PRACTICE INFORMATION

GeneticPro®

Advanced Genetic Testing • www.MDGeneticPro.com

Premier Medical™ LABORATORY SERVICES

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Lab Use Only
Sample ID#

1. BILL TO

MY ACCOUNT PATIENT
MEDICARE MEDICAID
WORKERS COMP OTHER INSURANCE

ICD-10 CODES

SPECIMEN INFORMATION

_____/_____/_____ DATE COLLECTED
_____ TIME COLLECTED
_____ COLLECTOR NAME

SPECIMEN HANDLING FEE CPT 99000

2. PATIENT INFORMATION

PATIENT SOCIAL SECURITY # / AR# | PATIENT NUMBER / EMR NUMBER | PRINT PATIENT LAST NAME | PRINT PATIENT FIRST NAME (Full Legal) | MIDDLE

ADDRESS | CITY | STATE | ZIP

PATIENT PHONE | PATIENT EMAIL ADDRESS | DATE OF BIRTH | GENDER | PRINT NAME OF INSURED /RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) IF OTHER THAN PATIENT

3. RELEASE

Consent/Insurance Release: I voluntarily consent to the collection and testing of my specimen and certify that the specimen identified on this form is my own; it is fresh and has not been adulterated in any manner. I certify that the information provided on this form and on the specimen container is accurate. I further authorize Premier Medical Laboratory Services to release the results of this testing to the ordering facility. Furthermore, I hereby authorize my insurance benefits to be paid directly to Premier Medical Laboratory Services. I acknowledge that Premier Medical Laboratory Services may be an out-of-network provider for my insurance plan. I have been informed that in certain circumstances my insurance company may send the payment for services provided, directly to me instead of to Premier Medical Laboratory Services. Under law, I acknowledge that this does not release me from responsibility of my debt. I agree to endorse the insurance check and forward it to Premier Medical Laboratory Services within 30 days of receipt. Failure to do so could result in my account being forwarded to collections and reported to a Credit Bureau.

PATIENT SIGNATURE: **DATE:**

ORDERING PHYSICIAN: | ORDERING PHYSICIAN SIGNATURE: | DATE:

MEDICAL NECESSITY (required; check all applicable)

Please check the following any panel that includes CYP2D6 and/or CYP2C19

☐ CYP 2D6 - By checking this box you are indicating that the above patient's gene testing is used to guide medical treatment/dosing or considering medications for individual's therapy with tricyclics.

☐ CYP 2C19 - By checking this box you are indicating that the above patient's gene testing is used to guide medical treatment/dosing or considering medications for individual's therapy with Clopidogrel or a similar drug.

Current and Considered Medications

- ☐ Clopidogrel bisulfate (Plavix)
- ☐ Tamoxifen
- ☐ Antidepressants
- ☐ Codeine
- ☐ Tetrabenazine
- ☐ Drugs for Alzheimer's Disease
  - ☐ Galantamine
  - ☐ Donepezil (Aricept)
- ☐ Warfarin
- ☐ Celecoxib

PATIENT MEDICAL INFORMATION (required)

Please attach a photocopy of patient Facesheet/Medsheet/EMR

PATIENT HISTORY / REASON FOR ORDERING TESTS / COMMENTS

CURRENT MEDICATIONS

CONSIDERED MEDICATIONS

COMMONLY USED ICD-10 CODES

- ☐ **I200** Unstable angina
- ☐ **I201** Angina pectoris with documented spasm
- ☐ **I208** Other forms of angina pectoris
- ☐ **I209** Angina pectoris, unspecified
- ☐ **I12109** ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- ☐ **I2119** ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
- ☐ **I2111** ST elevation (STEMI) myocardial infarction involving right coronary artery
- ☐ **I2129** ST elevation (STEMI) myocardial infarction involving other sites
- ☐ **I214** Non-ST elevation (NSTEMI) myocardial infarction
- ☐ **I213** ST elevation (STEMI) myocardial infarction of unspecified site
- ☐ **I240** Acute coronary thrombosis not resulting in myocardial infarction
- ☐ **I241** Dressler's syndrome
- ☐ **I248** Other forms of acute ischemic heart disease
- ☐ **I249** Acute ischemic heart disease, unspecified
- ☐ **I25110** Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- ☐ **I25700** Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
- ☐ **I25710** Atherosclerosis of autologous vein coronary artery bypass graft(s) w/unstable angina pectoris
- ☐ **I25720** Atherosclerosis of autologous artery coronary artery bypass graft(s) w/ unstable angina pectoris
- ☐ **I25730** Atherosclerosis of nonautologous biological coronary artery bypass graft(s) w/unstable angina pectoris
- ☐ **I25750** Atherosclerosis of native coronary artery of transplanted heart with unstable angina
- ☐ **I25760** Atherosclerosis of bypass graft of coronary artery of transplanted heart w/unstable angina
- ☐ **I25790** Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
- ☐ **F3130** Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
- ☐ **F3131** Bipolar disorder, current episode depressed, mild
- ☐ **F3132** Bipolar disorder, current episode depressed, moderate
- ☐ **F314** Bipolar disorder, current episode depressed, severe, without psychotic features
- ☐ **F315** Bipolar disorder, current episode depressed, severe, with psychotic features
- ☐ **F3160** Bipolar disorder, current episode mixed, unspec.
- ☐ **F3161** Bipolar disorder, current episode mixed, mild
- ☐ **F3162** Bipolar disorder, current episode mixed, moderate
- ☐ **F3163** Bipolar disorder, current episode mixed, severe, without psychotic features
- ☐ **F3164** Bipolar disorder, current episode mixed, severe, with psychotic features
- ☐ **F3175** Bipolar disorder, in partial remission, most recent episode depressed
- ☐ **F3176** Bipolar disorder, in full remission, most recent episode depressed
- ☐ **F3177** Bipolar disorder, in partial remission, most recent episode mixed
- ☐ **F3178** Bipolar disorder, in full remission, most recent episode mixed
- ☐ **F319** Bipolar disorder, unspecified
- ☐ **F329** Major depressive disorder, single episode, unspec.
- ☐ **F330** Major depressive disorder, recurrent, mild
- ☐ **F331** Major depressive disorder, recurrent, moderate
- ☐ **F332** Major depressive disorder, recurrent severe without psychotic features
- ☐ **F333** Major depressive disorder, recurrent, severe with psychotic symptoms
- ☐ **F3340** Major depressive disorder, recurrent, in remission, unspecified
- ☐ **F3341** Major depressive disorder, recurrent, in partial remission
- ☐ **F3342** Major depressive disorder, recurrent, in full remission
- ☐ **F339** Major depressive disorder, recurrent, unspec
- ☐ **G10** Huntington's disease
- ☐ **I10** Essential (primary) hypertension
- ☐ **I259** Chronic ischemic heart disease, unspecified
- ☐ **I4891** Unspecified atrial fibrillation
- ☐ **I509** Heart failure, unspecified
- ☐ **R030** Elevated blood-pressure reading, without diagnosis of hypertension
- ☐ **K219** Gastro-esophageal reflux disease w/o esophagitis
- ☐ **E039** Hypothyroidism, unspecified
- ☐ **E119** Type 2 diabetes mellitus without complications
- ☐ **E780** Pure hypercholesterolemia
- ☐ **E109** Type 1 diabetes mellitus without complications
- ☐ **F419** Anxiety disorder, unspecified
- ☐ **F329** Major depressive disorder, single episode, unspec.
- ☐ **M609** Myositis, unspecified
- ☐ **M791** Myalgia
- ☐ **M797** Fibromyalgia
- ☐ **M159** Polyosteoarthritis, unspecified
- ☐ **M1990** Unspecified osteoarthritis, unspecified site
- ☐ **M75100** Unspecified rotator cuff tear or rupture of unspec. shoulder, not specified as traumatic
- ☐ **M7550** Bursitis of unspecified shoulder
- ☐ **M79609** Pain in unspecified limb
- ☐ **M129** Arthropathy, unspecified
- ☐ **M5382** Other specified dorsopathies, cervical region
- ☐ **M5414** Radiculopathy, thoracic region
- ☐ **M5415** Radiculopathy, thoracolumbar region
- ☐ **M5416** Radiculopathy, lumbar region
- ☐ **M5417** Radiculopathy, lumbosacral region
- ☐ **M659** Synovitis and tenosynovitis, unspecified
- ☐ **G43909** Migraine, unspecified, not intractable, without status migrainosus
- ☐ **G933** Postviral fatigue syndrome
- ☐ **R531** Weakness
- ☐ **R5381** Other malaise
- ☐ **R21** Rash and other nonspecific skin eruption
- ☐ **G441** Vascular headache, not elsewhere classified
- ☐ **R51** Headache
- ☐ **M25569** Pain in unspecified knee
- ☐ **M545** Low back pain
- ☐ **R600** Localized edema
- ☐ **R601** Generalized edema
- ☐ **R609** Edema, unspecified
- ☐ **R002** Palpitations
- ☐ **R0602** Shortness of breath
- ☐ **R112** Nausea with vomiting, unspecified
- ☐ **R350** Frequency of micturition
- ☐ ____ _____
- ☐ ____ _____

TEST MENU

Is the patient experiencing: ☐ **Adverse Effects** ☐ **Treatment Resistance or Failure** ☐ **Abnormal Drug Screen**

B 2210 ☐ **Comprehensive Panel** 1L
Factor II, Factor V, MTHFR, APO E, 2C9, VKORC1, 2C19, 2D6, 3A4, 3A5

B 2212 ☐ **Comprehensive Pain Panel** 1L
2C9, 2D6, 2C19, 3A4, 3A5

B 2214 ☐ **Comprehensive Psych Panel** 1L
2C9, 2D6, 2C19, 3A4, 3A5

_____ ☐ _____

B 2701 ☐ **3A4** 1L
B 2702 ☐ **3A5** 1L
B 2703 ☐ **2C9** 1L
B 2704 ☐ **2C19** 1L
B 2706 ☐ **2D6** 1L
B 2706 ☐ **VKORC1** 1L
B 2707 ☐ **APO E** 1L
B 2708 ☐ **FACTOR V** 1L
B 2709 ☐ **MTHFR** 1L
B 2710 ☐ **FACTOR II** 1L

*Please provide patient medication list for genetic testing

*Genetic testing has both diagnosis and frequency related coverage limits

SECTION 1

Diagnostic Codes (Required): _____

Current Medication(s) and Dosage (required): _____

_____

_____

SECTION 2

To Physician: **Establish MEDICAL NECESSITY for Referral;**
Document CLINICAL UTILITY of Tests (Required).

MEDICATION LISTS, CLINICAL NOTES ON ADVERSE DRUG REACTIONS OR INEFFICACY SHOULD BE ATTACHED.

What clinical characteristics of this Patient warrant referral for pharmacogenetic testing? (check)

- ☐ Drug intolerance and side effects
- ☐ Treatment with multiple medications
- ☐ Multiple medical conditions or hospitalization
- ☐ History of thrombosis, DVT, embolism, VTE
- ☐ Treatment resistance and lack of efficacy
- ☐ Elderly or infirm vulnerable patient
- ☐ Family history of drug side effects
- ☐ Hypercoagulable state

How will pharmacognetic results directly change treatment or management of this Patient? (check)

- ☐ Selection of new prescription medication(s)
- ☐ Alternative dosing of existing medication(s)
- ☐ Anti-coagulant, anti-thrombotic treatment
- ☐ Discontinuation of existing medication(s)
- ☐ Adjustment of current multi-drug regimen
- ☐ Clarification of prior equivocal diagnostics

SECTION 3

Describe Current or Recommended Treatment (Frequency and Dosage): _____

_____

_____

Duration of Treatment: _____

_____

_____

Considered Medication(s) (Frequency and Dosage): _____

_____

_____