

CHANGE IN TESTING AUTHORIZATION FORM



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

GeneDx Accession		Date	
Account Number		From	
Portal Order ID		Attention To	

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

For exome and genome sequencing tests, please list name, date of birth, relationship, and affected status of any relatives to be submitted for testing in the comments box below. Note that for exome and genome sequencing, individuals will be opted in to receive ACMG secondary findings unless a patient signed ACMG consent form is received designating their desire to opt out. This testing also requires submission of clinical information.

DIAGNOSIS CODE(S) AND PATIENT STATUS
ICD-10 diagnosis code(s) to the highest level of specificity for the patient:
Patient Status: <input type="radio"/> Not a hospital patient <input type="radio"/> Hospital outpatient <input type="radio"/> Hospital inpatient; Date of discharge _____

PROVIDER AUTHORIZATION	
By submission of this form, I: (i) authorize and direct GeneDx to perform the testing indicated; (ii) certify that the person listed as the ordering provider is authorized by law to order the test(s) requested; (iii) certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome or disorder; (iv) the test results will determine my patient's medical management and treatment decisions of this patient's condition on this date of service; (v) have obtained this patient's and relatives', when applicable, written informed consent to undergo any genetic testing requested; and (vi) that the full and appropriate diagnosis code(s) are indicated to the highest level of specificity.	
Ordering Provider Name	NPI
Send Report Via: <input type="radio"/> Portal <input type="radio"/> Email _____ <input type="radio"/> Fax _____	
Signature of Ordering Provider	Date

Healthcare providers can complete a benefit investigation (BI) online via the GeneDx Provider Portal. GeneDx will not contact the patient about the BI results. 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.

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

■ SEE COMMENTS BELOW