

# Natera Telehealth Hereditary Cancer Genetic Counseling Referral Form



Thank you for choosing to refer your patient to Natera for comprehensive genetic counseling. Natera clinicians will send a letter summarizing the consultation to your office upon completion. This letter will include recommendations for hereditary cancer testing and/or additional cancer screening/surveillance based on the patient's personal and family histories. The referring provider is responsible for coordinating and ordering the recommended care.

## Please fax the following to 650-412-2305:

- ✓ Completed TeleHealth Genetic Counseling Referral Form
- ✓ Medical records including test results, pathology reports and other pertinent documents that support the consultation request and reason for referral
- ✓ Copy of the patient's insurance card (front and back) and HMO authorization, if required

Please note, this service does not fulfill the requirement for third party genetic counseling services that may be required by some insurance policies.

Questions and requests for urgent appointments may be emailed to [telehealthgc@natera.com](mailto:telehealthgc@natera.com).

Date of Request/Referral: \_\_\_\_\_

## Patient Information

\_\_\_\_\_  
Last Name First Name DOB (MM/DD/YY)

\_\_\_\_\_  
Cell Phone Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Language (if not English)

## Payment Information

☐ Bill Insurance ☐ Self-Pay

## Provider and Clinic Information

Provider Name

Clinic Name

Phone

Fax

## Reason for Referral

☐ Personal history of cancer. Specify type(s) and age(s) at diagnosis:

☐ Family history of cancer. Specify type(s), affected relatives, and age(s) at diagnosis:

☐ Personal and/or family history of a positive hereditary cancer genetic test result. Specify gene(s) and attach report:

☐ Patient needs updated/multigene panel testing. Specify and attach prior genetic test reports:

☐ Personal history of polyps. Specify type(s), location, and age(s) at diagnosis:

☐ Tumor testing suggestive of a possible hereditary predisposition (e.g. somatic tumor profiling, hormone/HER2 receptor status, MSI-H and/or abnormal IHC results). Specify and attach report:

☐ Other (please explain):

## Hereditary Cancer Sample Collection

Is hereditary cancer genetic testing pending for the patient?

☐ Yes ☐ No

Date collected

Testing laboratory

13011 McCallen Pass, Building A Suite 100 | Austin, TX 78753 | [natera.com](http://natera.com)

The tests described have been developed and their performance characteristics determined by the CLIA-certified laboratory performing the test. The tests have not been cleared or approved by the US Food and Drug Administration (FDA). Although FDA is exercising enforcement discretion of premarket review and other regulations for laboratory-developed tests in the US, certification of the laboratory is required under CLIA to ensure the quality and validity of the tests. CAP accredited, ISO 13485 certified, and CLIA certified. © 2021 Natera, Inc. All Rights Reserved.  
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