



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

Form with fields for Patient Name, Birth Date, Gender, Referring Provider Name, Phone, Fax*, Genetic Counselor Name, and Ethnic origin/race/ethnic background.

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

Clinical History (Check all that apply.)

Form with fields for Patient's clinical status, Indicate whether the following are present (Warts, Mycobacterial disease, etc.), Preliminary screening results, Patient treatment history, and Treatment for infections.

Family History (Attach pedigree if available.)

Form with fields for Are other relatives known to be affected?, Have other relatives had molecular genetic testing?, and Other Relevant Information.