



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and send this paperwork with the specimen.

Patient Information (required)

Form with fields for Patient Name, Birth Date, Sex, Referring Provider Name, Phone, Fax, Provider Email, Genetic Counselor Name, Phone, Fax.

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Empty box for Reason for Testing.

Ethnic Origin/Race and Family History

Ethnic background and family history help to identify hereditary disorders and aid in genetic results interpretation.

Form with sections for Ethnic Origin/Race and Family History, including checkboxes for various ethnicities and a question about affected relatives.

Clinical History

Form with sections for Clinical History, including Reason for Testing, lab values (RBC, HGB, HCT, MCV, RDW, MCH, Ferritin), transfusion status, and other relevant clinical information.