



Genetic Counseling Referral Form

Ordering Physician		Patient Information	
Ordering physician's first & last name, practice name, complete address, phone number and fax number (Required):		Name (Last, First) (Required):	
		Date of Birth (Required):	
		Phone Number (Required):	
Referring Provider's Signature (Required):	Date:	Cell Phone:	
NPI:			
Practice Contact Name:		Email:	
Email:			

Please only submit this form if the patient requests genetic counseling.
MDL will not refer the patient to genetic counseling if the service was waived on the patient's informed consent form.

Please make a selection below:

Option A

Option B

I would like MDL to forward this referral for telephone-based genetic counseling services.

I would like to utilize a specific provider for genetic counseling. To locate a genetic counselor in your area, please visit the National Society of Genetic Counselors website at www.nsgc.org.

By selecting Option A, MDL will forward the referral of the above listed patient to HelixConnect for genetic counseling services. HelixConnect's standard process is to contact the patient directly to set-up a telephone genetic consultation with a board certified genetic counselor. HelixConnect communicates directly with all referring providers regarding the outcome of genetic counseling if an appointment is completed.

Below, please specify contact information:

Genetic Counseling Service Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Please notify the patient that a genetic counselor will be in contact to set-up an appointment by telephone. HelixConnect and Medical Diagnostic Laboratories, L.L.C. are separate and distinct companies. HelixConnect is not affiliated with Medical Diagnostic Laboratories, L.L.C

Attach this completed form to the test requisition form and submit with the specimen to Medical Diagnostic Laboratories, L.L.C.