

Letter of Association

For genetic counselors, licensed medical professionals, and medical assistants: In order to be given access to the NT Practitioner data entry screens in the Screening Information System (SIS), you must have a registered NT Practitioner fill out and submit this form to the Genetic Disease Screening Program by mail, or fax to 510-412-1560.

_____ is a genetic counselor, licensed medical professional, or medical assistant associated with my practice.

I understand that she/he will be able to access the SIS database, enter NT exam data, and view case interpretation.

I understand that medical assistants may enter NT exam data into SIS, but may not discuss case interpretations or follow-up options with patients.

NT Practitioner NT Practitioner Credential ID #

NT Practitioner PDC Site/Office Name

Date

Please list other NT Practitioners for whom this genetic counselor/medical professional will be entering NT data:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____