

# CHANGE IN TESTING AUTHORIZATION FORM



Completed form can be faxed to: (201) 421-2010 or e-mailed to: [zebras@genedx.com](mailto:zebras@genedx.com).

GeneDx Accession		Date	
Account Number		From	
Requested By		Number of Pages	
Attention To		Fax Number	

Clinicians, please route your requests through the in-house or local lab that handled the initial specimen.

Patient Last Name	Patient First Name	Patient Middle Name	Patient DOB (mm/dd/yy)
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TEST CODE	TEST NAME	ADD	CANCEL

## DIAGNOSIS CODE(S)

ICD-10 diagnosis code(s) to the highest level of specificity for the patient:

I (i) authorize GeneDx to make changes to the original test requisition form, (ii) certify that I am the ordering provider, and (iii) I am authorized by law to order the test(s) requested.

\_\_\_\_\_  
*Signature of Ordering Provider*

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

If ordering physician and/or payment method has changed, please submit a new portal order at [genedx.com/signin](http://genedx.com/signin) or new test requisition form, available on our website, [www.genedx.com](http://www.genedx.com).

## COMMENTS

## BENEFIT INVESTIGATION

Healthcare providers can complete a benefit investigation (BI) online via the GeneDx Provider Portal. Most BIs will return an instant result and the rest will usually be returned in 3-5 business days. GeneDx will not contact the patient about the BI results. We recommend that providers counsel patients on any potential out-of-pocket expenses once the BI has been returned. To facilitate this, a personalized Genetic Testing Price Estimate is available for download within the portal. It includes the patient's out-of-pocket estimate, self-pay pricing, and payment assistance information to aid their testing decision. Note that once a test has been ordered and the sample received with all necessary paperwork at the GeneDx lab, we will start the testing process and the patient will be financially responsible for the cost of testing.