

To: GeneDx, Inc	From:
Fax: 1.201.421.2010	Date:
Phone: 1.888.729.1206 Email: genedx@genedx.com	# of Pages:

Add-on Test Form

Additional tests can be added on most specimens if we receive faxed or e-mailed orders including authorization from the party to be billed. If ordering physician has changed, please submit a new requisition form available on our website: www.genedx.com/forms

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

Patient Name: _____
LAST
FIRST
MI

Patient Date of Birth: ____/____/____
mm
dd
yyyy

GeneDx Accession No: _____

Test to be added: _____
TEST NAME
TEST CODE

Ordered by: _____
PRINT NAME CLEARLY

SIGNATURE
DATE

Payment type (check one):

Institutional Billing (Test MUST be ordered by lab that ordered prior testing)

Approved by: _____
PRINT NAME CLEARLY

SIGNATURE
DATE

RESPONSIBLE LABORATORY/INSTITUTION

- Credit Card** (Credit card on file will be billed)
- Check** (Testing will be held until payment received)
- Insurance** (If insurance information on file has changed, please send a copy of the front and back of the new insurance card)