



Instructions: 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

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

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

Reason for Testing

Form for Reason for Testing with checkboxes for Carney complex (CNC), Acrodysostosis-1 with hormone resistance, and Other.

Clinical Information

Form for Clinical Information with sections for Tumors, Skeletal, Developmental, Cutaneous, and Endocrine, plus a field for additional features.

Ethnic Background

Form for Ethnic Background with checkboxes for European/Caucasian, African American, Hispanic, Asian, and Other.

Family History

Form for Family History with questions about affected relatives and molecular genetic testing.

New York State patients: Informed Consent for Genetic Testing is required.