



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

FOR LAB USE
ONLY

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 make a selection below:

Option A

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

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

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

Option B

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.

Below, please specify contact information:

Genetic Counseling Service Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

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