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|---------------|--------|--|-----|--------------------------------------|
| # Specimens: | Depot: | | | |
| Collect Date: | Time: | | By: | ABN Signed: <input type="checkbox"/> |
| MR #: | A #: | | | |

| R E Q U I R E D (R I N D A I E N T A B E L) | |
|---|-------------------|
| Name (Last, First, MI) | |
| Date of Birth | Sex: (circle) M F |
| Street Address | |
| Street Address 2 | |
| City, State, Zip | |
| Phone Number | Client Number |
| | |

| |
|--|
| Practice Name _____ |
| Address _____ |
| Address2 _____ |
| City, State, Zip _____ |
| Phone# _____ |
| Ordering Provider _____ |
| Phone Results to: _____ Fax Results to: _____ |
| Ordering Provider's Signature _____ |
| Date of Signature _____ |
| Diagnosis Mandatory: Signs/Symptoms or ICD9 Codes If ordered for screening, list test code(s) (e.g., 83310, 193.02, 604.33, 604.34, 604.35, 604.36, 604.37, 604.38, 604.39, 604.40, 604.41, 604.42, 604.43, 604.44, 604.45, 604.46, 604.47, 604.48, 604.49, 604.50, 604.51, 604.52, 604.53, 604.54, 604.55, 604.56, 604.57, 604.58, 604.59, 604.60, 604.61, 604.62, 604.63, 604.64, 604.65, 604.66, 604.67, 604.68, 604.69, 604.70, 604.71, 604.72, 604.73, 604.74, 604.75, 604.76, 604.77, 604.78, 604.79, 604.80, 604.81, 604.82, 604.83, 604.84, 604.85, 604.86, 604.87, 604.88, 604.89, 604.90, 604.91, 604.92, 604.93, 604.94, 604.95, 604.96, 604.97, 604.98, 604.99) |
| Send Additional Reports To: (Full Name/Address) _____ |
| <small>Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-9 code(s) or a descriptive diagnosis must be included on each patient for each test ordered. It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.</small> |

(Check all that apply)

| |
|---|
| Other relevant Information (please write below): _____ _____ _____ _____ |
|---|

This test will look for changes in the DNA chromosomes, genes, or gene products which are known to be associated with the specific genetic condition in question.

This test may reveal that the individual tested is affected with the condition, carries the genetic pre-disposition for it, or that he/she does not. If a positive result is obtained, a medical and/or genetic counseling follow-up may be advised.

Genetic testing is ordinarily highly accurate, however, in some cases results may not be as accurate as expected.