Oklahoma HealthCare Authority
4345 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105
Phone: (405) 522-7300

Genetic Testing Request Form

Date	Member Name	Member ID #	Member SS #
DOB	ICD-9 Diagnosis Codes		

Please provide the following information for each genetic test requested (attach additional documentation or use additional space as needed):

CPT/HCPCS Code	
Gene(s) Tested	
Type of Test (e.g., Common Variants, Full Sequence, Del/Dup)	
Clinical Findings, Family History, and Any Previous Test Results that Support the Need for the Test	
How will the genetic test results change/impact future medical management of the member?	

Physician Signature: _____ **Date:** _____

Physician Name: _____

Practice Address: _____

Physician Phone: _____