

Clover Genetics

Genetic Counseling and Wellness Professionals
info@clovergenetics.com | CloverGenetics.com

1229 SILVER LANE,
MCKEES ROCKS, PA, 15136
P: (412) 440-8645
F: (412)465-6050

Genetic Counseling and Testing Referral Authorization

This form, when completed and signed by the physician or advanced practice provider, serves as an order for genetic counseling and testing.

Patient Name: _____ Patient DOB: _____

Phone: _____ Alt Phone: _____

The patient is being referred for (please check at least one and any that apply):

- Concern for diagnosis of genetic disorder
- Personal history of genetic disorder
- Family history of genetic disorder
- *Other reason: _____

**Please note dates for surgical decisions*

Perform genetic counseling and facilitate appropriate genetic testing ordered by the below for the above patient due to a personal or family history of the following(check and circle the requested)

- Neurological Condition (Epilepsy, Movement Disorder, Neuromuscular or Other Panel)
- Cancer (Broad based cancer panel BRCA1, BRCA2, PALB2, CHEK2, ATM, PTEN, TP53 other)
- Reproductive(Carrier Screening, Preconception Genetic Counseling)
- Psychiatric (Pharmacogenetic Testing)
- Cardiac(Cardiomypathy, Arrhythmia, or other)
- Metabolic/Rare Disease (Please Specify panel of Interest:_____)
- Unknown (Requesting Whole Exome)
- Other (please specify disease type and panel/gene of concern_____)

All genetic testing will be facilitated by Clover Genetics and ordered under the referring provider's name as authorized by this form. The included referring physician information and signature serves as authorization for genetic counseling and facilitation of physician ordered genetic testing including saliva collection or venipuncture.

Provider name: _____ Phone: _____

Fax: _____ Provider NPI: _____

Mailing Address: _____

Email Address: _____

Physician Signature: _____ Date: _____

Please return to Clover Genetics either via fax or email completed with the above information along with recent chart notes and pathology reports from prior diagnoses

info@clovergenetics.com | Phone: (412) 440-8645 | Fax: (412)465-6050