Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

RE: Pre-Test Genetic Counseling Consultation

Dear [Referring Physician Name],

I met with [Patient Name] today for a pre-test genetic counseling consultation regarding [Indication for Testing, e.g., personal/family history of breast cancer].

During our session, we discussed the following:

- **Family History:** We reviewed a three-generation pedigree, noting [brief summary of relevant history].
- **Testing Options:** We discussed the risks, benefits, and limitations of [Name of Genetic Test/Panel].
- **Possible Results:** We reviewed the implications of positive, negative, and variant of uncertain significance (VUS) results.
- **Psychosocial/Legal Factors:** We discussed the emotional impact of testing and the Genetic Information Nondiscrimination Act (GINA).

Plan:

The patient has elected to proceed with [Name of Test] through [Laboratory Name]. Informed consent was obtained. The expected turnaround time for results is [Number] days/weeks. We will contact the patient once the results are available to provide post-test counseling and medical management recommendations.

A copy of the formal lab report will be forwarded to your office upon completion.

Sincerely,

[Your Name/Signature]
[Your Title, e.g., Certified Genetic Counselor]
[Contact Information]