



Patient Information	
Patient Name ASHANTHI	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) [REDACTED] [REDACTED]	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreiro, MD / MyClinicalService	Specialty/Department: Pediatrics/Allergy & Immunology
Address: 900 23rd St NW Washington, DC 20037	Phone: (202) 555-1212 Facsimile #: (202) 555-1212
Consultant Provider	
Provider's Name: to be assigned	Specialty/Department: Molecular Science/M1 Training
Address: 2300 I St NW, Suite 201 Washington, DC 20052	Phone: (202) 555-1212 Facsimile #: (202) 555-1212
Referral Information	
Authorization No:	Authorization Type:
Reason for Referral: Evaluation of Severe Combined Immunodeficiency	
Diagnosis: D81.3 – Severe combined immunodeficiency [SCID] due to Adenosine Deaminase Deficiency	
<p>Clinical Notes: 4 year old girl was diagnosed with SCIDs after 2 years of repeated infections and over 11 blood transfusions. She was then placed in sterile-isolation in the hospital or at home. A new enzyme assay identified an adenosine deaminase deficiency which lead to treatment with regular injections of recombinant PEG-ADA. However, a new gene therapy trial has just begun with a goal of permanently replacing the gene for the affected enzyme. Confirmation testing to validate the diagnosis of SCID due to a pathogenic variant in Adenosine Deaminase is required for qualifying for the procedure.</p> <p>A blood sample has been sent out for analysis with a SCIDs genetic testing panel. The genetic test result report will be faxed to the Molecular Science/M1 Training program for evaluation.</p> <p>Please consult with the family and send a copy of the final report back to this office. Thanks.</p>	
Procedures: Variant Interpretation – Molecular Impact Characterization	
Visits Allowed: 3	
Unit Type: V (VISIT)	
Referral is Valid Until: 09/30/2018	
<p>Notes: Patient must arrive 30 minutes early, with a picture ID, Insurance card and have a copy of this referral. If the referred patient is a minor and anyone other than the child's parents are escorting the child to the appointment, a letter of consent by the parent is needed. Please bring a list of medications the patient is taking with you to this appointment (including over the counter).</p>	
Please send the final report by Fax to: (202) 555-1212	
Signature:	
	
Ferreiro, Jane, MD on 08/29/2018 at 4:15 PM EDT	