

Genomic Evaluation Clinic

Fax Referral To: 513-636-7297

Schedule by phone: 513-636-1861

Today's Date: _____

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____

Referring Physician: _____ Contact Person: _____

Office Address: _____

Office Number: _____ Fax Number: _____

Please fax copies of the following information along with the referral:

- Detailed patient clinical history / clinic notes
- Copies of previous test results
- Family history information (i.e. pedigree) if available

Additional Comments:

Visit Location: Division of Human Genetics -- C5 Care Center
Cincinnati Children's Hospital Medical Center

Appointments: 1st Tuesdays and 3rd Mondays
For appointments, call Jody Poppe at 513-636-1861

If you have any questions, please call or email:

Kathleen Collins, MS, CGC, 513-803-2154
Kathleen.Collins2@cchmc.org