TEMPUS | POWERED BY Ambry Genetics

Genetic Counseling Referral Form

Referral Source

REFERRING PROVIDER	OFFICE PHONE	
	OFFICE EMAIL	
MEDICAL CENTER/PRACTICE	OFFICE FAX*	
	* documentation will be sent to this fax	

Confirmation of informed consent: The undersigned person (or representative thereof) ensures that the patient has given appropriate informed consent for post-test genetic counseling by an Ambry Genetics and/or third-party genetic counselor, and authorizes Ambry Genetics to release medical information concerning the patient's testing and family/medical history to said genetic counselor. I understand that the referred genetic counselor is not a physician. The patient will be advised to follow up with their physician or other healthcare provider for medical advice, including the diagnosis of any condition and the recommendations for medical management related to their diagnosis and/or family history.

REFERRING 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

Reason for Referral (Required)

- ☐ Urgent referral (Surgery pending)
- ☐ Pre-test counseling (Non-urgent)
- ☐ Post-test counseling - Further education and discussion (Results already disclosed)
- ☐ Post-test counseling - Initial results disclosure (Patient not aware of results)
- ☐ Pre- and post-test counseling - Education, discussion and return of results

Please provide any pertinent referral information below:

Test Ordered (Required)**

- ☐ Tempus xG (Hereditary) 7700
- ☐ Tempus xG+ (Hereditary) 7701
- ☐ Tempus Familial Variant Testing 5555

**The patient's specimen and completion of the "Test Ordered" section of this form are required to fulfill all genetic counseling referral requests

Please fax completed form and consultation note/family history to 1-800-893-0276
or email to support@tempus.com

For questions about this form or Ambry's Genetic Counseling Services,
please email support@tempus.com

MKT-TEMP-FORM-10010-EN v2 12.05.24