Cancer Genetic Counseling/Testing Order Form

This form, when completed and signed by the physician or advanced practice provider serves as an order for genetic counseling and testing. All genetic testing will be facilitated by Nancy Cohen, MS, CGC of NCGenetics and ordered under the referring physician/provider’s name as authorized by this form.

PatientName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main contact phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Other phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact patient to schedule: Yes No

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

Personal current diagnosis of cancer

Personal history of cancer

Family history of cancer

Surgical decision making (surgery requiring appointment within a few days)

**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:**

Breast cancer (BRCA1, BRCA2, PALB2, CHEK2, ATM, PTEN/Cowden, TP53/Li-Fraumeni, other)

Ovarian cancer (BRCA1, BRCA2, Lynch, BRIP1, RAD51C, RAD51D, TP53/Li-Fraumeni, other)

Colon cancer (Lynch, FAP, MUTYH, NTHL1, other)

Endometrial cancer (Lynch, FAP, IHC of MMR proteins, MSI, PTEN/Cowden, other)

Pancreatic cancer (BRCA1, BRCA2, Lynch, PALB2, ATM, other)

Familial melanoma (CDKN21, CDK4, other)

Other (please specify cancer site or polyposis)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring physician information and authorization for genetic counseling and facilitation of physician ordered genetic testing including venipuncture:**

Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax or email back to NCGenetics: 914-487-7746/nancy@ncgenetics.com with a recent chart note and pathology report from any cancer diagnosis (es). If the patient is being referred for polyposis, please provide colonoscopy reports.

**Any questions, contact Nancy Cohen at** [**nancy@ncgenetics.com**](mailto:nancy@ncgenetics.com) **or 914-623-8446**