ApolloMDx Labs
TX CLIA# 45D2169036

Genetic Counseling Request

900 S Loop W | Suite 170 | Houston, TX 77054
phone/sms/fax (833) APOLLO8 | contact@apollomdx.com | apollomdx.com

Practice Name	*Address*	*Phone*

Patient Name	*Patient DOB*	*Test Ordered*

Does the patient have a copy of their report? ☐ Yes ☐ No

Patient Phone

Patient Email

Requestor Name

Requestor Email

Desired Date/Time of Session

NOTES

Please email completed forms to geneticist@apollomdx.com

Last revised 07/25/2018