

**Genetic Testing For Identification of Inherited Disorders:  
-Allina Medical Laboratories Worksheet –**

Patient Name: \_\_\_\_\_ SSN \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Tel. No. (     ) \_\_\_\_\_

Testing Requested: \_\_\_\_\_

Clinical Indications: \_\_\_\_\_

**GENETIC COUNSELING:**

Counselor Consulted: \_\_\_\_\_

Telephone No. (     ) \_\_\_\_\_

Recommendations of Counseling\*: \_\_\_\_\_

\_\_\_\_\_  
(\* Please include specific testing recommendations or laboratory resource desired)

*If no counseling has been sought:*

Has patient been advised as to the implications of a positive test and the potential for impact of results for other family members who also may be at risk to inherit this disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PAYMENT/BILLING:**

1. Has the patient's insurance carrier been notified of anticipated testing and agreed to cover the cost of testing? \_\_\_\_\_ Yes\*\* \_\_\_\_\_ No\*\*\*

\*\*If **Yes**, list the name of the person approving testing, and any specific information as to approval to be submitted to the testing laboratory for direct billing by them to the insurance carrier (please attach insurance information or memorandum indicating approval)

\*\*\*If **No**, the patient should sign the appropriate ABN (Advanced Beneficiary Notice) form (Medicare or Allina Health System) prior to, or at the time of, collection of any samples. Failure to send this form prior to or with the sampling may result in the need to recollect samples.

2. Is a completed ABN form attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. If #1 & #2 are both answered **No**, the patient will be assumed to be responsible for the entire cost of sample collection and processing and all testing. The patient may be asked to submit payment prior to proceeding with specimen collection and testing.

4. Collection and processing costs will be:                   \$ \_\_\_\_\_

The list cost of testing requested is:                         \$ \_\_\_\_\_

**Note:** If there is insufficient information at the time that the request for genetic testing is received in the laboratory, this form will be returned to the requesting physician for completion.