Beaumont® | HEALTH SYSTEM

Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151

CLINICAL INFORMATION SHEET

FOR GENETIC TESTING

Patient Information (Please Print)

Last | First | M | Date

☐ Female ☐ Male

Date of Birth ____________________

Pregnancy: ☐ No ☐ Yes

Gestation _______ Weeks

Client Number________________________ Area Code/Phone No. (_________) ____________________

Ordering Physician or Qualified
Nonphysician Practitioner Full Name and/or Signature ____________________

Full Address ____________________

City____________________ State ______________ Zip____________________

Health insurance plans, including but not limited to Medicare/Medicaid, will only reimburse for services that are medically necessary for the treatment or diagnosis of the patient. Routine screening tests typically are not covered. The ordering physician or practitioner must specify medically appropriate diagnosis codes (or provide a narrative description of the diagnosis, symptom, or complaint) that are supported by the patient medical record for each test ordered, including tests listed as part of organ or disease-oriented panels.

REQUIRED: Please provide diagnosis below:

PLEASE ATTACH THIS CLINICAL INFORMATION SHEET TO A BEAUMONT LABORATORY REQUISITION

See Lab Test Directory for specimen requirements and CPT codes

☐ **CYSTIC FIBROSIS**

INDICATIONS FOR TESTING (CHECK ALL THAT APPLY)

Diagnostic:

☐ Known Affected
☐ Other Fertility
☐ Azoospermia
☐ Oligospermia
☐ Congenital Absence of Vas Deferens
☐ Suspected: Symptoms

Carrier Screening:

☐ Family History
☐ No Family History
☐ Abnormal fetal Ultrasound: Specify ____________________
☐ Gamete Donor
☐ Known Carrier: Specify ____________________
☐ Partner Untested
☐ Partner Tested - Negative
☐ Partner Tested - Carrier

Ethnicity:

☐ European - Caucasian
☐ Jewish-Ashkenazi
☐ African American
☐ Jewish-Sephardic
☐ Asian
☐ Hispanic
☐ Other:____________________

Laboratory Use Only

Confirm patient name and place patient accession label here.

ADDITIONAL INFORMATION: ____________________

____

____

____

____