



CLIA - 39D2175506

Pharmacogenomics (PGx) Panel Test Requisition

(Orange Sections Required)

Insurance ordering checklist

- Clinic Note(s) and Pedigree
- ICD-10 Code(s)
- Clinician & Patient Signatures
- Copy of Patient Insurance Card

Order#: Requisition#: Client Acc#: Client Req#:

Patient Information

Last Name: First Name: Middle Name: Patient DOB: Date of Death (if applicable): Date of Discharge (if applicable):

Street Address: City: State: Country: Zip:

Email Address: Preferred Contact Phone Number:

Biological sex: Gender Identity (if different from marked): Race:

Sending facility

Facility Type:

Facility Name (Facility Code): Address:

Ordering physician and/or other licensed medical professional

Name: Phone: Fax: Email: NPI:

Please add electronic signature here:

Additional results recipients

Medical Professional Name (Clinician Code):

Primary Contact

Genetic Counselor Name (Clinician Code):

Primary Contact

Billing Information





ACCEPTABLE PAYMENT METHODS: Insurance Billing, Clinic or Facility Billing, Patient Pay Billing (Self-Pay).

Please select in the table below either the appropriate insurance provider, Clinic or Facility Billing, or Patient Pay Billing (Self-Pay).

Patient Pay Billing	Clinic or Facility Billing
The Lab will send an electronic invoice to the patient email listed above. The patient will be responsible for all charges related to this Test Requisition; Insurance will not be billed.	The Lab will send an invoice to the Clinic listed above. By selecting this option, the Clinic hereby accepts payment responsibility for all charges related to this Test Requisition.

Insurance Billing: Please contact Patient Care for Eligibility

Attach front and back of insurance card, clinical notes, medical records, and/or letter of medical necessity (LMN) to prevent delays.

Payer Code	Payer Name	Policy Number	GroupID	Relation To Insured	Active	
1					<input type="checkbox"/>	   

If you do not see your insurance provider in the list above, please choose Other and provide all insurance details in the box below:

Please mark checkbox to confirm your payment method If applicable please mark checkbox to confirm patients insurance card has been added as an attachment

Billing ABN and Patient Protection Plan Information:

A completed Advance Beneficiary Notice (ABN) of coverage is required for Medicare patients who do not meet medical criteria for testing.

Billing laboratory preverifies insurance coverage and will contact the patient after the patient's sample is received if the out-of-pocket amount for testing is estimated to exceed \$100. Insurance pre-verification will not be performed for specific site analyses, unless specifically requested. All tests ordered with a bill type of insurance shall be processed and billed based on payor criteria.

Indications for testing (check all that apply)

1. Cardiovascular panel

Atherosclerotic Heart Disease of native Coronary Artery

- I25.10 Without angina pectoris I25.110 With unstable angina pectoris I25.111 With angina pectoris with documented spasm
 I25.118 With other forms of angina pectoris

Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s)

- I25.71 With angina pectoris with documented spasm I25.720 Unstable angina pectoris

Atherosclerosis of Autologous Vein Coronary Artery Bypass Graft(s)

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

Atherosclerosis of Nonautologous Biological Coronary Artery Bypass Graft(s)

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

Atherosclerosis of Native Coronary Artery of Transplanted Heart

- I25.750 Unstable angina I25.751 Angina pectoris with documented spasm I25.758 Other forms of angina pectoris
 I25.5 Ischemic cardiomyopathy I25.6 Silent myocardial ischemia I25.728 Atherosclerosis of autologous artery coronary bypass graft(s) with other forms of pectoris angina
 I25.60 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25.811 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
 I25.83 Coronary atherosclerosis due to lipid rich plaque I25.84 Coronary atherosclerosis due to calcified coronary lesion I25.89 Other forms of chronic ischemic heart disease

Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart

- I25.761 Angina pectoris with 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)

- I25.790 Unstable angina pectoris
- I25.791 Angina pectoris with documented spasm
- I25.798 Other forms of angina pectoris
- Z79.01 Longterm (current use of) anticoagulants
- Z79.02 Longterm (current) use of antithrombotics/antiplatelets

Cardiovascular other

- 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 without diagnosis of hypertension
- I20.0 Unstable angina
- I20.1 Angina pectoris with documented spasm
- I20.8 Other forms of angina pectoris
- I20.9 Angina pectoris, unspecified
- I21.09 STEMI other coronary artery anterior wall
- I21.3 ST elevation (STEMI) MI of unspecified sites

2. Psych Panel

- F32.89 Other specified depressive episodes
- F32.9 Major depressive disorder, single episode

Major Depressive Disorder, Recurrent:

- F33.9 Unspecified
- F33.0 Mild
- F33.1 Moderate
- F33.3 Severe, with psychotic
- F33.2 Severe, without psychotic
- F33.40 In remission, unspecified
- F33.41 In partial remission
- F33.42 In full remission

Bipolar Disorder, Current Episode Depressed:

- F31.30 Unspecified
- F31.31 Mild
- F31.32 Moderate
- F31.4 Severe, without psychotic
- F31.5 Severe, with psychotic
- F31.75 In partial remission, most
- F31.76 In full remission, most
- F31.9 Unspecified

Bipolar Disorder, Current Episode Mixed:

- F31.60 Unspecified
- F31.61 Mild
- F31.62 Moderate
- F31.63 Severe, without psychotic
- F31.64 Severe, with psychotic
- F31.77 In partial remission, most
- F31.78 In full remission, most

3. Pain panel

- Z79.891 Longterm (current) use of opiate analgesic
- Z79.899 Other longterm (current) drug therapy
- G10 Huntington's disease
- 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
- M54.5 Low back pain
- M60.9 Myositis, unspecified
- M79.1 Myalgia
- M79.609 Pain in unspecified limb
- M79.7 Fibromyalgia

4. Other

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

Other ICD-10 Code(s):

Specimen Information

Cheek cells / Genotek OCD-100 Collected Date and Time: Collected: Collected By:

Tests requested

Comprehensive Panel

ABCB1, ABCG2, ADRA2A, APOE, CACNA1S, CES1, COMT, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DPYD, F2, F5, GRIK4, HTR2C, IFNL3, MTHFR, OPRM1, RYR1, SLCO1B1, TPMT, VKORC1

Anesth/MHS Panel

CACNA1S, RYR1

Cardiovascular Panel

APOE, CYP1A2, CYP2C19, CYP2C9, APOE, CYP2D6, CYP3A4, CYP3A5, F2, F5, MTHFR, SLCO1B1, TPMT

Oncology Panel

ABCG2, CYP2D6, CYP3A4, DPYD, MTHFR, SLCO1B1, TPMT

Pain Panel

CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, MTHFR

Psychiatry Panel

ADRA2A, COMT, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, HTR2C, MTHFR, TPMT