



| Patient Information | |
|---|--|
| Patient Name DAVID | Patient Barcode Sticker  |
| DOB, Medical Record Number (MRN) <div style="background-color: #cccccc; width: 100px; height: 15px; display: inline-block;"></div> <div style="background-color: #cccccc; width: 100px; height: 15px; display: inline-block;"></div> | |
| 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: D81.1 – Severe combined immunodeficiency [SCID] with low T- and B-cell numbers | |
| <p>Clinical Notes: 6 year old boy was diagnosed with SCIDs at birth and in sterile-isolation in the hospital or at home ever since based on monitoring of CBC w/diff. (This is the second son with this diagnosis. The previous son died at the age of 7 months after repeated respiratory and other infections.) A match for a bone marrow transplant is not available and the patient's condition has begun to deteriorate. Due to the development of new gene therapy-based treatment protocols, the family has asked for genetic screening to identify the specific type of SCIDs.</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 | |
| 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). | |
| Please send the final report by Fax to: (202) 555-1212 | |
| Signature:  | |
| Ferreiro, Jane, MD on 08/29/2018 at 3:44 PM EDT | |