

# EXPEDITED REQUEST: PRENATAL, RAPID, ULTRARAPID SEQUENCING POST-TEST GENETIC COUNSELING REFERRAL FORM



Fax OR email completed form to: 301-238-7217 | patientGCsupport@genedx.com

## PATIENT INFORMATION

<b>Name</b>		<b>Date of Birth</b>	
<b>Parent/Guardian Name</b>		<b>Phone Number</b> <i>(Mobile preferred)</i>	
<b>Address</b>		<b>Email (required)</b>	
<b>Preferred Language</b>		<b>Accession Number</b> <i>(if known)</i>	

## REASON FOR REFERRAL

### Post-test genetic counseling, for non-negative results\*

*\*Patients with a negative result will be emailed a negative result education handout. If a patient email is not provided, the negative results handout will be sent to the referring provider to share with the patient.*

- |   |   |
|---|---|
| <input type="checkbox"/> Rapid Exome Sequencing       | <input type="checkbox"/> Prenatal Exome Sequencing  |
| <input type="checkbox"/> Rapid Genome Sequencing      | <input type="checkbox"/> Prenatal Genome Sequencing |
| <input type="checkbox"/> ultraRapid Genome Sequencing | <input type="checkbox"/> Prenatal Other: _____      |

## AUTHORIZED PROVIDER

<b>Practice Name</b>		<b>Account #</b>	
<b>Fax # or email for Genetic Counseling Summary</b>		<b>Phone Number</b>	
<b>Additional provider to send Genetic Counseling Summary</b>		<b>Additional provider fax # or email to send Genetic Counseling Summary</b>	

I hereby authorize the genetic counselor to receive and provide test results to the patient for post-test genetic counseling. I have discussed the disclosure of this information with my patient (or the patient's personal representative), who has authorized this disclosure of information for the above-referenced purposes. In addition to authorization for disclosure, the patient/patient's personal representative has further consented to being contacted via telephone, email or text (Data Rates May Apply) for purposes of scheduling a genetic counseling appointment. I have also informed the patient (or the patient's personal representative) of their right to revoke this consent. Genetic counseling may be performed by a licensed (where applicable by law), third party partner genetics professional not employed by the laboratory or its subsidiaries.

<b>Provider Name</b>			
<b>Provider Signature</b>		<b>Date</b>	