

Account name: _____

Account address: _____

I, _____, acknowledge that I offer pre-test genetic counseling to all patients for whom I order hereditary cancer testing. This includes:

- Pre-test genetic counseling by a cancer genetics professional and planned post-test genetic counseling by a cancer genetics professional meeting NCCN accreditation criteria
- Acknowledgment that I meet the criteria for being a cancer genetics professional as defined below.

Examples of cancer genetics professionals with expertise and experience in cancer genetics include: genetic counselor, medical oncologist, obstetrician gynecologist, or other physician trained in medical cancer genetics, a genetic nurse credentialed as either a Genetic Clinical Nurse (GCN) or an Advanced Practice Nurse in Genetics (APGN) by either the Genetic Nursing Credentialing Commission (GNCC) or the American Nurses Credentialing Center (ANCC) who is not employed by a commercial genetic testing laboratory (excludes individuals employed by or contracted with a laboratory that is part of an Integrated Health System, which routinely delivers healthcare services beyond just the laboratory test itself, as these individuals are also considered independent).

Provider signature: _____

Provider name: _____