

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

PATIENT INFORMATION

Name		Date of Birth	
Parent/Guardian Name		Phone Number <i>(Mobile preferred)</i>	<input type="radio"/> Do NOT Text
Address		Email (required)	

REASON FOR REFERRAL

- Rapid Exome Sequencing
- Rapid Genome Sequencing
- Ultra-Rapid Genome Sequencing

GENETIC COUNSELING SERVICE

- Post-test genetic counseling only, for non-negative results*

**By selecting post-test counseling, I authorize the genetic counselor to receive and provide test results to the patient. Patients with a negative result will be emailed a negative result educational handout. If a patient email is not provided, the negative results handout will be sent to the referring provider to share with the patient.*

AUTHORIZED PROVIDER

Practice Name		Account #	
Fax # or email for Genetic Counseling Summary		Phone Number	
<p>In my capacity as my patient's healthcare provider, I hereby authorize the genetic counselor to provide the patient's genetic counseling summary (including medical and family history information) and insurance information/authorization to the designated performing laboratory, as this information is medically necessary for treatment, payment, diagnosis and testing purposes. 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.</p>			
Provider Name			
Provider Signature			