



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, 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 (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Referring Provider Name (Last, First), Provider Phone, Fax\*, Provider Email, Genetic Counselor Name (Last, First), Genetic Counselor Phone, and Fax\*.

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

Reason for Testing

Large empty text 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 (listing African, Arab, Northern European, Jewish, Amish, Asian, and Other) and Family History (asking if other relatives are affected).

Clinical History

Form with sections for Reason for Testing (listing PK enzyme level, Chronic anemia, Carrier testing, Pigmented gallstones, Neonatal anemia, Hyperbilirubinemia/jaundice, Iron overload, Other, and Known previous diagnosis), RBC, HGB, HCT, MCV, RDW, MCH, Ferritin, Reticulocyte count, p50, Coombs test, Patient recently transfused, Last transfusion(s) date(s), Splenomegaly, Splenectomy, Phototherapy, and Other Relevant Clinical Information.