

## Practice Management Software Template for Best Practice

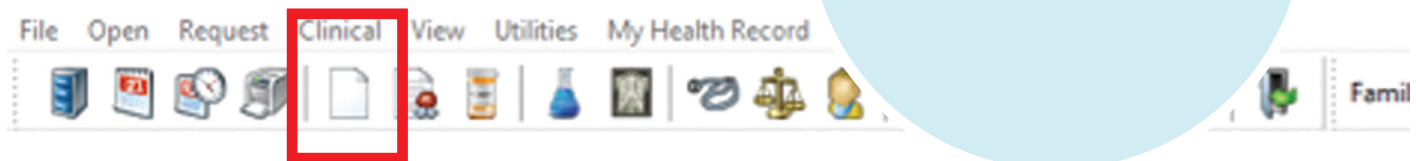
QML Pathology now provides access to the Genomic Diagnostics' Generation NIPT request form within Best Practice, enabling all your patient and provider information to be transferred electronically to the request form.

### How to request Generation NIPT through Best Practice

To load the templates, open the patient record and complete the following steps.

#### Step 1

Create a new letter by selecting the page icon

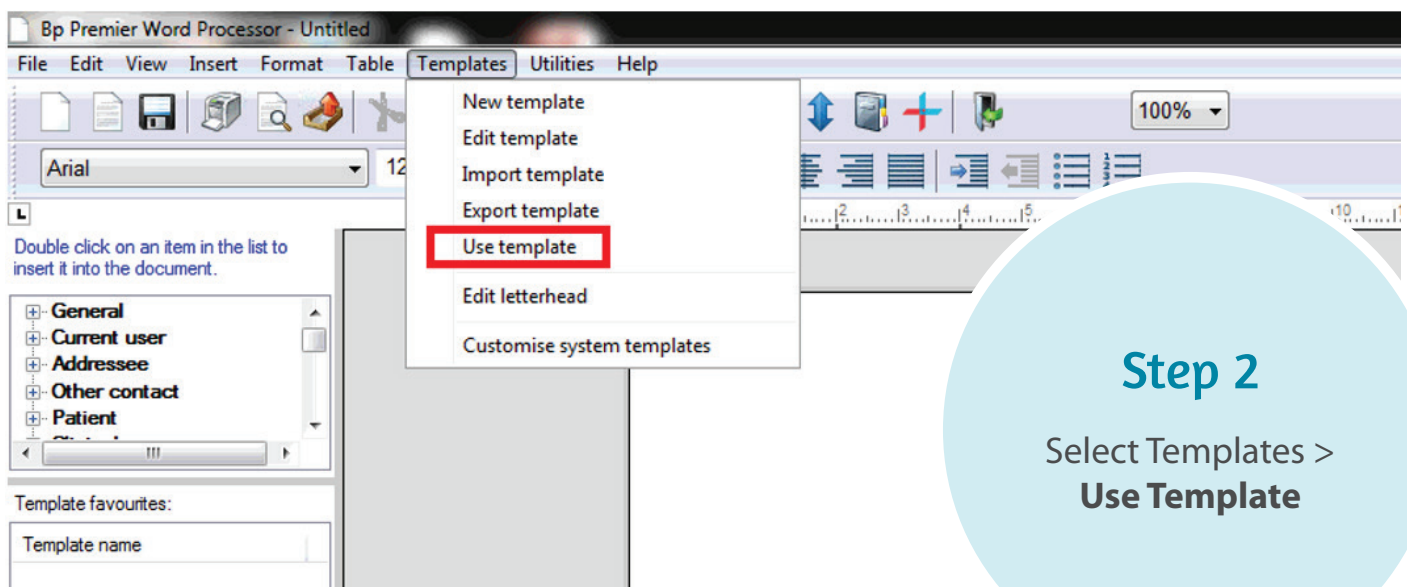


#### Step 1

Click on **Page Icon**

#### Step 2

Select Templates > **Use Template**



#### Step 2

Select Templates >  
**Use Template**

Select supplied template **Generation NIPT - QML**

### Step 3

Select supplied template

**Generation NIPT - QML**

Word Processor templates

☐ All
☐ Custom
☒ Supplied
☐ Include all states

Template name
All users
Type
^

DI-GESIC Prescriber Confirmation Form	Yes	Supplied
Division referral	Yes	Supplied
DMMR - Form1	Yes	Supplied
DMMR - Form2	Yes	Supplied
Dusk till Dawn Sleep Centre Sleep Study Referral	Yes	Supplied
Eating Disorders Plan	Yes	Supplied
EPC - Referral for Type 2 Diabetes	Yes	Supplied
EPC Dental care	Yes	Supplied
EPC Referral	Yes	Supplied
eReferral	Yes	Supplied
Ferinject Infusion Service Referral - SNC	Yes	Supplied
Generation NIPT QML	Yes	Supplied
GenesisCare (Sleep Medicine)	Yes	Supplied
GenesisCare HeartCare Partners & Bundaberg Cardio	Yes	Supplied
GP Mental Health Care Plan	Yes	Supplied
GPMP/TCA	Yes	Supplied
Hamony NIPT (Sonic)	Yes	Supplied
Hearing Services Program Medical Certificate	Yes	Supplied
HeartSTART Referral	Yes	Supplied
Holter Monitoring Referral Form	Yes	Supplied
K10 Assessment	Yes	Supplied
Lung Function Referral (Cleveland)	Yes	Supplied
Mater Hill Gastroenterology Direct Access Referral	Yes	Supplied

v

Rename template

Delete template

**QML Pathology**  
QUEST Diagnostics

**Generation**  
a new era in prenatal testing

Lab ID

### Non-Invasive Prenatal Test Request Form

**Section 1: Patient Information**

First Name:  Last Name:

DOB:  Gender:

Address:

Phone:  Email:

Referral Source:

**Section 2: Requesting Doctor's Sign**

Doctor's Name:

Specialty:

Signature:

Date:

**Section 3: Test Selection**

☒ **Generation NIPT** (21, 18, 13 & X-chromosome)

☐ **Advanced Maternal Age** (Advanced Maternal Age)

☐ **Abnormal Ultrasound** (Abnormal Ultrasound)

☐ **Family History** (Family History)

☐ **Other** (Other)

**Section 4: Additional Information**

Comments:

**QML Pathology**  
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**Section 4: Additional Information**

Comments:

Open

Cancel