

Patient Assessment Request

Our laboratory provides a free no obligation patient assessment to help you determine medical necessity and selection of the most appropriate form of genetic testing. Our lab will send you a verbal and written report of your patient's hereditary risks and use of current medications before you order testing.

How it works:

- Step #1** Complete the form below and our lab intake agent will call your patient and complete a hereditary family risk profile and current use of medications.
- Step #2** A verbal and written report will be faxed to your office along with a requisition form for you to determine whether genetic testing is appropriate.
- Step #3** Simply fax back the provided requisition form and our lab will mail a buccal swab specimen kit directly to your patient and the results will be sent to your office.

DOCTOR

Name: _____
Phone: _____ Fax: _____
NPI #: _____

PATIENT

Name: _____
DOB: _____
Phone: _____

TEST TYPE

- | | |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> PGX – Pharmacogenetics | <input type="checkbox"/> Cancer Genomics |
| <input type="checkbox"/> Cardiovascular Genomics | <input type="checkbox"/> Dementia Genomics |

FAX FORM TO: 813-983-7876