

Lab Test Referral Request for Genetic Testing

Date: [Insert Date]

Referring Physician: [Insert Physician's Name]

Practice Name: [Insert Practice Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Phone: [Insert Phone Number]

Patient Name: [Insert Patient's Name]

Patient Date of Birth: [Insert DOB]

Patient Insurance Information: [Insert Insurance Details]

Referral Request Details

Dear [Lab/Referral Center Name],

I am writing to request a genetic testing referral for my patient, [Patient's Name]. The purpose of this testing is to [briefly explain reasons for genetic testing, e.g., "evaluate potential genetic disorders due to family history," etc.].

Clinical Information:

- **Relevant Medical History:** [Insert medical history]
- **Indications for Testing:** [Insert indications]
- **Specific Tests Requested:** [Insert specific genetic tests requested]

Please find the attached documents for further information regarding the patient's medical history and insurance authorization.

Thank you for your attention to this matter. Please feel free to contact me directly at [Insert Phone Number] or [Insert Email] if you require any further information.

Sincerely,

[Referring Physician's Name]

[Referring Physician's Signature (if sending hard copy)]