



FOR FOUNDATION MEDICINE CLIENTS ONLY

## Post-Test Genetic Counseling Referral Form

## **INSTRUCTIONS** -

Fulgent offers complimentary post-test genetic counseling services for qualified patient cases. Please email the completed form to **FMIsupport@fulgentgenetics.com** or fax to 1-626-454-1667.

Who qualifies for complimentary genetic counseling services?

- Fulgent provides genetic counseling services for diagnostic results where reported variants are classified as Diagnostic / Pathogenic (P) / Likely Pathogenic (LP).
- Fulgent does not provide genetic counseling support for non-diagnostic results where variants are classified as: Risk allele / Positive Carrier Status for P/LP variants / VUS. For non-diagnostic results, providers/patients seeking counseling can independently seek out services from their preferred genetic counseling provider or Fulgent's 3rd party genetic counseling service.
  - Providers: refer patients to www.dnavisit.com/order
  - Patients: sign up directly via www.dnavisit.com/individuals

Please **fax** completed form and consultion note/family history to 1-626-454-1667 or email to <u>FMIsupport@fulgentgenetics.com</u>

REFERRAL SOURCE	
REFFERRING PROVIDER	OFFICE PHONE
MEDICAL CENTER/PRACTICE	OFFICE EMAIL
	OFFICE FAX*
	* documentation will be sent to this fax
Fulgent to release medical information concerning the pa	r has obtained the patient's informed consent, and the provider and patient hereby authorize tient's testing, clinical reports, and family/medical history to 3rd party genetic counseling ds that the referred genetic counselor is not a physician and was advised to follow up with their gement.
REFFERRING PROVIDER SIGNATURE (REQUIRED)	DATE
PATIENT INFORMATION —	'
NAME	DATE OF BIRTH
MOBILE PHONE HOME PHONE	EMAIL (IMPORTANT FOR ONLINE SCHEDULING)
STATE OF RESIDENCE/STATE AT TIME OF APPOINTMENT	PRIMARY LANGUAGE IF NON-ENGLISH SPEAKING
TEST ORDERED (REQUIRED)	ı
FoundationOne®Germline	
FoundationOne®Germline More	
Test ordered selection is required to fulfill genetic counseling referr	ral.
Please provide any pertinent referral information b	pelow:
Flease provide any pertinent referral information b	Nelow.



For questions about this form or Fulgent Genetics, please

email FMIsupport@fulgentgenetics.com or call 1-877-204-4319