



MEDICAL DIAGNOSTIC LABORATORIES

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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

FOR LAB USE ONLY

Genetic Counseling Referral Form

Form with sections: Ordering Physician, Patient Information, Referring Provider's Signature, NPI, Practice Contact Name, Email, Date, Cell Phone.

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 InformedDNA for genetic counseling services (www.InformedDNA.com).

Please notify the patient that a genetic counselor will be in contact to set-up an appointment by telephone. InformedDNA and Medical Diagnostic Laboratories are separate and distinct companies.

Below, please specify contact information:

Contact information fields: 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.