



LABORATORY ALLIANCE of Central New York, LLC

Referral Testing Disclosure

Dear Patient,

Your physician has ordered laboratory tests to be performed by:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Ambry Genetics | 1 (866) 262 - 7943 |
| <input type="checkbox"/> Ariosa Diagnostics | 1 (855) 927 - 4672 |
| <input type="checkbox"/> Integrated Genetics Lab | 1 (800) 848 - 4436 |
| <input type="checkbox"/> Invitae Corporation | 1 (415) 374 - 7782 |
| <input type="checkbox"/> Monogram Biosciences | 1 (800) 777 - 0177 |
| <input type="checkbox"/> Myriad Genetics | 1 (801) 584 - 3600 |
| <input type="checkbox"/> Natera | 1 (877) 869 - 3052 |
| <input type="checkbox"/> Prometheus Therapeutics & Diagnostics | 1 (888) 423 - 5227, option # 3 |
| <input type="checkbox"/> Sequenom Center for Molecular Medicine | 1 (877) 821 - 7266 |
| <input type="checkbox"/> Transplant Center _____ | |
| <input type="checkbox"/> Upstate University Hospital | (315) 464 - 4462 |
| <input type="checkbox"/> Other _____ | |

Laboratory Alliance will forward your specimen(s) to the laboratory indicated above. Laboratory Alliance will not be billing you for the test(s) performed by the above mentioned laboratory. You will receive the bill from the performing laboratory. We cannot estimate the level of reimbursement by your particular insurance carrier due to the number of plans and variety of contracts within each plan. We recommend that you check with your own insurance company about reimbursement and the need for prior authorization before having your specimen collected by us.

Patient Signature: _____

Print Name: _____

Date Signed: _____