Department of Human Genetics - Referral Form

1365 Clifton Road, NE – Atlanta, GA 30322 T: 404-778-8570 F: 678-288-4653

Thank you for referring your patient to Emory Genetics. Below, **please mark all symptoms that apply** and include documents REQUIRED for scheduling.

Also, review page two for guidance on specific referral indications.

- ☐ Abnormal Labs (**lab report required**)
- ☐ Abnormal Genetic Testing (**genetic test report required**)
- ☐ Abnormal Skin Pigmentation
- ☐ Aortic Abnormalities or Marfan Syndrome (**echo required**)
- ☐ Autism (**autism evaluation required**)
- ☐ Congenital Anomalies
- ☐ Down Syndrome (**postnatal karyotype required**)
- ☐ Developmental Delays
- ☐ Developmental Regression
- ☐ Dysmorphic Features
- ☐ Ehlers Danlos Syndrome (**see next page**)
- ☐ Family History of Genetic Disorder (**see next page)**
- ☐ Fragile X Syndrome (**genetic test report required**)
- ☐ Frequent Fractures (**X-rays and lab reports required**)
- ☐ Growth Abnormalities - including short stature, failure to thrive, obesity, macro/microcephaly **(growth charts required**)
- ☐ Hearing Loss (**hearing evaluation required**)
- ☐ Hypotonia
- ☐ Intellectual Disability
- ☐ Metabolic Disorder (**lab reports required**)
- ☐ Seizures (**Neurology notes, EEG required**)
- ☐ Sex Chromosome Abnormality (**postnatal karyotype required**)
- ☐ Skeletal Disorders (**X-Rays required, DEXA scan for osteogenesis imperfecta**)
- ☐ Vascular Anomalies

We REQUIRE the following before we can schedule an appointment. If not provided, the referral will be rejected.

Fax this form and pertinent medical records to 678 288 4653

1. Pertinent Clinical Notes
2. Any Prior Genetic Testing Reports (Even if not completed by your office)
3. Insurance Authorization (If required)

For urgent assistance, please call 404-785-6000 and ask for the geneticist on call.

Patient Information

Patient name:	
Date of birth:	◯ M ◯ F
Full address:	
Guardian(s):	Relationship to Patient:
Primary Phone:	Secondary Phone:
E-mail:	
Interpreter needed? ◯ Yes ◯ No	Language:

Referring Provider Information

Name:	Practice:
Full address:	
Phone:	Fax:
Office contact:	

Primary Care Provider Information (If same, simply note that)

Name:	Practice:
Full address:	
Phone:	Fax:

ICD-10 Code(s):

Reason for Referral:

Insurance Information

PLEASE ATTACH CARD. For Kaiser, Tricare, and other insurances that require an authorization, we require the authorization before we can schedule. Please, send that authorization with your referral.

Subscriber name:	
Date of birth:	Gender:
Relationship to patient (or self):	Name of Insurance Carrier:
Address for Claims:	
Subscriber ID:	Group ID:

Additional Resources on Specific Conditions

Below are some additional resources on specific conditions to guide you and your patient:

- **Ehlers-Danlos Syndrome**: we do NOT see patients for hypermobility, hypermobile EDS, joint laxity/pain, fibromyalgia, POTS, or Mast Cell Activation Syndrome
  - ONLY patients with the documentation of the following features will be eligible for evaluation:
  1. Personal or family genetic testing that shows a likely pathogenic or pathogenic variant;
  2. Personal or family history of spontaneous organ or tendon ruptures not related to patient age or injury; OR
  3. Aneurysm or arterial dissection, aortic dilatation confirmed by echocardiogram

- **Alzheimer's/Dementia**: we do NOT see patients for *APOE* genotyping
  - ONLY patients with the below stipulations will be eligible for evaluation:
    1. Personal or family history of early-onset Alzheimer disease (age of onset <60-65 years)
    2. Family history of late onset Alzheimer disease (≥3 persons in a family with AD)
       a. These three persons must be on the same side of the family e.g. paternal or maternal
    3. Personal and/or family history of frontotemporal dementia/Amyotrophic lateral sclerosis (ALS)

- **Cancer Genetics for Minors** – We only see adults for cancer-related genetic concerns. Pediatric patients should see Children's AFLAC Cancer Predisposition Clinic: P) 404-785-1112 and F) 404-785-9111

- **Carrier Testing** – We do not order individual carrier testing and we do not see patients who are ONLY carriers of disorders, and therefore not affected (i.e. cystic fibrosis carrier, sickle cell disease carrier, etc.). If patients are symptomatic and need testing to rule out or rule in a condition, we would be glad to see them. We do not perform carrier testing on minors.

- ***MTHFR* Mutation** – ONLY patients with the following documented history will be eligible for evaluation:
  1. Testing that shows elevated homocysteine levels; AND
  2. Genetic testing that shows 2 PATHOGENIC variants (not polymorphisms) in *MTHFR*

- **Preconception Screening** – We refer preconception screening to the genetic counselors with Emory's maternal fetal medicine team. This includes miscarriages, infertility, and current pregnancies where the unborn child is at risk. Reach out to them at P) 404-778-3401 and F) 404-686-1652.

- **Hematologic disorders** - Emory Genetics does not evaluate or test patients for certain common hematologic disorders including hemochromatosis, Factor V Leiden, G6PD deficiency, Von Willebrand Disease, Sickle Cell, etc. These patients should be redirected to hematology.

- **Family History of Genetic Disease** - we require the family member's genetic test result. If the family member is living and has not had genetic testing, they should be referred first.