

PATIENT INFORMATION

Sample Collection Date (MM/DD/YYYY)	Patient Name (Last, First)	Date of Birth	
Street Address	City, State, Zip	Contact #	<input type="checkbox"/> Female <input type="checkbox"/> Male
Patient Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Other/Unknown		<input type="checkbox"/> Family History (please attach details)	
PATIENT HISTORY (please use separate page if necessary)		Allergies:	
Current Medications:			
Patient acknowledgement for direct insurance/3rd party billing: I hereby authorize my insurance benefits to be paid directly to lab rendering the test and authorize them to release medical information concerning my testing to my insurer. If applicable, I authorize this lab to be my Designated Representative for purposes of appealing any denial of benefits. I understand that I am financially responsible for any amounts not covered by my insurer for this test order. I also fully understand that I am legally responsible for sending the lab any money received from my health insurance company for performance of this genetic test. Further, I authorize the provider to release any pertinent medical records.			
Patient or Legally Authorized Representative:		Date	Patient E-mail:

ORDERING PHYSICIAN AND/OR OTHER LICENSED MEDICAL PROFESSIONAL

NPI #	Name (Last, First, Degree)	Facility Name
Street Address		City, State, Zip
Phone	Fax	Email

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING

By ordering testing, the undersigned person represents that he/she is a licensed medical professional authorized to order genetic testing OR is a representative of a licensed medical professional authorized to order genetic testing; acknowledges the patient has been supplied information regarding genetic testing and the patient has given consent for genetic testing to be performed. I request clinical interpretation of these results and confirm that this testing is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and that these results will be used in the medical management and treatment decisions for this patient. My signature here applies to the attached letter of medical necessity (if applicable.) Furthermore, additional results recipients information is true and correct to the best of my knowledge.

Medical Professional Signature:	Date
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TEST PANELS

PHARMACOGENOMICS

<input type="checkbox"/> Comprehensive Panel *Cheek Swab* <input type="checkbox"/> Psychotropic Panel *Cheek Swab* CYP2C19, CYP2D6, CYP2C9, MTHFR, OPRM1, COMT, CYP3A4, CYP3A5, CYP1A2, ANKK1/DRD2 <input type="checkbox"/> Pain Panel *Cheek Swab* CYP2C19, CYP2D6, CYP2C9, CYP3A4, CYP3A5, CYP1A2, CYP2B6 <input type="checkbox"/> Cardiovascular Panel *Cheek Swab* CYP2C19, CYP2D6, CYP2C9, VKORC1, FACTOR II, FACTOR V LEIDEN, MTHFR, CYP3A4, CYP3A5, APO E, SLC01B1	<input type="checkbox"/> Comprehensive Oncology Panel *Cheek Swab* <input type="checkbox"/> DYPD <input type="checkbox"/> TPMT <input type="checkbox"/> UGT1A1 <input type="checkbox"/> CYP2C8 <input type="checkbox"/> MTHFR <input type="checkbox"/> G6PD <input type="checkbox"/> Abacavir Hypersensitivity *Cheek Swab* HLAB*57:01
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DIAGNOSIS/ICD-10: ON THE BACK SIDE OF THIS FORM PLEASE NOTE THE APPROPRIATE ICD-10 CODES

We cannot accept saliva (or blood) for individuals who have undergone bone marrow transplant from a donor, peripheral stem cell transplant, or have a hematologic cancer or Myelodysplastic Syndrome (MDS).

Please ensure that all ICD-10 Codes checked on the DNA Requisition Form are representative of the patient being seen and their health considerations

Description	ICD-10
PHARMACOGENOMICS: PSYCHIATRY	
Schizophrenia	Z65.8
Affective Disorder	Z65.8
Neurosis	Z65.8
Personal History of Mental Disorder	Z86.59
Unspecified Mental Disorder	Z65.8
Unspecified Schizophrenia	F20.9
Major Depressive Affective Disorder, Recurrent Episode, Unspecified	F33.9
Bipolar I Disorder, Most Recent Episode (or Current) DEPRESSED, Unspecified	F31.30
Bipolar I Disorder, Most Recent Episode (or Current) MIXED, Unspecified	F31.60
Depressive Disorder Not Elsewhere Classified	F32.9
Attention Deficit Disorder w/o Hyperactivity	F90.9
Attention Deficit Disorder w/ Hyperactivity	F90.0
PHARMACOGENOMICS: PAIN	
Other Acute Postoperative Pain	G89.18
Chronic Pain Syndrome	G89.4
Osteoarthritis	M15.1
Osteoarthritis Pelvic Region and Thigh	M16.10
Osteoarthritis, Knee	M17.9
Pain in Joint, Unspecified Site	M25.50
Sacroiliitis	M46.1
Lumbar Spondylosis	M47.817
Degenerative Disc Disease, Lumbar	M51.36
Failed Back Syndrome, Lumbar	M96.1
Spinal Stenosis, Cervical	M48.02
Cervicalgia	M54.2
Radiculopathy, Cervica	M54.12
Lumbago	M54.7
PHARMACOGENOMICS: OTHER DIAGNOSTIC CODES	
Long Term (current) use of anticoagulants	Z79.01
Long Term (current) use of antibiotics	Z79.2
Long Term (current) use of antiplatelet/antithrombotic	Z79.02
Long Term (current) use of Non-Steroidal Anti-inflammatory (NSAID)	Z79.1
Long Term (current) use of steroids	Z79.52
Long Term (current) use of aspirin	Z79.82
Long Term (current) use of Insulin	Z79.4
Long Term (current) use of biophosphonates	Z79.83
Long Term (current) use of opiate analgesic	Z79.891
Long Term (current) use of drug therapy	Z79.899
Encounter for Therapeutic Drug Monitoring	Z51.81
Examination of Participant in Clinical Trial	Z00.6

Description	ICD-10
PHARMACOGENOMICS: CARDIOVASCULAR	
Supervision of Other Normal Pregnancy	Z34.80
Congenital Deficiency/Clotting Factors	D68.2
Acute MI, Unspecified Site, Episode of Care Unspecified	I21.3
Intermediate Coronary Syndrome	I20.0
Other Acute and Subacute forms of Ischemic Heart Disease, other	I24.8
Other and Unspecified Angina Pectoris	I20.9
Recurrent Pregnancy Loss w/o Pregnancy	N96
PHARMACOGENOMICS: ONCOLOGY	
Acute Lymphoblastic Leukemia	C91.01
Acute Leukemia of Unspecified	C95.0
Basal Cell Carcinoma	C44.91
Myeloproliferative Neoplasm	D47.1
Small-Cell Lung Carcinoma	C34.90
Breast Cancer (Female)	C50.912
Ewings sarcoma	C41.4
Squamous cell Lung	C34.91
Non Hodgkins Lymphoma	C85.92
Esophageal Cancer	C15.3
Crohns Disease	K50.10
Post Transplant organ rejection	T86.91
Sarcoidosis	D86
Pancreatic Cancer	C25.4
Colon Cancer	C18.9
Stomach Cancer	C16.9
Malignant Neoplasm of head, neck or face	C76.0
Malignant neoplasm of Rectum	C20
Malignant Neoplasm of Colon	C18.9
Chronic Pain	G89.29
Chronic Pain Syndrome	G89.4
Neoplasm related pain	G89.3
Patient's other non-compliance with medication	Z91.14
Patient's non-compliance with other medical treatment	Z91.19
PHARMACOGENOMICS: ABACAVIR HYPERSENSITIVITY	
Human Immunodeficiency Virus (HIV) disease	B20
Asymptomatic Human Immunodeficiency Virus (HIV) infection status	Z21