Integrated GENETICS
LabCorp Specialty Testing Group

INHERITEST® 500 PLUS WITH REPRO PARTNERS REPORT TEST REQUISITION

PLEASE SUBMIT A SEPARATE REQUISITION FOR EACH PATIENT

Highlighted fields are required.

Patient Information

Name ____________________
Last First MI

☐ Male ☐ Female Date of Birth / /

Address ____________________

Home Phone ____________________ Work Phone ____________________

City ____________ State ______ Zip ______

Lab # ____________________ Hospital # ____________________

Client Information

I have obtained informed consent of the patient (or the patient's authorized representative) for the ordered genetic test(s) in accordance with applicable law.

Physician/Authorized Signature:

NPI#: Taxonomy#:

Referring Physician (print):

Genetic Counselor (print):

Refer to www.integratedgenetics.com to access informed consent forms for genetic testing.

Date drawn: ___/___/___

Specimen type ☐ Peripheral blood Pregnant ☐ YES ☐ NO

Ethnicities (check all that apply): ☐ Caucasian ☐ Ashkenazi Jewish ☐ Sephardic Jewish ☐ Asian ☐ African American ☐ Native American ☐ Hispanic ☐ Other: ____________________

Indication for testing (if not checked, screening assumed)
☐ No family history ☐ abnormal fetal u/s* ☐ family history: relative*
☐ known carrier* ☐ infertility ☐ reproductive partner is known carrier*

* Provide additional information: ____________________

All diagnoses should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM		ICD-CM		ICD-CM	

Inheritest® Carrier Screen (select one)

630049 ☐ Inheritest® 500 PLUS Panel **

630217 ☐ Inheritest® 500 PLUS with Repro Partners Report **

- Combined reproductive partner reporting is available when both partners have the same test on the same day ordered by the same provider
- A separate requisition must be completed for each partner and samples must be sent together
- Consent must be signed on both requisitions

** X-linked disorders are not tested in males

REPRODUCTIVE PARTNER INFORMATION (for Repro Partners Reports only)

Complete a separate requisition for each partner

Name ____________________
Last First MI

☐ Male ☐ Female Date of Birth / /

CONSENT FOR PARTNERS REPORTING
SIGNATURE REQUIRED FOR BOTH PATIENT AND REPRODUCTIVE PARTNER ON THEIR RESPECTIVE REQUISITIONS

If consent is not provided for both patient and reproductive partner, test will be changed to 630049 Inheritest® 500 PLUS Panel and a Repro Partners Report will not be generated.

For the purpose of obtaining risk information for a current or intended pregnancy with this reproductive partner only, I expressly consent that Integrated Genetics will create a report that includes both my and my reproductive partner's test results. I understand that this requires that I share my protected health information, specifically these test results, with this reproductive partner. I understand that an individual report with only my result will not be generated.

SIGNATURE: ____________________

PRINT NAME: ____________________

DATE: ___/___/___

BILLING INFORMATION

Patient Hospital Status: ☐ Inpatient ☐ Outpatient ☐ Non-hospital
☐ Medicaid ☐ Medicare ☐ Insurance ☐ Client Bill ☐ CA XAFP ☐ Self-Pay
☐ Billing Information Attached (Please include a copy of insurance card or face sheet.)
Do not attach credit card information to this form for security purposes.

Insurance Company Name ____________________
Policy # ____________________ Group # ____________________
Relation to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other ____________
Patient Signature ____________________ Date: ____________

INTEGRATED GENETICS INTERNAL USE ONLY

By signing this form, I hereby authorize Laboratory Corporation of America® Holdings (LCAH), its subsidiaries and affiliated companies to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to LCAH.
I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

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