



East Syracuse * Onondaga Hill * Auburn
315-472-7504 option 2 New Consult
315-472-7504 x 1477 Genetics Navigator
315-634-5170 Fax

Genetics/Galleri: New Consult Referral Form

Date of referral: Referring MD: Phone:

Referral Coordinator Name: Phone:

Patient Demographics

[] Demographics attached (if YES, may skip Patient Demographics section)

Name: DOB:

Patient Address: City: Zip:

Patient Phone: Preferred home/cell Alternate home/cell

SSN:

Patient Insurance

[] Front and back of insurance card attached (if YES, may skip Patient Insurance section)

Primary Insurance: ID

Subscriber Name: Group #

Secondary Insurance: ID

Subscriber Name: Group #

[] Germline Familial Genetics Counseling & Testing Referral

Reason for referral (please check all relevant):

- [] Personal Cancer History
[] 1st line family member with Breast, Ovarian, Endometrial, Colon or Pancreatic cancer
[] Multiple family members with Breast, Ovarian, Endometrial, Colon or Pancreatic cancer
[] Known Personal Germline Mutation
[] Known Familial Germline Mutation
[] Patient Requested

[] Galleri Grail Multi-cancer Early Detection Test

All must be checked prior to proceeding with referral:

- [] Patient is over 50 or requests test despite age recommendation
[] Cancer free for three years
[] Aware of out of pocket cost (\$1,500)

We require the following information for all new referrals for continuity of care & authorization (if applicable):

- Most Recent MD Progress Note Enclosed
- Allergy List Enclosed
- Medication List Enclosed
- Medical/Surgical History Enclosed
- Family History Enclosed
- Allergy List Enclosed