GatorCare
Your Partner in Health

GatorCare Genetic Testing Request

Member Name: **Address:**	**HCCID #:** **Birth Date:** **Phone #:**

Requested Test Name:

CPT CODE(S): ICD 10 CODE(S):

Date(s) of service:

Test description (including documentation):

Specificity of test: Sensitivity of test:

Requested by: **Address:**	**Contact Person:** **Phone #:**

Major Clinical Features:

Previous pertinent lab studies/diagnostic investigations:

Level of actionable consequences of testing:

☐ Genetic Counseling for future children in family ☐ Medical monitoring changes

☐ Treatment considerations ☐ Life altering changes

☐ Approved ☐ Denied Prevention Genetics Test Code:

Comments/Notes:

Signature: _____ Date: _____

Please submit completed form to Heather Stalker - ***Email***: stalkhj@peds.ufl.edu or ***Fax***: 352-294-8058