INHERITED DISORDERS

MCC □ Maternal Cell Contamination (maternal and fetal samples) LAV

ACGHC □ Array CGH, Constitutional LAV

PCGH □ Array CGH, Family F/U LAV

HACGCH □ Hold Array CGH LAV

ALSCG □ C3orf12 Repeat Expansion LAV

POLC □ Cystic Fibrosis CBAVD Poly T Mutation LAV

MCFM □ Cystic Fibrosis, PCR for Common Mutations LAV

FRX □ Fragile X LAV

HHEM □ Hemochromatosis, Hereditary LAV

INVH □ Hemophilia A Inversion LAV

HUTN □ Huntington's Disease Triplet Repeat LAV

PWA □ Prader-Willi/Angelman Syndromes LAV

SMAPC □ Spinal Muscular Atrophy LAV

THALASSEMA & HEMOGLOBINOPATHY TESTING

HbA _____% MCV _____fl Date of last transfusion:

HbF _____% RBC _____x10(9)/L

HbA2 _____% Fe _____µg/dL Ethnicity:

Other Hb _____% Ferritin _____µg/dL

HBEP □ Hemoglobinopathy w/ Evaluation by HPLC LAV

ATLH □ Alpha Thalassemia Mutations LAV

HBCS □ Alpha Thalassemia Point Mutations LAV

BTHL □ Beta Thalassemia Mutations (incl. Hbs, Hbc, HbE) LAV

BDEL □ Beta Globin Gene Deletions by PCR LAV

BGSQ □ Beta-globin DNA Sequencing LAV

THROMBOSIS RISK

FVR □ Factor V (F5) Leiden Mutation LAV

MTR □ Methylene tetrahydrofolate Reductase (MTHFR) mutation LAV

PTTR □ Prothrombin (20210) mutation LAV

NEOPLASTIC DISORDERS

1P19Q □ 1p and 19q Deletion by FISH LAV/BM

KDSQ □ ABL Kinase Domain Mutations LAV/BM

FLT3 □ FLT3 Mutations, Qualitative PCR LAV/BM

NPM1 □ NPM1 Mutation Detection LAV/BM

CEBPA □ CEBP Alpha Mutation Sequencing LAV/BM

BCRABL □ BCR/ABL Quantitative by PCR LAV/BM

BRAF □ BRAF V600E Mutation testing by RT-PCR LAV/BM

EGFR □ EGFR Amplification by FISH LAV/BM

ERBB2 □ ERBB2 FISH (Breast Cancer, Her2/NEU) LAV/BM

EWSR1 □ EWSR1 Gene Rearrangement by FISH LAV/BM

ISO17Q □ Isochromosome 17q FISH LAV/BM

JAK2 □ Janus kinase 2 Mutation, Qualitative PCR LAV/BM

JMMI □ JMML Associated Exon Panel (CBL, KRAS, NRAS, PTPN11) LAV/BM

FJMMI □ JMML Associated Exon Panel, Family F/U LAV/BM

KRAS □ KRAS Sequencing LAV

MSI □ Microsatellite Instability by PCR LAV

MYC □ MYC FISH (C-MYC FISH) LAV/BM

MYCN □ MYCN FISH (N-MYC FISH) LAV/BM

PTEN □ PTEN Deletion by FISH LAV/BM

SS18 □ SS18 Gene Rearrangement by FISH LAV/BM

UROV □ UroVysion (TM) FISH (Bladder Cancer) LAV/BM

PHARMACOGENOMICS TESTS

2C19 □ CYP2C19 Genotype LAV

IL28B □ IL28B Genotype LAV

UGT1A1 □ UDP Glucuronosyltransferase 1A1 LAV

WARF □ Warfarin Metabolism LAV
INSTITUTIONAL ACCOUNT FORM

BILLING POLICY: UCSF Clinical Laboratories is unable to bill patients directly or accept any personal insurance plans from outpatients that are not seen at the UCSF Medical Center. An institution account must be established by referring institution prior to sending sample.

To establish an account, please complete the required information below and fax to our office at 415-353-4751. An account # will be assigned and an itemized invoice will be sent to the referring institution when the test has been completed.

INSTITUTION INFORMATION

INSTITUTION NAME
ORDERING PHYSICIAN NAME

DEPARTMENT/DIVISION
EMAIL

ADDRESS
PHONE (for specimen questions)

CITY/STATE/ZIP
FAX (For faxing Lab Results)

BILLING CONTACT/ADDRESS

NAME
ADDRESS

PHONE
ADDRESS

FAX
CITY/STATE/ZIP

EMAIL

GUARANTOR/AUTHORIZED SIGNATURE

SIGNATURE
PRINT NAME
DATE

For INTERNATIONAL Samples Only

For INTERNATIONAL SAMPLES (outside US), prepayment is required by our Laboratory. Please contact our Laboratory to make arrangements.

PLEASE FAX COMPLETED FORM TO (415) 353-4751, Attn: Kelly Yang
THANK YOU
To: Physicians, Nurse Practitioners and other Healthcare Professionals

From: Timothy Hamill, MD
Medical Director
UCSF Clinical Labs

RE: Facsimile Verification

You have requested that Lab Reports be faxed to you. These reports are considered Protected Health Information (PHI) as defined by HIPAA. Therefore, the Clinical Labs is required to obtain your verification that you accept receipt of PHI by FAX and have complied with the HIPAA regulations regarding the security of your FAX machine; its location, access and use.

Please read the attached document (page 2), filling in the requested information. FAX the form to: (415) 353-8323. We will keep the signed form on file and will honor your future requests for facsimile transmission of PHI. Your FAX number will be valid approximately 5 working days from the time we receive your signed Facsimile Verification form.

Please phone Central Processing (415 353-1667) if you have any questions.
UCSF CLINICAL LABORATORIES

FACSIMILE VERIFICATION FORM

The undersigned Client hereby authorizes UCSF Clinical Laboratories to send Protected Health Information (PHI) as that term is defined by the Health Insurance Portability and Accountability Act (HIPAA, 45 C.F.R. Parts 160-64), to the following facsimile phone number to the extent such transmission is determined by UCSF Clinical Labs to be a necessary component of the professional business relationship between UCSF Clinical Labs and the Client:

Practice/Clinic
Facsimile number(s): ____________________________
(List all facsimile numbers to which UCSF Clinical Lab Results may be transmitted).

Client represents to the UCSF Clinical Labs that Client has implemented appropriate policies and procedures, including physical safeguards, to ensure that the location of, access to and use of Client's facsimile machine complies with state and federal laws and regulations controlling the privacy of PHI including, but not limited to, HIPAA.

This Authorization will remain valid until revoked or changed by Client. To change its facsimile number(s), or to revoke this Authorization, Client must provide written notice to UCSF Clinical Labs at least five days prior to the implementation of the requested change or revocation. Notices may be faxed to UCSF Clinical Labs, LIS Director: (415) 353-8323, or mailed to UCSF Medical Center, Clinical Laboratories, Attn. LIS Director, Box 0100, 505 Parnassus, San Francisco, CA, 94143.

Practice/Clinic: __________________________________________

Practice/Clinic Address: ______________________________________

Practice/Clinic Rep. Signature: _________________________________

Practice/Clinic Rep. Printed Name: ______________________________

Practice/Clinic Rep. Title/Position: ______________________________

Practice/Clinic Phone Number: _________________________________

PLEASE SIGN AND FAX A COPY OF THIS FORM TO THE ATTENTION OF:

ENRIQUE TERRAZAS, M.D.
415 353-8323
Dear Laboratory Director:

Attached below is your clinical laboratory license. Your license is void after the expiration date below.

Expiration Date: April 21, 2014

UCSF CLINICAL LABS AT CHINA BASIN
185 BERRY ST STE 290
ATTN: MICHELLE SO
SAN FRANCISCO CA 94107-1773

DISPLAY:
State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:
State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.
You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-12)

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State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

UCSF CLINICAL LABS AT CHINA BASIN
185 BERRY ST STE # 290
SAN FRANCISCO CA 94107

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA
TOMI RYBA

DIRECTOR(S):
TIMOTHY R HAMIL MD
ENRIQUE TERRAZAS MD
THEODORE KURTZ MD
WILLIAM KARLON MD
STEVEN MILLER MD

Lab ID Number: CLF 00011823
Effective Date: April 22, 2013
Valid Until: April 21, 2014
CLIA Number: 05D11024215

Beatrice O'Keefe, Division Chief
Laboratory Field Services
**LABORATORY NAME AND ADDRESS**

UCSF CLINICAL LABS AT CHINA BASIN  
185 BERRY ST STE 290  
SAN FRANCISCO, CA  94107

**CLIA ID NUMBER**  
05D1024215

**EFFECTIVE DATE**  
02/04/2013

**LABORATORY DIRECTOR**  
TIMOTHY R HAMILL MD

**EXPIRATION DATE**  
02/03/2015

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

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<th>LAB CERTIFICATION (CODE)</th>
<th>EFFECTIVE DATE</th>
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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
The College of American Pathologists

certifies that the laboratory named below

UCSF/Mount Zion Medical Center
UCSF Clinical Labs at China Basin
San Francisco, California
Tim R. Hamill, MD

LAP Number: 7186667
AU-ID: 1411022
CLIA Number: 05D1024215

has met all applicable standards for accreditation and
is hereby fully accredited by the College of American Pathologists’
Laboratory Accreditation Program. Reinspection should occur prior
to October 28, 2013 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Frank R. Rudy
Chair, Commission on Laboratory Accreditation

President, College of American Pathologists
Other info that might be requested by an outside institution:

1. Federal Tax ID: 94-3281657
2. Medicare Provider #: 05-0454
3. NPI# 1699979641 (China Basin)