Cancer Genetics Risk Assessment Program

St. Vincent Hospital Cancer Care
Appointments: 317-338-RISK (7475) FAX: 317-583-2GEN (2436)
www.stvincent.org/cancergenetics/

Please call 317-338-7475 to schedule an appointment before faxing this form.

Patient's Name: _____ Date of Birth: _____

Preferred Phone: _____ email: _____

Patient's date of appointment: _____

We are referring the above patient for Genetic counseling and risk assessment
(CPT code 96040) – please obtain a pre-certification from patient's insurance if necessary

Insurance company_____ Phone number_____

Representative/date_____ Pre-cert/auth#_____

Reason for Referral (please check all that apply and indicate ICD10 code)

- ❑ Breast cancer C50.919
- ❑ Personal past hx breast ca Z85.3
- ❑ Family hx breast cancer Z80.3
- ❑ Colon cancer C18.9
- ❑ Benign neoplasm, colon D12.6
- ❑ Personal past hx colon ca Z85.038
- ❑ Family history of colon ca Z80.0
- ❑ Ovarian cancer C56.9
- ❑ Personal past hx ovarian ca Z85.43
- ❑ Family hx of ovarian ca Z80.41
- ❑ Uterine cancer C55
- ❑ Personal past hx uterine ca Z85.42
- ❑ Family hx of uterine ca Z80.49
- ❑ Family hx mutation carrier Z84.81
- ❑ Other _____

Order for genetic testing for: *(no pre-certification required)*

- ❑ Appropriate genetic testing per genetic counseling evaluation
- ❑ BRCA1/2 sequencing
  - o Reflex to NGS panel
- ❑ Multisite 3 BRAC Analysis
  - o Reflex to_____
- ❑ NGS panel_____
- ❑ MLH1/MSH2/MSH6/PMS2/EPCAM analysis
- ❑ Single site (known familial mutation_____
- ❑ Other_____

Referring Physician_____

Phone Number:_____ Contact:_____

Fax Number: _____
Address: _____
_____
_____ MD Signature_____

Please fax along with patient medical records to: (317) 583-2436

Form updated 2/3/16