



DNA Test Requisition Form

*Required Fields

Comprehensive Genetic Test Panel

CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP2B6, CYP3A4, CYP3A5, SLC01B1, VKORC1, COMT, OPRM1, Apoε, Factor II, FactorV, MTHFR, ANKK1/DRD2, UGT2B15

- CYP1A2
- CYP2C9
- CYP2C19
- CYP2B6
- CYP2D6
- CYP3A4/5
- COMT
- ANNK1/DRD2
- OPRM1
- Apoε
- Factor II
- Factor V
- SLC01B1
- VKORC1
- MTHFR
- UGT2B15

ICD-10 Codes (please list all applicable codes)

Sample Collection Date (MM/DD/YYYY)

Patient Medications - Please attach patient face sheet

Patient Last Name

Patient First Name

Patient Street Address

City

State

Zip Code

Date of Birth (MM/DD/YY)

Patient Phone #

Gender

- Male Female

Height

Weight

Patient Ethnicity

- White Hispanic/Latino Asian Other/Unknown
 Mixed Race American Indian/Native Alaskan Hawaiian/Pacific Islander Black

Office Contact

Office Email

Physician NPI#

Physician Authorizing Name

Physician Authorizing Signature

X

Physician Certification: I hereby request and authorize reference/testing lab to utilize this information to perform pharmacogenomic testing for the indicated patient. I certify that I have explained pharmacogenomic testing to the patient indicated in this requisition form. I also certify that I will only use and disclose test results as permitted by law.

Payment and Insurance Information:

Complete section below or include photocopy of both sides of insurance card or face sheet

Bill Insurance

Pre-Authorization Number if Applicable

Patient Direct Pay

Primary Insurance

ID Number

Group Number

Secondary Insurance

ID Number

Group Number

Name of Person Insured

Relationship to Insured

DOB of Insured

I request and authorize Advanced Genomics to perform the designated test(s) on the DNA sample provided by me. My signature below constitute my acknowledgment that I have been informed of the benefits and limitations of this testing which have been explained to my satisfaction by a qualified health professional. I also understand that reference/testing lab reserves the right to provide de-identified information of a statistical nature to accrediting agencies and reserves the right to use such anonymous information in compliance with Section 102.006 of Texas Occupation Code.

Assignment of Benefits: I hereby authorize Advanced Genomics to bill my insurance company and receive payment from them on my behalf. I acknowledge, however, that I am responsible for payment of my account and any and all charges associated with its collection. I hereby authorize my insurance company to pay Advanced Genomics directly for services rendered.

Appeal Authorization: In the event of an underpayment or denial by my insurance carrier, I hereby authorize Advanced Genomics or their designee, to appeal my health plan on my behalf to provide the actions and information necessary to overturn the denial or receive reimbursement for the underpaid claim. This authorization shall remain valid until the charges for the orders on this form are paid in full.

Donor Signature: I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen used was sealed in my presence; and that the information provided on this form and on the label affixed to each specimen is correct. I authorize the release of the results to the ordering clinician, authorized client/representative, or prescribing/attending physician. I authorize Advanced Genomics to release any information required for billing purposes. I acknowledge Advanced Genomics may be an out of network provider with my insurer. I also agree that in a case where my insurance provider sends payment directly to me, I will endorse the insurance check and forward to Advanced Genomics within 30 days. I understand that failure to do so may result in my account being forwarded to collections and reported to the credit bureau.

Print Patient Name

Patient Signature

Date

PLEASE CHECK ALL THAT APPLY

Medical Necessity:

- Patient has a history of medication failure(s).
- Patient has experienced sensitivity to prescribed medication(s).
- Patient has experienced lack of symptom relief from prescribed medication(s).
- Patient has been non-compliant with prescribed medication(s).
- There is a "Warning" in the Package Insert of the medication being considered.
- Desired medication for patient is a "Controlled Substance".
- Medication Class is new to the patient
- An "Inhibitor" or "Inducer" may affect therapeutic response to prescribed medication.

PLEASE CHECK ALL THAT APPLY

Results Application:

- As a component of my medical decision making as to which medication(s) to avoid for this patient.
- As a component of my medical decision making as to which medication(s) to prescribe for this patient.
- As a component of my medical decision making regarding dose initiation or titration for this patient.
- As a component of my medical decision making to manage patient's thrombotic risk.

Please insure that all ICD-10 codes checked on the DNA Requisition Form are representative of the patient being seen and their health considerations. For a comprehensive listing please refer to the most recent ICD-10 coding manual. Ultimately the assignment of the proper diagnosis code(s) is the responsibility of the ordering physician.

CYP2C19 CIRCULATORY

- I20.0 Unstable angina
- I20.1 Angina pectoris w/ documented spasm
- I20.8 Other forms of angina pectoris
- I20.9 Angina pectoris, unspecified
- I21.09 STEMI Other coronary artery anterior wall
- I21.11 STEMI Right Coronary Artery
- I21.29 ST elevation (STEMI) MI involving other sites
- I21.3 ST elevation (STEMI) MI of unspecified sites
- I21.4 Non - ST elevation (STEMI) MI
- I24.0 Acute coronary thrombosis not resulting in MI
- I24.1 Dressler's syndrome
- I24.8 Other forms of acute ischemic heart disease

Atherosclerotic Heart Disease of Native Coronary Artery

- I25.110 With unstable angina pectoris
- I25.111 With angina pectoris w/ documented spasm
- I25.118 With other forms of angina pectoris
- I25.119 With unspecified angina pectoris

Atherosclerosis of Coronary Artery Bypass Graft(s) Unspecified With:

- I25.700 Unstable angina pectoris
- I25.701 Angina pectoris w/ documented spasm
- I25.708 Other forms of angina pectoris
- I25.709 Unspecified angina pectoris

Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s) With:

- I25.721 Angina pectoris w/ documented spasm
- I25.728 Other forms of angina pectoris

Atherosclerosis of Autologous Vein Coronary Artery Bypass Graft(s) With:

- I25.710 Unstable angina pectoris
- I25.711 Angina pectoris w/ documented spasm
- I25.718 Other forms of angina pectoris
- I25.719 Unspecified angina pectoris

Atherosclerosis of Nonautologous Biological Coronary Artery Bypass Graft(s) With:

- I25.731 Angina pectoris w/ documented spasm
- I25.738 Other forms of angina pectoris
- I25.739 Unspecified angina pectoris

Atherosclerosis of Native Coronary Artery of Transplanted Heart With:

- I25.750 Unstable angina
- I25.751 Angina pectoris w/ documented spasm
- I25.758 Other forms of angina pectoris

Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart With:

- I25.761 Angina pectoris w/ documented spasm
- I25.768 Other forms of angina pectoris
- I25.769 Unspecified angina pectoris

Unspecified Angina Pectoris Atherosclerosis of Other Coronary Artery Bypass Graft(s) With:

- I25.790 Unstable angina pectoris
- I25.791 Angina pectoris w/ documented spasm
- I25.798 Other forms of angina pectoris
- I25.799 Unspecified angina pectoris
- I24.9 Irritant contact dermatitis, unspecified cause

CYP2CD6 MENTAL

Major Depressive Affective Disorder Recurrent Episode

- F33.9 Unspecified
- F33.0 Mild
- F33.3 Severe w/ psychotic features
- F33.40 In remission unspecified
- F33.42 In full remission

Bipolar I Disorder Most Recent Episode (or Current) DEPRESSED

- F31.30 Unspecified
- F31.32 Moderate
- F31.4 Severe w/o psychotic features
- F31.5 Severe w/psychotic features
- F31.75 In partial remission
- F31.76 In full remission

Bipolar I Disorder, Most Recent Episode (or Current) MIXED

- F31.60 Unspecified
- F31.64 Severe w/psychotic features
- F31.77 In partial remission
- F31.78 In full remission

DIAGNOSIS ICD-10 CODES (for all other genes except CYP2C19 and CYP2D6)

Cardiovascular

- D68.2 Hereditary deficiency of other clotting factors
- I10 Essential (primary) hypertension
- I25.9 Chronic ischemic heart disease, unspecified
- I48.91 Unspecified atrial fibrillation
- I50.9 Heart failure, unspecified
- I82.91 Chronic embolism and thrombosis, unspecified vein
- R03.0 Elevated blood-pressure reading, w/o diagnosis of hypertension

Endocrine

- E03.9 Hypothyroidism, unspecified
- E10.9 Diabetes I mellitus, without complications
- E11.9 Diabetes II mellitus, without complications

Nervous System

- G43.909 Migraine, unspecified, not intractable, w/o status migrainosus

Pain

- G89.4 Chronic pain syndrome
- M12.9 Arthropathy, unspecified
- M15.9 Polyosteoarthritis, unspecified
- M25.50 Pain in unspecified joint
- M25.569 Pain in unspecified knee
- M53.82 Other specified dorsopathies, cervical region
- M54.5 Low back pain
- M60.9 Myositis, unspecified
- M79.1 Myalgia
- M79.609 Pain in unspecified limb
- M79.7 Fibromyalgia

Mental

- F32.9 Major depressive disorder, single episode, unspecified
- F41.9 Anxiety disorder, unspecified
- F90.9 Attention deficit hyperactivity disorder, unspecified

Signs & Symptoms

- R06.02 Shortness of breath
- R11.2 Nausea with vomiting, unspecified
- R51 Headache
- R53.1 Weakness

Musculoskeletal

- M19.9 Osteoarthritis, unspecified, unspecified site
- M54.15 Radiculopathy, thoracolumbar region
- M54.16 Radiculopathy, lumbar region
- M54.17 Radiculopathy, lumbosacral region

Other

- Z79.891 Long term (current) use of opiate analgesic
- Z79.899 Other long term (current) drug therapy