

**Unaffected Member Request for Hereditary
Cancer Genetic Testing**

Attn: Genetic Testing Pre-D Coordinator
Toll Free Phone Number: 1-800-891-2520
Fax: 567-661-0846



ELITE | COMMERCIAL/HMO

Unaffected Member Request for Hereditary Cancer Genetic Testing

Member Name: _____ **Paramount ID#:** _____

This form is to be used when submitting for prior authorization for genetic testing related to hereditary cancer when the member has no personal history of cancer and genetic testing is being requested due to family history solely. This form is not necessary in families in which there is a known mutation present. If any of the affected family members have previously underwent hereditary cancer genetic testing, please note this in the clinical notes and 3-generation pedigree.

List the affected family members based upon their relationship to the member who are included in the criteria met for this testing. Please also circle the appropriate circumstance for the family member.

1. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
2. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
3. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
4. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
5. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
6. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
7. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
8. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
9. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)
10. _____
(Deceased, Unwilling to be Tested, Not in Contact, Already been Tested, Willing to be Tested)

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