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# Clinical Questionnaire for Noonan Syndrome and RASopathies

Prior authorization questions, call **866-248-1265** / Fax **336-436-1007** / Test questions, call **800-345-4363**

Email: **PriorAuthEscalations@Labcorp.com**

Name and title of person completing this form \_\_\_\_\_

## Test Information (this is not an order for a test)

Test Options	Test No.	Test Options	Test No.
<input type="radio"/> Noonan Syndrome/RASopathies Panel	<b>482279</b>	<input type="radio"/> Other	
<input type="radio"/> Noonan Syndrome, Fetal Analysis	<b>482299</b>		

## Patient Demographics

Patient's name \_\_\_\_\_ / Date of birth \_\_\_\_\_ / Sex:  Male  Female

Patient/guardian phone no. \_\_\_\_\_ / Patient/guardian email \_\_\_\_\_

## Patient History

- Select at least one:**  Genetic counseling performed by board-certified genetic counselor or clinical geneticist. If marked, attach genetic counseling report.  
 Pretest counseling performed by ordering provider or designee in accordance with health plan policies. Post-test counseling will be available

### Select all that apply:

**Patient should exhibit two or more of the below signs and symptoms, and has not had previous genetic testing**

- Hypertrophic cardiomyopathy
- Congenital pulmonary valve stenosis
- Electrocardiogram characteristic of an NSD
- Facial dysmorphism suggestive of NSD
- Stature of 3rd to 10th percentile for age and gender
- Pectus carinatum and/or excavatum
- Cardiac abnormalities suggestive of NSD
- Broad thorax/widely-spaced nipples
- Developmental delay, intellectual disability, or diagnosed learning disability
- Cryptorchidism
- Broad or webbed neck
- Lymphatic dysplasia
- Coagulopathy confirmed with hematologic studies
- Skin abnormality characteristic of the NSD
- Pubertal delay and/or infertility

### Prenatal/Fetal Noonan Syndrome

- Gestational age \_\_\_\_\_
- Sex of fetus (if known)  Male  Female
- Previous chromosome testing not considered diagnostic (attach additional pages if necessary)

### Ultrasound findings:

- Nuchal edema
- Pulmonary valve stenosis
- Hypertrophic cardiomyopathy
- Polyhydramnios
- Ascites
- Distended jugular lymphatic sacs
- Pleural effusion
- Hydrops fetalis
- Cardiac anomaly
- Renal anomaly
- Facial abnormalities
- Café au lait macules

## Family History (attach additional pages if needed)

- Patient has a first or second degree relative\* with a clinical or suspected diagnosis of Noonan Syndrome
- Previous pregnancy, loss or birth with ultrasound or congenital findings suggestive of Noonan Syndrome
- Unknown or limited family history? Please explain (eg, adopted) \_\_\_\_\_

### Genetic Counseling— Ordering provider understands by signing below:

If genetic counseling by a board-certified genetic counselor is required by the health plan prior to laboratory testing but has not occurred as indicated in the Patient History section above, I understand that a referral may be made by the laboratory to a board-certified genetic counselor required or authorized by the health plan.

**Such referral is solely related to laboratory testing and does not relieve me of any obligation to seek authorization for my services.**

Account No.: \_\_\_\_\_

Provider Name (print): \_\_\_\_\_ NPI: \_\_\_\_\_

Provider Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

\_\_\_\_\_  
**Ordering Provider Signature** / \_\_\_\_\_  
**Date**

### Patient understands by signing below:

Labcorp may use information obtained on this form and other information provided by me and/or my ordering provider or their designee to initiate prior authorization with my health plan as required. I understand a prior authorization approval from my health plan does not guarantee full payment. It is my responsibility to contact my health plan regarding concerns over my coverage and benefits.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\*Relationships to consider include parents, siblings, offspring (1st degree), half-brothers/sisters, aunts/uncles, grandparents, grandchildren, nieces/nephews (2nd degree).

Visit [labcorp.com](http://labcorp.com) for detailed information on genes included in each panel.



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