

CT-ST License # CL-0687

## Pharmacogenomics Requisition Form

V17.1

### 1: PATIENT INFORMATION

PATIENT NAME (LAST) ( FIRST) (M.I.)			<input type="checkbox"/> Male
			<input type="checkbox"/> Female
PATIENT ADDRESS (STREET)	CITY	STATE	ZIP
PATIENT PHONE NUMBER		BIRTH DATE (MM/DD/YYYY)	
Date and Time Collected:		Drawn By:	
Ethnicity (check all that apply) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/NW European <input type="checkbox"/> E. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish-Ashkenazi <input type="checkbox"/> Jewish-Sephardic <input type="checkbox"/> Mediterranean <input type="checkbox"/> Native American <input type="checkbox"/> Other:			

<b>Ordering Physician Name &amp; Signature</b>	POLICY HOLDER NAME	POLICY HOLDER DATE OF BIRTH	MEMBER/POLICY #
	RELATIONSHIP OF PATIENT TO INSURED		INSURANCE CO. NAME
	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> MEDICARE PRIMARY <input type="checkbox"/> MEDICARE SECONDARY		GROUP #
	MEDICARE/MED. NUMBER		STATE
Phone:	MEDICAL ASSISTANCE NUMBER		STATE
Fax:	<b>ICD-10 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED) SEE BACK #9 FOR CODES</b>		
Address:	Dx1	Dx2	Dx3
	Dx4	<b>Medical Necessity Statement:</b> Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms and reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment a 'signed' Advanced Beneficiary Notice must be included.	

### 2: SPECIMEN TYPE:

PERIPHERAL BLOOD     BUCCAL SWAB

### 3: TESTS PROVIDED Please check.

<input type="checkbox"/> <b>Comprehensive Panel:</b> (CYP1A2, CYP2B6, CYP2C19, CYP2D6, CYP2C9, VKORC1, CYP3A4, CYP3A5, OPRM1, COMT, ANKK1/DRD2, Factor II, Factor V, MTHFR, APOE, SLC01B1) <input type="checkbox"/> <b>Cardiovascular Panel:</b> (CYP2C19, CYP2D6, CYP2C9, VKORC1, CYP3A4, CYP3A5, Factor II, Factor V, MTHFR, APOE, SLC01B1) <input type="checkbox"/> <b>Orthopedic Panel:</b> (CYP2D6, CYP2C19, VKORC1, CYP3A4, CYP3A5, Factor II, Factor V, MTHFR) <input type="checkbox"/> <b>Gastrointestinal Panel:</b> (CYP2D6, CYP2C19, CYP3A4 and MTHF)	<input type="checkbox"/> <b>Mental Health Panel:</b> (CYP1A2, CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, COMT, ANKK1/DRD2) <input type="checkbox"/> <b>Pain Management Panel:</b> (CYP1A2, CYP2D6, CYP2C19, CYP3A4, CYP3A5, CYP2B6, CYP2C9, OPRM1, Factor II, Factor V, MTHFR) <input type="checkbox"/> <b>Neurology Panel:</b> (CYP1A2, CYP2B6, CYP2C19, CYP2D6, CYP2C9, COMT, OPRM1) <input type="checkbox"/> <b>Urological Panel:</b> (CYP2D6)
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### 4: TO CLINICIANS: Establish MEDICALLY NECESSITY for Referral; Document CLINICAL UTILITY of Tests (Required)

<input type="checkbox"/> K21.9 Esophageal Reflux <input type="checkbox"/> E04.1 Nontoxic uninodular Goiter <input type="checkbox"/> F43.0 Stress react, emotional <input type="checkbox"/> G43.909 Migraine, unspewco ntrc mgm	<input type="checkbox"/> I1.0 Hypertension <input type="checkbox"/> I25.2 Old myocardial infarction <input type="checkbox"/> I70.0 Aortic Athlerosclerosis <input type="checkbox"/> Other: _____	<input type="checkbox"/> F20.81 Schizophreniform dis NOS <input type="checkbox"/> F30.10 Recur manic dis-unspec <input type="checkbox"/> F31.31 Bipol I cur depress-mild <input type="checkbox"/> Other: _____	<input type="checkbox"/> G89.4 Chronic pain syndrome <input type="checkbox"/> R5.2 Generalized pain <input type="checkbox"/> M25.50 Pain in joint, unsp <input type="checkbox"/> Other: _____
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### 5: MEDICATION LISTS, CLINICAL NOTES ON ADVRESE DRUG REACTIONS OR INEFFICACY SHOULD BE ATTACHED.

**What clinical characteristics of this Patient warrant referral for pharmacogenetic testing? Please check.**

<input type="checkbox"/> Drug intolerance and side effects <input type="checkbox"/> Treatment resistance and lack of efficacy <input type="checkbox"/> Multiple medical conditions or hospitalization <input type="checkbox"/> History of thrombosis, DVT, embolism, VTE	<input type="checkbox"/> Treatment with multiple medications <input type="checkbox"/> Elderly or infirm vulnerable patient <input type="checkbox"/> Family history of drug side effects <input type="checkbox"/> Hypercoagulable state (contraceptives, lupus)
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### 6: How will pharmacogenetic results directly change treatment or management of this Patient? Please check.

<input type="checkbox"/> Selection of new prescription medication(s) <input type="checkbox"/> Alternative dosing of existing medication(s) <input type="checkbox"/> Anti-coagulant, anti-thrombotic treatment Current Medication(s) _____	<input type="checkbox"/> Discontinuation of existing medication(s) <input type="checkbox"/> Adjustment of current multi-drug regimen <input type="checkbox"/> Clarification of prior equivocal diagnostics
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Intended Medication(s) \_\_\_\_\_

**7: PATIENT BILLING INFORMATION:**

**PLEASE INCLUDE A COPY OF DRIVERS LICENSE AND INSURANCE CARD(S) BOTH FRONT AND BACK FOR BILLING PURPOSES.**

CLIENT BILL       INSURANCE       MEDICARE/MEDICAID       SELF PAY

**8: PATIENT AUTHORIZATION**

I understand that I am responsible for providing accurate information about my insurance to Genesys Diagnostics Inc. I understand that Genesys Diagnostics Inc. will be providing testing service and billing my insurance. However, I understand that charges that are not covered by my insurance, including any applicable co-payments and deductibles are my responsibility and I agree to pay such charges promptly.

**Signature of Patient/Responsible Party (REQUIRED)** \_\_\_\_\_ **Date (REQUIRED)** \_\_\_\_\_

**9: SPECIMEN COLLECTION INSTRUCTIONS**

Specimen Type	Volume	Container	Storage Conditions	Special Instructions
Peripheral Blood	Adult/Child: 5-10 ml	EDTA Tube Purple-top Tube	Room Temperature or Refrigerate	Do not Freeze
Buccal (cheek) swab	1 Swab	5ml tube (accompanies swab)	Room Temperature	Do not Freeze

**10: SPECIMEN SHIPPING INSTRUCTIONS – FEDERAL EXPRESS SHIPPING INSTRUCTIONS**

- Use sterile technique for specimen collection and close all containers tightly. **DO NOT FREEZE OR ADD FIXATIVE TO ANY SAMPLE.** Each specimen must be clearly labeled with at least two patient identifiers (patient’s name and date of birth), along with the collection date. Secure each specimen container tightly to avoid leakage in transit.
- Complete the test requisition with the patient’s demographics and insurance information. There is a secondary pouch in the biohazard bag for the test requisition. The clinical indication is required for appropriate cell culture parameters.
- Place the specimen in the absorbent material inside the enclosed biohazard bag. Then place the biohazard bag into the insulated specimen box labeled “Biohazardous Material” “Exempt Human Specimen”. Please package the specimen carefully to protect it from breakage, leakage, and extreme temperatures. Place the specimen box inside the enclosed FedEx Clinical Pak (lab shipping bag) and seal.
- Attach the pre-labeled and prepaid FedEx air bill. You can call **FedEx at (800) 463-3339** to schedule a FedEx pickup. Alternately, a pick-up can be scheduled online at [www.fedex.com](http://www.fedex.com). A two-hour notice may be required for same-day pick-up. Delivery address: **8 Enterprise Lane, Oakdale, CT. 06370**, via FedEx overnight.
- Contact Laboratory for additional shipping materials, further instructions or any questions: **860-574-9172**.

**11: DIAGNOSIS/INDICATION**

**Check all ICD-10 codes that apply.** This list is supplied as a courtesy and is not a complete list. Provider should use the most appropriate diagnosis based on the patient indications.

Cardiovascular / Thrombosis Panel									
0 D68.9	Coagulat defect NEC/NOS	0 I70.25	Ath ext ntv art ulcrtion	0 F31.5	Bipol I currnt dep w psy	0 M47.896	Lumbosacral spondylosis		
0 I1.0	Hypertension, NOS	0 I73.00	Raynaud's syndrome	0 F31.75	Bipol I cur dep rem NOS	0 M50.30	Cervical disk disease		
0 I21.09	AMI anterolateral, unsp	0 I73.9	Periph vascular dis NOS	0 F31.76	Bipol I currnt dep remis	0 M51.36,M51.37	Lumbar disk disease		
0 I21.09	AMI anterior wall, unsp	0 I82.409	Acute DVT, LE, NOS	0 F31.60	Bipol I currnt mixed NOS	0 M48.02	Cervical spinal stenosis		
0 I21.19	AMI inferolateral, unsp	0 I82.4Y9	Acute DVT, PLE	0 F31.61	Bipol I currnt mix-mild	0 M54.2	Cervicalgia		
0 I21.11	AMI inferopost, unsp	0 I82.509	Chronic DVT, LE	0 F31.62	Bipol I currnt mix-mod	0 M54.13	Brachial neuritis NOS		
0 I21.19	AMI inferior wall, unsp	0 I82.729	Chronic DVT, UE	0 F31.63	Bipol I currnt mix-severe	0 M53.82	Neck disorder/sympt NOS		
0 I21.29	AMI lateral NEC, unsp	0 I82.629	Acute DVT, UE	0 F31.64	Bipol I cur mixed w psy	0 M54.6	Pain in thoracic spine		
0 I21.29	True post infarct, unsp			0 F31.77	Bipol I cur mix-part rem	0 M54.5	Lumbago/ low back pain		
0 I21.4	Subendo infarct, unsp			0 F31.78	Bipol I cur mixed remiss	0 M54.15	Lumbosacral neuritis NOS		
0 I21.29	AMI NEC, unsp	0 F20.1	Hebephrenia-unsp	0 F31.9	Bipolar I current NOS	0 M75.50	Rotator cu synd NOS		
0 I21.3	AMI NOS, unsp	0 f20.2	Catatonica-unsp	0 F31.9	Bipolar disorder NOS	0 M65.9	Synovitis NOS		
0 I24.1	Post MI syndrome	0 F20.0	Paranoid schizo-unsp	0 F3.9	Episodic mood disord NOS	0 M60.9	Myalgia, myositis, unsp		
0 I20.0	Intermed coronary synd	0 F20.81	Schizophreniform dis NOS	0 F41.1	Generalized anxiety disorder	0 R5.2	Generalized Pain		
0 I24.0	Acute cor occlsn w/o MI	0 F20.89	Latent schizophren-unsp	0 F34.1	Dysthymic disorder	0 R03.0	Elevated BP w.o Hypertension		
0 I24.9	Ac ischemic hrt dis NEC	0 F20.5	Schizophr dis resid NOS	0 F43.0	Stress react, emotional				
0 I25.2	Old myocardial infarction	0 F25.9	Schizoactive dis NOS	0 F43.0	Acute reaction to stress, unsp	0 E04.1	Nontoxic uninodular goiter		
0 I20.8	Angina decubitus	0 F20.89	Schizophrenia NEC-unsp	0 F43.21	Adjustmnt dis w depressn	0 E11.65	DMII wo cmp uncntrld		
0 I20.1	Prinzmetal angina	0 F20.9	Schizophrenia NOS-unsp	0 F43.25	Adj dis-emotion/conduct	0 E78.5	Hyperlipidemia, unsp		
0 I20.9	Angina pectoris NEC/NOS	0 F30.9	Bipol I single manic NOS	0 F93.8	Misery & unhappiness disorder	0 E66.01	Morbid obesity		
0 I25.10	Cor ath unsp vspl ntv/gft	0 F30.10	Recur manic dis-unsp	0 G1.0	Huntington's chorea	0 K21.9	Esophageal reux		
0 I25.10	Crnry athrsd natve vspl	0 F32.9	Depress psychosis-unsp			0 T50.905A	Adv e med/biol sub NOS		
0 I26.99	Pulm embol/infarct NEC	0 F33.9	Recurr depr psychos-unsp	0 G89.11	Acute pain due to trauma				
0 I27.82	Chr pulmonary embolism	0 F33.0	Recurr depr psychos-mild	0 G89.18	Acute post-op pain				
0 I42.9	Second cardiomyopath NOS	0 F33.1	Recurr depr psychos-mod	0 R5.2	Acute pain, other				
0 I48.91	Atrial brillation	0 F33.2	Recurr depr psych-severe	0 G89.21	Chronic pain due to trauma				
0 I49.01	Ventricular brillation	0 F33.3	Rec depr psych-psychotic	0 G89.28	Chronic post-op pain				
0 I50.9	CHF NOS	0 F33.41	Recur depr psyc-part rem	0 G89.29	Chronic pain, other				
0 I50.22	Systolic heart failure, chronic	0 F33.42	Recur depr psyc-full rem	0 G89.4	Chronic pain syndrome				
0 I50.32	Diastolic heart failure, chronic	0 F31.10	Bipol I currnt manic NOS	0 G43.909	Migraine, unsp wo ntrc mgrn.				
0 I50.42	Chr syst/diastl hrt fail	0 F31.30	Bipol I cur depress NOS	0 M19.90	Osteoarthros NOS- unsp				
0 I65.29	Ocl crtd art wo infrc	0 F31.31	Bipol I cur depress-mild	0 M12.9	Arthropathy, unsp				
0 I67.1	Nonrupt cerebral aneurym	0 F31.32	Bipol I cur depress-mod	0 M25.50	Pain in joint, unsp				
0 I70.0	Aortic atherosclerosis	0 F31.4	Bipol I cur depress-severe	0 M47.892	Cervical spondylosis				