



**Molecular Genetics Requisition:
Hereditary Chronic Kidney Disease**

**Diagnostic Medical Genetics
Pathology and Laboratory Medicine,**
Room 11D.410, 600 University Ave,
Toronto, Ontario, Canada, M5G 1X5
Tel: (416) 586-4800 x 5974
Fax: (416) 586-8395

PATIENT INFORMATION (PLACE LABEL HERE or TYPE)

Last Name: _____
First Name: _____
MRN: _____
Date of Birth: _____ Prov: _____
Address: _____
City: _____ Postal Code: _____
Ontario Health Card & Version Code _____
Sex (OHIP): Male Female Non-Binary
Sex assigned at birth: Male Female Deceased Patient
Visit #/Patient location: _____

PATIENT CLINICAL INFORMATION

DISEASE STATUS Affected Unaffected Unknown _____

Kidney Disease Age of diagnosis: _____ Suggestive Findings: _____

Please note that testing may be put on hold if insufficient clinical details are provided.

Additional Relevant Information: _____

PATIENT FAMILY HISTORY

ANCESTRY & ETHNICITY: Please check ALL that apply

European (Finnish) African American American Admixed American East Asian Middle Eastern Ashkenazi Jewish
 Amish South Asian European (Non-Finnish) Indigenous Specify Nation/ Tribe/Band/Community: _____
 Other (specify) _____

FAMILY HISTORY: NO YES Please include a three generation pedigree (or draw below):

HEREDITARY CHRONIC KIDNEY DISEASE

CKD TARGETED VARIANT TESTING (Test Code: TAVT1)

Variant 1: Gene: _____ Variant: _____ Reference Sequence: NM _____
Variant source: Research Somatic Familial Proband Name: _____
Relationship to Patient: _____ MSH Report# : _____ DOB: _____
Variant 2: Gene: _____ Variant: _____ Reference Sequence: NM _____
Variant source: Research Somatic Familial Proband Name: _____
Relationship to Patient: _____ MSH Report# : _____ DOB: _____

*Full gene sequencing (NGS) will be performed as appropriate, e.g. if a familial positive control is not available. To opt out, select this box:
Use HGVS nomenclature or indicate if other. If proband testing was performed elsewhere, attach a copy of the original report (all pages) and send positive control.

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Gene Panel Name (# of genes)	Test Code	Genes
<input type="checkbox"/> Amyloidosis Panel (13)	WCK01	APOA1, APOA2, APOA4, APOC2, B2M, CST3, FGA, GPNMB, GSN,LYZ, NLRP3, OSMR, TTR
<input type="checkbox"/> Complement-Mediated Kidney Disease and Atypical Hemolytic Uremic Syndrome (aHUS) Panel (14)	WCK02	C1GALT1C1, C3, C5, CD46, CFB, CFH, CFHR1, CFHR2, CFHR3, CFHR5, CFI, DGKE, MMACHC, TSEN2
<input type="checkbox"/> Bartter and Gitelman Syndrome Panel (12)	WCK03	BSND, CASR, CLCNKA, CLCNKB, CLDN16, CLDN19, GNA11, HSD11B2, KCNJ1, MAGED2, SLC12A1, SLC12A3
<input type="checkbox"/> Dent Disease Panel (2)	WCK04	CLCN5, OCRL
<input type="checkbox"/> Congenital Anomalies of the Kidney and Urinary Tract (CAKUT) Panel (99)	WCK05	ACE, ACTG2, AFF3, AGT, AGTR1, ALMS1, ANOS1, BMP4, BNC2, CCNQ, CDX2, CELSR3, CENPF, CEP55, CHD7, CHRM3, CHRNA3, COL4A1, CTU2, DDX59, DHCR7, DLG5, DSTYK, DYRK1A, EXOC3L2, EYA1, FAT1, FLCN, FOXC1, FOXP1, FRAS1, FREM1, FREM2, GATA3, GDF6, GFRA1, GLI3, GPC3, GREB1L, GRIP1, HAAO, HNF1B, HOXA13, HPSE2, HS2ST1, HSPA9, ITGA8, JAG1, KAT6B, KDM2B, KDM6A, KIF14, KMT2D, KYNU, LIFR, LRIG2, LRP4, MYOCD, NADSYN1, NEK8, NFIA, NIPBL, NOTCH2, NPHP3, NPNT, NR6A1, NRIP1, OFD1, PAN2, PAX2, PBX1, PLVAP, REN, RET, RMND1, ROBO1, ROBO2, ROR2, SALL1, SALL4, SHROOM4, SLC20A1, SON, STRA6, TBC1D1, TBX18, TBX6, TFAP2A, TMEM260, TOP2B, TRAP1, TXNDC15, WBP11, WDR44, WLS, WNT5A, WT1, ZIC3, ZMYM2
<input type="checkbox"/> Cystic Kidney Disease Panel (44)	WCK06	ALG5, ALG8, ALG9, ANKS6, C2CD3, CEP104, CEP164, CEP83, CLCN5, COL4A1, CYP24A1, DCDC2, DNAJB11, DZIP1L, FLCN, GANAB, GLA, GLIS2, HNF1B, IFT140, INVS, IQCB1, MAPKBP1, MKS1, NEK8, NPHP1, NPHP3, NPHP4, OFD1, PAX2, PKD1, PKD2, PKHD1, PMM2, PRKCSH, SEC63, TMEM67, TSC1, TSC2, TTC21B, TULP3, UMOD, WDR19, XPNPEP3
<input type="checkbox"/> Proteinuric KD (including Collagenopathies) Panel (80)	WCK07	ACTN4, ALMS1, AMN, ANLN, APOA1, APOA2, APOA4, APOC2, APOE, APOL1, ARHGDI1, CD151, CD2AP, CLCN5, COL4A1, COL4A3, COL4A4, COL4A5, COQ2, COQ6, COQ8B, CRB2, CTNS, CUBN, DAAM2, DGKE, DLG1, FAT1, FN1, GLA, GON7, INF2, ITGA3, ITSN1, ITSN2, KANK2, LAGE3, LAMA5, LAMB2, LCAT, LMX1B, LRP2, MAFB, MAGI2, MTX2, MYH9, MYO1E, NOS1AP, NPHS1, NPHS2, NUP107, NUP133, NUP160, NUP85, NUP93, OCRL, OSGEP, P3H2, PAX2, PBX1, PDSS2, PLCE1, PODXL, PRDM15, PTPRO, REN, SCARB2, SGPL1, SMARCAL1, TBC1D8B, TNS2, TP53RK, TRPKB, TRIM8, TRPC6, TTC21B, UMOD, WDR73, WT1, YRDC
<input type="checkbox"/> Tubulopathy (including Nephrocalcinosis) Panel (122)	WCK08	AGXT, AIRE, ALPL, AMMECR1, AP2S1, APRT, AQP2, ATP1A1, ATP6V0A4, ATP6V1B1, AVP, AVPR2, BCS1L, BSND, CA2, CACNA1D, CACNA1H, CACNA1S, CASR, CDC73, CDKN1B, CLCN2, CLCN5, CLCNKA, CLCNKB, CLDN10, CLDN16, CLDN19, CNNM2, CPT2, CTNS, CUL3, CYP11B1, CYP11B2, CYP17A1, CYP21A2, CYP24A1, CYP27B1, CYP2R1, DMP1, EHHADH, ENPP1, FAH, FAM111A, FAM20A, FAM20C, FGF23, FOXI1, FXYD2, GALNT3, GATA3, GATM, GCM2, GLA, GNA11, GNAS, GRHPR, HNF1B, HNF4A, HOGA1, HPRT1, HSD11B2, HSD3B2, KCNA1, KCNJ1, KCNJ10, KCNJ16, KCNJ5, KLHL3, LCAT, LRP2, MAGED2, MEN1, MMUT, MOCOS, NDUFAF6, NR3C1, NR3C2, OCRL, PCBD1, PDE3A, PHEX, PTH, PTH1R, REN, RET, RMND1, Rragd, RRM2B, SARS2, SCNA4, SCNN1A, SCNN1B, SCNN1G, SEC61A1, SLC12A1, SLC12A3, SLC22A12, SLC2A2, SLC2A9, SLC34A1, SLC34A3, SLC3A1, SLC4A1, SLC4A4, SLC5A2, SLC6A19, SLC7A7, SLC7A9, STRADA, STX16, TBCE, TRPM6, TRPM7, UMOD, VDR, VIPAS39, VPS33B, WDR72, WNK1, WNK4, XDH
<input type="checkbox"/> Diabetes Insipidus Panel (4)	WCK09	AQP2, AVP, AVPR2, STRADA
<input type="checkbox"/> Hypomagnesemia Panel (17)	WCK10	ATP1A1, BSND, CASR, CLCNKB, CLDN16, CLDN19, CNNM2, FAM111A, FXYD2, HNF1B, KCNA1, KCNJ10, Rragd, SARS2, SLC12A3, TRPM6, TRPM7
<input type="checkbox"/> HPP and Inherited Hypophosphatemic Rickets Panel (15)	WCK11	ALPL, CLCN5, CTNS, CYP27B1, CYP2R1, DMP1, ENPP1, FAH, FAM20C, FGF23, OCRL, PHEX, SLC34A1, SLC34A3, VDR
<input type="checkbox"/> Nephrolithiasis and Nephrocalcinosis Panel (41)	WCK12	AGXT, ALPL, AMMECR1, APRT, ATP6V0A4, ATP6V1B1, BSND, CA2, CASR, CLCN5, CLCNKB, CLDN10, CLDN16, CLDN19, CTNS, CYP24A1, FAM20A, GRHPR, HNF4A, HOGA1, HPRT1, KCNJ1, MOCOS, OCRL, PHEX, PTH1R, Rragd, SLC12A1, SLC22A12, SLC2A9, SLC34A1, SLC34A3, SLC3A1, SLC4A1, SLC7A9, STRADA, VDR, VIPAS39, VPS33B, WDR72, XDH
<input type="checkbox"/> Pseudohypoaldosteronism Panel (11)	WCK13	CUL3, HSD11B2, KCNJ5, KLHL3, NR3C1, NR3C2, SCNN1A, SCNN1B, SCNN1G, WNK1, WNK4
<input type="checkbox"/> Renal Tubular Acidosis Panel (11)	WCK14	ATP6V0A4, ATP6V1B1, CA2, FOXI1, GATM, HNF4A, RMND1, SLC4A1, SLC4A4, VIPAS39, WDR72
<input type="checkbox"/> Comprehensive Kidney Disease Panel (398)	WCK15	ACE, ACTG2, ACTN4, AFF3, AGT, AGTR1, AGXT, AHI1, AIRE, ALG1, ALG5, ALG8, ALG9, ALMS1, ALPL, AMMECR1, AMN, ANKS6, ANLN, ANOS1, AP2S1, APOA1, APOA2, APOA4, APOC2, APOE, APOL1, APRT, AQP2, ARHGDI1, ARL13B, ARL6, ARMC9, ATP1A1, ATP6V0A4, ATP6V1B1, AVP, AVPR2, B2M, B9D1, B9D2, BBIP1, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BBS9, BCS1L, BMP4, BNC2, BSND, C1GALT1C1, C2CD3, C3, C5, CA2, CACNA1D, CACNA1H, CACNA1S, CASR, CACNA1T, CCNQ, CD151, CD2AP, CD46, CDC73, CDKN1B, CDX2, CELSR3, CENPF, CEP104, CEP164, CEP290, CEP41, CEP55, CEP83, CFB, CFH, CFHR1, CFHR2, CFHR3, CFHR5, CFI, CHD7, CHRM3, CHRNA3, CILK1, CLCN2, CLCN5, CLCNKA, CLCNKB, CLDN10, CLDN16, CLDN19,

Shipping Instructions: Collect and ship samples at room temperature on the same day. Samples should be received within 24 to 48 hours.

Only page 1 of this requisition is required for all test requests. Pages 2-4 are optional. Page 5 is required for patients without OHIP.



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Last Name:
First Name:
MRN:
Date of Birth:
Prov:
Address:
City:
Postal Code:
Ontario Health Card & Version Code
Sex (OHIP): Male Female Non-Binary
Sex assigned at birth: Male Female Deceased Patient
Visit #/Patient location:

CNNM2, COL4A1, COL4A3, COL4A4, COL4A5, COQ2, COQ6, COQ8B,
CPLANE1, CPT2, CRB2, CSPP1, CST3, CTNS, CTU2, CUBN, CUL3,
CYP11B1, CYP11B2, CYP17A1, CYP21A2, CYP24A1, CYP27B1,
CYP2R1, DAAM2, DCDC2, DDX59, DGKE, DHCR7, DLC1, DLG5, DMP1,
DNAJB11, DSTYK, DYNC2H1, DYNC2I1, DYRK1A, DZIP1L, EHHADH,
ENPP1, EXOC3L2, EYA1, FAH, FAM111A, FAM20A, FAM20C, FAN1,
FAT1, FGA, FGF23, FLCN, FN1, FOXC1, FOXI1, FOXP1, FRAS1, FREM1,
FREM2, FXYD2, GALNT3, GANAB, GATA3, GATM, GCM2, GDF6,
GFRA1, GLA, GLI3, GLIS2, GNA11, GNAS, GON7, GPC3, GPNMB,
GREB1L, GRHPR, GRIP1, GSN, HAAO, HNF1B, HNF4A, HOGA1,
HOXA13, HPRT1, HPSE2, HS2ST1, HSD11B2, HSD3B2, HSPA9, HYLS1,
IFT122, IFT140, IFT172, IFT27, IFT43, IFT74, INF2, INVS, IQCB1, ITGA3,
ITGA8, ITSN1, ITSN2, IFT54 (TRAF3IP1), JAG1, KANK2, KAT6B, KATNIP,
KCNA1, KCNJ1, KCNJ10, KCNJ16, KCNJ5, KDM2B, KDM6A, KIAA0586,
KIAA0753, KIF14, KIF7, KLHL3, KMT2D, KYNU, LAGE3, LAMA5, LAMB2,
LCAT, LIFR, LMX1B, LRIG2, LRP2, LRP4, LYZ, LZTFL1, MAFB, MAGED2,
MAGI2, MAPKBP1, MEN1, MKKS, MKS1, MMACHC, MMUT, MOCOS,
MT-TF, MTX2, MUC1*, MYH9, MYO1E, MYOCD, NADSYN1, NDUFAF6,
NEK1, NEK8, NFIA, NIPBL, NLRP3, NOS1AP, NOTCH2, NPHP1, NPHP3,
NPHP4, NPHS1, NPHS2, NPNT, NPR1, NR3C1, NR3C2, NR6A1, NRIP1,
NUP107, NUP133, NUP160, NUP85, NUP93, OCRL, OFD1, OSGEP,
OSMR, P3H2, PAN2, PAX2, PBX1, PCBD1, PDE3A, PDIA6, PDSS2,
PHEX, PIBF1, PKD1, PKD2, PKHD1, PLCE1, PLVAP, PMM2, PMPCA,
PODXL, PRDM15, PRKCSH, PSKH1, PTH, PTH1R, PTPRO, REN, RET,
RMND1, ROBO1, ROBO2, ROR2, RPGRIP1L, RRAGD, RRM2B, SALL1,
SALL4, SARS2, SCARB2, SCLT1, SCN4A, SCNN1A, SCNN1B, SCNN1G,
SDCCAG8, SEC61A1, SEC63, SGPL1, SHROOM4, SLC12A1, SLC12A3,
SLC20A1, SLC22A12, SLC2A2, SLC2A9, SLC34A1, SLC34A3, SLC3A1,
SLC4A1, SLC4A4, SLC5A2, SLC6A19, SLC7A7, SLC7A9, SMARCA1,
SON, STRA6, STRADA, STX16, TBC1D1, TBC1D8B, TBCE, TBX18,
TBX6, TCTN1, TCTN2, TCTN3, TFAP2A, TMEM107, TMEM138, TMEM17,
TMEM216, TMEM231, TMEM237, TMEM260, TMEM67, TNS2, TOP2B,
TP53RK, TPRKB, TRAP1, TRIM8, TRPC6, TRPM6, TRPM7, TSC1, TSC2,
TSEN2, TTC21B, TTC8, TTR, TULP3, TXNDC15, UMOD, VDR, VIPAS39,
VPS33B, WBP11, WDPCP, WDR19, WDR35, WDR44, WDR72, WDR73,
WLS, WNK1, WNK4, WNT5A, WT1, XDH, XPNPEP3, YRDC, ZIC3,
ZMYM2, ZNF423

Custom CKD Gene Panel

WCK00

Please specify which genes from the above CKD panels
(e.g., GENE1, GENE2, GENE3...)

Single gene and small gene panels include both sequencing and deletion/duplication analysis unless otherwise stated. Please note that deletion/duplication analysis may result in the identification and reporting of copy number variants that involve additional OMIM morbid genes not included in any of the Chronic Kidney Disease (CKD) panels listed above, with potential disease associations unrelated to CKD.

*The majority of pathogenic MUC1 variants are not detected using current technology; if clinically indicated, contact gcConnect for information about additional MUC1 testing



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 Sex (OHIP): Male Female Non-Binary
 Sex assigned at birth: Male Female Deceased Patient
 Visit #/Patient location: _____

Completion of Billing Form is **NOT** required for patients with an Ontario Health Card Number.

BILLING FORM

At your direction, we will bill the hospital or referring physician for the services we render.

- Invoices will be sent upon completion of each test/service
- Invoices are itemized and include the date of service, patient name, test name and charge.
- Contact the Mount Sinai Pathology and Laboratory Medicine Administration at 416-586-4800 x 5436 for billing inquiries.

How to complete the Billing Form:

- Referring physician or Genetic Counsellor completes the appropriate section below to specify billing method.
- Send requisition and completed "Billing Form" with specimen.

Section 1: Healthcare Provider Billing Information:

Billing Address of hospital, referring laboratory, clinic, referring physician, or medical group:

Full name (Surname, First name) of person to be billed (and CPSO# if applicable):

Address: _____

City: _____ Prov: _____

Postal Code: _____ Contact Phone #: _____

Section 2: Patient Financial Responsibility Form (For patients within Ontario without OHIP coverage) Payment Information (check off as appropriate):

<input type="checkbox"/> Out of Province	<input type="checkbox"/> IFH Refugee Program	<input type="checkbox"/> Community Health Centre
<input type="checkbox"/> Uninsured	<input type="checkbox"/> UDIP	

Dear Patient,

Your care is our first concern.

Please note that many insurance providers do not cover Genetic testing. It is advisable to include a preauthorization letter from your provider.

My Financial Responsibility:

I agree to pay for all hospitalization charges not covered by any other agency (OHIP, DVA, IVA, WSIB, Refugee Program) and any additional costs for which I am not insured or which are not entirely covered by my private insurance plan. In addition, I will pay for any co-payment charge incurred while awaiting placement in a nursing home, chronic or long term care facility.

I agree to permit Mount Sinai Hospital to release my health information to my private insurer for the sole purpose of receiving payment for services provided.

Patient Signature: X _____ Date: _____

Patient/Guarantor: My signature below indicates that I have read and understand all of the above clauses.

Patient Name _____

Signature _____

Date _____

Witness:

Print Name _____

Signature _____

Date _____

Credit Card Information: PLEASE PRINT CLEARLY

I authorize Mount Sinai Hospital to charge my credit card for costs not covered by Insurance or Other Agencies:

Credit Card Number: _____

Expiry Date ____ / ____

Verification number (back of card) _____

Name of Cardholder _____

Signature of Cardholder _____



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