

New Account Onboarding and Setup

All New Account documents listed below must be completed in their entirety and submitted to your account representative or to Genesys Diagnostics via email at info@gdilabs.com

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Once all New Account documents have been received by Genesys, your new account will be set up in our system and we will begin processing your initial supply request.

Your account will receive a Welcome Packet via email from your Account Representative or other team member including login credentials for online portal, first time use guides for online portal, supply request form, contact information form, and shipping information form along with any other applicable documents.

Your Account Representative or other team member may contact you to go over the following points:

- Confirm and verify any information provided in the New Account documents.
- Train account/office personnel and providers on online portal for online test ordering and retrieval of patient results.
- Schedule training for collection of specimens and/or completed test requisitions if requested.

If you have not been contacted and require any of the above services or have any other questions, please contact account services.

Once all documentation has been submitted and you have received the Welcome Packet you may begin sending tests.

If all necessary documents and information has been submitted New Account set up can take less than 24 hours from our receipt of New Account Packet.

Please Note:

- Any samples received without doctor and clinic information on the requisition are subject to being put on hold or rejected.
- By signing this form, you are agreeing to provide relevant chart notes and medical records for every sample that you are sending to Genesys Diagnostics. This should include but not be limited to patient insurance and demographics, current and historical medication lists, and current and historical patient diagnoses.

Please sign and date below to acknowledge receipt and acceptance of these policies and procedures.

Provider Name (Printed) _____

Provider Signature _____ **Date** _____

New Account Onboarding Form

Account Representative _____ Date _____

Account Information

Name:	Phone #:
Address:	Fax #:
	Federal Taxpayer ID (TIN/EIN):

Office Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Physician Information

Name	NPI

Test Results Communication

<input type="checkbox"/> Faxed Results	<input type="checkbox"/> Online Portal	<input type="checkbox"/> Both methods	<input type="checkbox"/> Other _____
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Preferred Contact information

	Name	Phone #	Email	Job Title
General Questions				
Insurance Questions				
Emergency Results				

Payor Population

<input type="checkbox"/> Client Bill
Medicare/Medicaid (Please list state):
Commercial Insurance (Please list most common HMO/PPO):

Test Type(s)

<input type="checkbox"/> Hereditary Cancer	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Carrier Screening	<input type="checkbox"/> Pharmacogenetics	<input type="checkbox"/> Microarray
<input type="checkbox"/> GI	<input type="checkbox"/> Toxicology	<input type="checkbox"/> UTI	<input type="checkbox"/> Respiratory/COVID-19	<input type="checkbox"/> Other

Estimated Monthly volume of indicated tests: _____

Provider Authorization

This form gives Genesys Diagnostics permission to test each specimen we receive according to the selection made on the individual requisitions received in the laboratory. Please have each provider who will be ordering tests sign and date this form. *(Additional signatures can be added below)*

I, the below signed, authorize tests ordered and sent for analysis at Genesys Diagnostics.

Provider Name (Printed) _____

Provider Signature _____ Date _____

Online Ordering Electronic Signature Authorization

Account Name _____

Provider Name _____ Provider NPI _____

(This form is required for all providers that will be utilizing our online portal(s) to order genetic tests)

I, _____, hereby authorize Genesys Diagnostics Inc to process the genetic test orders that I submit through their online portal(s). I understand that it is my responsibility to ensure that proper patient consent is obtained, and that accurate and complete information is provided for each test order.

Furthermore, I acknowledge that the signature provided below serves as my official and binding signature for the purpose of this authorization. I understand that this authorization form is valid and effective for one year from the date signed. By signing this form, I acknowledge that I have read, understood, and agree to the terms and conditions outlined below.

Below are the details of your authorization.

Authorization to Order Genetic Tests:

I am authorized to order genetic tests from Genesys Diagnostics Inc. I am responsible for ensuring that appropriate consent and necessary documentation from the patients are obtained prior to ordering the genetic tests.

Use of Patient Information:

I understand and acknowledge that any patient information I provide to Genesys Diagnostics Inc for the purpose of ordering genetic tests will be handled in accordance with applicable laws and regulations. Genesys Diagnostics Inc will maintain the privacy and confidentiality of patient information to the best of our abilities.

Compliance with Laws and Regulations:

I agree to comply with all relevant laws, regulations, and professional guidelines in ordering genetic tests and handling patient information. I will not use the genetic test results obtained from Genesys Diagnostics Inc for any unauthorized or illegal purposes.

Provider Name (Printed) _____

Provider Signature _____ Date _____

Informed Consent Attestation of Compliance for Testing

Signature for healthcare provider in this practice agrees to the below acknowledgements:

Acknowledge that:

It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by any applicable state law and/or regulations and I will maintain all written consent forms as part of the patient file and make them available upon reasonable request. *(Please choose all tests that will be ordered)*

<input type="checkbox"/> Hereditary Cancer NGS	<input type="checkbox"/> Cardiology NGS	<input type="checkbox"/> Carrier Screening	<input type="checkbox"/> Pharmacogenetics	<input type="checkbox"/> Microarray
<input type="checkbox"/> GI	<input type="checkbox"/> Toxicology	<input type="checkbox"/> UTI	<input type="checkbox"/> Respiratory/COVID-19	<input type="checkbox"/> Other _____

Provider Name (Printed) _____

Provider Signature _____ Date _____

Note to Healthcare Provider

The individual (or authorized person) must sign and date a consent form that includes:

Statement of test purpose and description. Statement prior to testing, the healthcare provider ordering the test discussed with the individual the reliability of positive/negative test results and the level of certainty that a positive result for the disease or condition serves as a predictor of such disease. Statement that the healthcare provider informed the individual about the availability and importance of further testing, physician consultation and genetic counseling, and provided written information identifying a genetic counselor or medical geneticist. General description of each disease or condition for which a test is ordered. The name of the person or persons to whom the test results may be disclosed.

If you do not have patient consent forms for genetic testing, please request.

Initial Supply Order Form

(For existing accounts supplies can be ordered by phone, email, on our website, or through your Account Representative.)

Please note that orders received via email or website can take 1-3 days to process, depending on order volume.

Orders received before 03:00pm EST will begin processing the same business day. This does not always mean that they will ship on the same day.

All orders are subject to judgement/amendment based on the previous months' sample volumes and our current stock supply.

If you have questions about your order, please feel free to call us at (860) 574-9172

Test Kit Type	Amount Needed	Test Kit Type	Amount Needed
<input type="checkbox"/> Hereditary Cancer		<input type="checkbox"/> GI	
<input type="checkbox"/> Cardiology		<input type="checkbox"/> Toxicology	
<input type="checkbox"/> Carrier Screening		<input type="checkbox"/> UTI	
<input type="checkbox"/> Pharmacogenetics		<input type="checkbox"/> Respiratory/ COVID-19	
<input type="checkbox"/> Microarray		<input type="checkbox"/> Other _____	

Each test kit includes 1 collection device, 1 requisition, 1 biohazard bag and any other required supplies for the specific test. Genesys Diagnostics supplies shipping materials with test kits by default. Additional shipping supplies can be requested if needed.

Shipping Options

If your office/clinic already has regular courier pickups or you prefer to utilize a specific carrier, please indicate below:

<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx	<input type="checkbox"/> Other _____
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If none selected, UPS services will be used by default.

UPS Placard Pickup (Optional)

Genesys Diagnostics can schedule recurring or on call pickups for specimens with UPS by setting up a UPS Access Point Placard to be posted in your office wherever packages are left for pickup (Ex: To left of front door). If you would like to utilize this service, please indicate your preferred schedule window below. A time window must be given for each day regular pickups should happen (Ex: 2:00pm-4:00pm EST) On days without regular pickups, a pickup can be requested by calling the phone number on the posted placard. If you would like to call in each pickup as needed simply say "as needed" below. Once the schedule is received, we will send a temporary placard. This placard must be posted where packages are left in the office and a picture must be sent to Genesys Diagnostics. **The placard will not become active until a few days after the placement photo is received.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						N/A

☐ As needed (No schedule)

Drop Offs

Without regular pickups it is suggested to drop off packages containing specimens at the nearest courier, FedEx, or UPS access point. FedEx/UPS can provide a receipt with a tracking number for reference if there are any delays or issues with the delivery.

On Demand Pickup

A one-time pickup for specimens can be requested by calling Genesys Diagnostics office at (860) 574-9172 no more than one day in advance. The specimen must be packaged and ready for pickup at any time during the window given. Afternoon pickup requests may not be completed until the following day dependent on courier availability and the time of request.

Contact Information

For questions, comments, concerns, supply orders and any other genetic testing needs, please contact us through one of the methods below:

Account Services

Email: Info@gdilabs.com

Website: www.gdilabs.com

Phone: (860) 574-9172

Fax: (860) 574-9264

Or contact your personal account representative. If you do not know who your account representative is, please contact the lab at the phone number listed above.

Thank you for choosing Genesys Diagnostics, and we look forward to working together!