

# Post-Test Genetic Counseling Referral Form | Reproductive Health

For abnormal NIPT results or positive carrier screening results only.

## Referral Source

REFERRING PROVIDER		FORM COMPLETED BY	
MEDICAL CENTER/PRACTICE		OFFICE PHONE	
		OFFICE FAX	

## Patient Information

NAME		DATE OF BIRTH (mm/dd/yyyy)	
MOBILE PHONE	HOME PHONE	EMAIL (IMPORTANT FOR ONLINE SCHEDULING)	
STATE OF RESIDENCE/STATE AT TIME OF APPOINTMENT		PRIMARY LANGUAGE IF NON-ENGLISH SPEAKING	

## Partner Information

NAME		DATE OF BIRTH (mm/dd/yyyy)	
MOBILE PHONE	HOME PHONE	EMAIL (IMPORTANT FOR ONLINE SCHEDULING)	
STATE OF RESIDENCE/ STATE AT TIME OF APPOINTMENT	AMBRY ID	PRIMARY LANGUAGE IF NON-ENGLISH SPEAKING	

**Confirmation of informed consent:** The undersigned person (or representative thereof) ensures that the patient has given appropriate informed consent for post-test genetic counseling by an Ambry Genetics and/or third-party genetic counselor, and authorizes Ambry Genetics to release medical information concerning the patient's testing and family/medical history to said genetic counselor. I understand that the referred genetic counselor is not a physician. The patient will be advised to follow up with their physician or other healthcare provider for medical advice, including the diagnosis of any condition and the recommendations for medical management related to their diagnosis and/or family history.

*By providing the partner's information, I certify that I am the ordering provider / practice member for both partners testing through Ambry. I have obtained each partner's consent to share their results and both parties will have access to each other's test results. Post-test genetic counseling is intended for patients testing through Ambry.*

REFERRING PROVIDER SIGNATURE (REQUIRED)	DATE

### Reason for Referral (Please do not send form before results have been reported):

- Urgent referral: Abnormal NIPT results
- Urgent referral: Positive carrier screening results
- Urgent referral: Abnormal NIPT and positive carrier screening result
- Urgent referral: Positive carrier screening results for both patient and partner
- Further education and risk discussion (Preconception counseling)

Please provide any pertinent referral information below:

Please fax completed form and consultation note/family history to 949-607-2861 or email to [GeneticCounseling@ambrygen.com](mailto:GeneticCounseling@ambrygen.com)  
 For questions about this form or Ambry's Genetic Counseling Services, please email [GeneticCounseling@ambrygen.com](mailto:GeneticCounseling@ambrygen.com)