.9 Polyneuropathy, unspecified <input type="checkbox"/> G81.92 Hemiplegia, unspecified affecting left dominant side <input type="checkbox"/> G81.93 Hemiplegia, unspecified affecting right nondominant side <input type="checkbox"/> G81.94 Hemiplegia, unspecified affecting left nondominant side 	<p>ICD Category - Other and unspecified myopathies (G72)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G72.0 Drug-induced myopathy <input type="checkbox"/> G72.1 Alcoholic myopathy <input type="checkbox"/> G72.2 Myopathy due to other toxic agents <input type="checkbox"/> G72.3 Periodic paralysis <input type="checkbox"/> G72.41 Inclusion body myositis [IBM] <input type="checkbox"/> G72.49 Other inflammatory and immune myopathies, not elsewhere classified <input type="checkbox"/> G72.81 Critical illness myopathy <input type="checkbox"/> G72.89 Other specified myopathies <input type="checkbox"/> G72.9 Myopathy, unspecified <p>ICD Category - Cerebral palsy and other paralytic syndromes (G80-G83)</p> <p>ICD Category - Cerebral palsy (G80)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G80.0 Spastic quadriplegic cerebral palsy <input type="checkbox"/> G80.1 Spastic diplegic cerebral palsy <input type="checkbox"/> G80.2 Spastic hemiplegic cerebral palsy <input type="checkbox"/> G80.3 Athetoid cerebral palsy <input type="checkbox"/> G80.4 Ataxic cerebral palsy <input type="checkbox"/> G80.8 Other cerebral palsy <input type="checkbox"/> G80.9 Cerebral palsy, unspecified <p>ICD Category - Hemiplegia and hemiparesis (G81)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G81.00 Flaccid hemiplegia affecting unspecified side <input type="checkbox"/> G81.01 Flaccid hemiplegia affecting right dominant side <input type="checkbox"/> G81.02 Flaccid hemiplegia affecting left dominant side <input type="checkbox"/> G81.03 Flaccid hemiplegia affecting right nondominant side <input type="checkbox"/> G81.04 Flaccid hemiplegia affecting left nondominant side <input type="checkbox"/> G81.10 Spastic hemiplegia affecting unspecified side <input type="checkbox"/> G81.11 Spastic hemiplegia affecting right dominant side <input type="checkbox"/> G81.12 Spastic hemiplegia affecting left dominant side <input type="checkbox"/> G81.13 Spastic hemiplegia affecting right nondominant side <input type="checkbox"/> G81.14 Spastic hemiplegia affecting left nondominant side <input type="checkbox"/> G81.90 Hemiplegia, unspecified affecting unspecified side <input type="checkbox"/> G81.91 Hemiplegia, unspecified affecting right dominant side <input type="checkbox"/> G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5 <input type="checkbox"/> G92.8 Other toxic encephalopathy <input type="checkbox"/> G92.9 Unspecified toxic encephalopathy

ICD Category	G82
<input type="checkbox"/>	G82.20 Paraplegia, unspecified
<input type="checkbox"/>	G82.21 Paraplegia, complete
<input type="checkbox"/>	G82.22 Paraplegia, incomplete
<input type="checkbox"/>	G82.50 Quadriplegia, unspecified
<input type="checkbox"/>	G82.51 C1-C4 complete
<input type="checkbox"/>	G82.52 C1-C4 Incomplete
<input type="checkbox"/>	G82.53 C5-C7 complete
<input type="checkbox"/>	G82.54 C5-C7 Incomplete

ICD Category	G83
<input type="checkbox"/>	G83.0 Diplegia of upper limbs
<input type="checkbox"/>	G83.10 Monoplegia of lower limb affecting unspecified side
<input type="checkbox"/>	G83.11 Monoplegia of lower limb affecting right dominant side
<input type="checkbox"/>	G83.12 Monoplegia of lower limb affecting left dominant side
<input type="checkbox"/>	G83.13 Monoplegia of lower limb affecting right nondominant side
<input type="checkbox"/>	G83.14 Monoplegia of lower limb affecting left nondominant side
<input type="checkbox"/>	G83.20 Monoplegia of upper limb affecting unspecified side
<input type="checkbox"/>	G83.21 Monoplegia of upper limb affecting right dominant side
<input type="checkbox"/>	G83.22 Monoplegia of upper limb affecting left dominant side
<input type="checkbox"/>	G83.23 Monoplegia of upper limb affecting right nondominant side
<input type="checkbox"/>	G83.24 Monoplegia of upper limb affecting left nondominant side
<input type="checkbox"/>	G83.30 Monoplegia, unspecified affecting unspecified side
<input type="checkbox"/>	G83.31 Monoplegia, unspecified affecting right dominant side
<input type="checkbox"/>	G83.32 Monoplegia, unspecified affecting left dominant side
<input type="checkbox"/>	G83.33 Monoplegia, unspecified affecting right nondominant side
<input type="checkbox"/>	G83.34 Monoplegia, unspecified affecting left nondominant side
<input type="checkbox"/>	G83.4 Cauda equina syndrome
<input type="checkbox"/>	G83.5 Locked-in state
<input type="checkbox"/>	G83.81 Brown-Séquard syndrome
<input type="checkbox"/>	G83.82 Anterior cord syndrome
<input type="checkbox"/>	G83.83 Posterior cord syndrome
<input type="checkbox"/>	G83.84 Todd's paralysis (postepileptic)
<input type="checkbox"/>	G83.89 Other specified paralytic syndromes
<input type="checkbox"/>	G83.9 Paralytic syndrome, unspecified
<input type="checkbox"/>	G89-G99

ICD Category	G89
<input type="checkbox"/>	G89.0 Central pain syndrome
<input type="checkbox"/>	G89.11 Acute pain due to trauma
<input type="checkbox"/>	G89.12 Acute post-thoracotomy pain
<input type="checkbox"/>	G89.18 Other acute postprocedural pain
<input type="checkbox"/>	G89.21 Chronic pain due to trauma
<input type="checkbox"/>	G89.22 Chronic post-thoracotomy pain
<input type="checkbox"/>	G89.28 Other chronic postprocedural pain
<input type="checkbox"/>	G89.29 Other chronic pain
<input type="checkbox"/>	G89.3 Neoplasm related pain (acute) (chronic)
<input type="checkbox"/>	G89.4 Chronic pain syndrome

ICD Category	G90
<input type="checkbox"/>	G90.01 Carotid sinus syncope
<input type="checkbox"/>	G90.09 Other idiopathic peripheral autonomic neuropathy
<input type="checkbox"/>	G90.1 Familial dysautonomia (Riley-Day)
<input type="checkbox"/>	G90.2 Horner's syndrome
<input type="checkbox"/>	G90.3 Multi-system degeneration of the autonomic nervous system
<input type="checkbox"/>	G90.4 Autonomic dysreflexia
<input type="checkbox"/>	G90.50 Complex regional pain syndrome I, unspecified
<input type="checkbox"/>	G90.511 Complex regional pain syndrome I of right upper limb
<input type="checkbox"/>	G90.512 Complex regional pain syndrome I of left upper limb
<input type="checkbox"/>	G90.513 Complex regional pain syndrome I of upper limb, bilateral
<input type="checkbox"/>	G90.519 Complex regional pain syndrome I of unspecified upper limb
<input type="checkbox"/>	G90.521 Complex regional pain syndrome I of right lower limb
<input type="checkbox"/>	G90.522 Complex regional pain syndrome I of left lower limb
<input type="checkbox"/>	G90.523 Complex regional pain syndrome I of lower limb, bilateral
<input type="checkbox"/>	G90.529 Complex regional pain syndrome I of unspecified lower limb
<input type="checkbox"/>	G90.59 Complex regional pain syndrome I of other specified site
<input type="checkbox"/>	G90.8 Other disorders of autonomic nervous system
<input type="checkbox"/>	G90.9 Disorder of the autonomic nervous system, unspecified

ICD Category	G91
<input type="checkbox"/>	G91.0 Communicating hydrocephalus
<input type="checkbox"/>	G91.1 Obstructive hydrocephalus
<input type="checkbox"/>	G91.2 (Idiopathic) normal pressure hydrocephalus
<input type="checkbox"/>	G91.3 Post-traumatic hydrocephalus, unspecified
<input type="checkbox"/>	G91.4 Hydrocephalus in diseases classified elsewhere
<input type="checkbox"/>	G91.8 Other hydrocephalus
<input type="checkbox"/>	G91.9 Hydrocephalus, unspecified

ICD Category	G92
<input type="checkbox"/>	G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
<input type="checkbox"/>	G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1
<input type="checkbox"/>	G92.02 Immune effector cell-associated neurotoxicity syndrome, grade 2
<input type="checkbox"/>	G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
<input type="checkbox"/>	G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4

ICD Category	G93
<input type="checkbox"/>	G93.0 Cerebral cysts
<input type="checkbox"/>	G93.1 Anoxic brain damage, not elsewhere classified
<input type="checkbox"/>	G93.2 Benign intracranial hypertension
<input type="checkbox"/>	G93.3 Postviral fatigue syndrome
<input type="checkbox"/>	G93.40 Encephalopathy, unspecified
<input type="checkbox"/>	G93.41 Metabolic encephalopathy
<input type="checkbox"/>	G93.49 Other encephalopathy
<input type="checkbox"/>	G93.5 Compression of brain
<input type="checkbox"/>	G93.6 Cerebral edema
<input type="checkbox"/>	G93.7 Reye's syndrome
<input type="checkbox"/>	G93.81 Temporal sclerosis
<input type="checkbox"/>	G93.82 Brain death
<input type="checkbox"/>	G93.89 Other specified disorders of brain
<input type="checkbox"/>	G93.9 Disorder of brain, unspecified

ICD Category	G94
<input type="checkbox"/>	G94 Other disorders of brain in diseases classified elsewhere

ICD Category	G95
<input type="checkbox"/>	G95.0 Syringomyelia and syringobulbia
<input type="checkbox"/>	G95.11 Acute infarction of spinal cord (embolic) (nonembolic)
<input type="checkbox"/>	G95.19 Other vascular myelopathies
<input type="checkbox"/>	G95.20 Unspecified cord compression
<input type="checkbox"/>	G95.29 Other cord compression
<input type="checkbox"/>	G95.81 Conus medullaris syndrome
<input type="checkbox"/>	G95.89 Other specified diseases of spinal cord
<input type="checkbox"/>	G95.9 Disease of spinal cord, unspecified

ICD Category	G96
<input type="checkbox"/>	G96.00 Cerebrospinal fluid leak, unspecified
<input type="checkbox"/>	G96.01 Cranial cerebrospinal fluid leak, spontaneous
<input type="checkbox"/>	G96.02 Spinal cerebrospinal fluid leak, spontaneous
<input type="checkbox"/>	G96.08 Other cranial cerebrospinal fluid leak
<input type="checkbox"/>	G96.09 Other spinal cerebrospinal fluid leak
<input type="checkbox"/>	G96.11 Dural tear
<input type="checkbox"/>	G96.12 Meningeal adhesions (cerebral) (spinal)
<input type="checkbox"/>	G96.191 Perineural cyst
<input type="checkbox"/>	G96.198 Other disorders of meninges, not elsewhere classified
<input type="checkbox"/>	G96.810 Intracranial hypotension, unspecified
<input type="checkbox"/>	G96.811 Intracranial hypotension, spontaneous
<input type="checkbox"/>	G96.819 Other intracranial hypotension
<input type="checkbox"/>	G96.89 Other specified disorders of central nervous system
<input type="checkbox"/>	G96.9 Disorder of central nervous system, unspecified

ICD Category	G97
<input type="checkbox"/>	G97.0 Cerebrospinal fluid leak from spinal puncture
<input type="checkbox"/>	G97.1 Other reaction to spinal and lumbar puncture
<input type="checkbox"/>	G97.2 Intracranial hypotension following ventricular shunting
<input type="checkbox"/>	G97.31 Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
<input type="checkbox"/>	G97.32 Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
<input type="checkbox"/>	G97.41 Accidental puncture or laceration of dura during a procedure
<input type="checkbox"/>	G97.48 Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure
<input type="checkbox"/>	G97.49 Accidental puncture and laceration of other nervous system organ or structure during other procedure
<input type="checkbox"/>	G97.51 Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure
<input type="checkbox"/>	G97.52 Postprocedural hemorrhage of a nervous system organ or structure following other procedure
<input type="checkbox"/>	G97.61 Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
<input type="checkbox"/>	G97.62 Postprocedural hematoma of a nervous system organ or structure following other procedure
<input type="checkbox"/>	G97.63 Postprocedural seroma of a nervous system organ or structure following a nervous system procedure
<input type="checkbox"/>	G97.64 Postprocedural seroma of a nervous system organ or structure following other procedure
<input type="checkbox"/>	G97.81 Other intraoperative complications of nervous system
<input type="checkbox"/>	G97.82 Other postprocedural complications and disorders of nervous system
<input type="checkbox"/>	G97.83 Intracranial hypotension following lumbar cerebrospinal fluid shunting
<input type="checkbox"/>	G97.84 Intracranial hypotension following other procedure

ICD Category	G98
<input type="checkbox"/>	G98.0 Neurogenic arthritis, not elsewhere classified
<input type="checkbox"/>	G98.8 Other disorders of nervous system

ICD Category	G99
<input type="checkbox"/>	G99.0 Autonomic neuropathy in diseases classified elsewhere
<input type="checkbox"/>	G99.2 Myelopathy in diseases classified elsewhere
<input type="checkbox"/>	G99.8 Other specified disorders of nervous system in diseases classified elsewhere

Additional ICD Codes:.....

Physician Consent for Genetic Testing

Cliffside Labs continually updates its panels based on the most recent evidence. If an order is placed using an outdated test requisition form, *Cliffside Labs* reserves the right to upgrade ordered tests to their current versions. Test IDs containing add-on codes will include the original panel as well as the add-on.

By signing this form, the medical professional acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in *Elite Clinical Laboratory Informed Consent for Genetic Testing (Cliffside Labs)*. The medical professional will retain evidence that the patient consented to genetic testing. The Patient has been informed that Cliffside Labs may notify them of clinical updates related to genetic Test results (in consultation with the ordering medical professional as indicated) and has been informed that DE identified (also referred to as pseudonymised) patient data may be used and shared with third parties in connection with the Program, for research and commercial purposes. For orders originating outside the United States, the Patient has been informed that their personal information and specimen will be transferred to and processed in the United States. The medical professional warrants that (i) he/she will not seek reimbursement for No charge test from any third, including but not limited to government healthcare programs; (ii) participation in the program will not influence the his/her medical this decisions; (iii) he/ She is not obligated to purchase or prescribe any product or service offered by a sponsor of the program; (iv) he/she is not obligated to participate in or to encourage patients to participate in any clinical trial or other research program conducted by a sponsor; and (v) he/she will participate in the Program in accordance with applicable laws. The medical professional consents to the sharing of organization and clinician contact information with third parties, including commercial organizations, who may contact the medical professional directly in connection with the Program. A list of third party partners will be provided upon request. I attest that I am authorized under applicable law to order this test.

Medical professional signature (required)

Date (MM/DD/YYYY)

Patient Informed Consent for Genetic Testing

(Patient's or Patient's Legal Guardian's Full Name)

(Test Type/Name)

I, _____, authorize Cliffside Labs to conduct _____ genetic (Patient's or Patient's Legal Guardian's Full Name) (Test Type/Name) testing, as ordered by my physician/authorized healthcare provider or as ordered by my child's/dependent's physician/authorized healthcare provider, and also authorize the collection of a sample for the purpose of this testing.

By signing below, I acknowledge and/or consent to the following statements:

- My physician or his/her designee (such as a genetic counselor) has fully explained to me the following:
 - the purpose, description, and nature of this test and its potential uses.
 - the reliability of positive or negative results and the level of certainty that a positive result for a disease or condition(s) holds, serving as a predictor of such disease or condition(s).
 - the effectiveness and limitations of the genetic test and the meaning of the possible genetic test results.
 - the implications of conducting this genetic testing, including the medical risks and benefits.
 - the description of the disease or condition(s) being tested for.
 - the availability and importance of meeting with a genetic counselor or medical geneticist, which I have been provided information on identifying an individual from whom I might obtain counseling, that I may seek prior to signing this consent.
 - that a positive result is an indication I may be predisposed to or could have the specific disease or condition(s) tested for. That if I wish to discuss my results and their meaning, I should consult with my physician and/or pursue genetic counseling. That if I wish to consider further independent testing after reviewing my r esults, I should consult with my physician.
- I understand that I will receive my test results from my physician/authorized healthcare provider unless I have explicitly directed otherwise.
- I understand that I have a right to confidential treatment of my sample and results, and that my results will only be disclosed as I have authorized in this consent.
 - I authorize my test results to be disclosed to the following person(s), should they be requested:
* Please list all authorized person(s) below with first name, last name, and relation to patient.

- I understand that only my physician's office and Cliffside Labs will have access to my sample and that my sample will only be used for the purposes which I have authorized in this consent.

Patient's Statement

I, the undersigned, have been informed about the test's purpose, procedures, possible benefits, possible risks, and I have been provided a copy of this consent for my records. I have been provided the opportunity to ask questions before signing this consent, and I have been assured that I can ask further questions at any time. I voluntarily agree to this genetic testing.

Patient signature (required)

Date (MM/DD/YYYY)