

LABORATORY USE ONLY	DATE & TIME RECEIVED	ACCESSION NO:	SPECIMEN ID:
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1. PATIENT INFORMATION
 First & Last Name _____
 DOB _____ Age _____ [] Male [] Female
 Address _____
 City _____ State _____ Zip _____
 Phone _____

2. ORDERING PHYSICIAN INFORMATION
 First & Last Name _____
 Credentials _____ NPI# _____
 Facility Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

3. SPECIMEN INFORMATION
 Collection Date _____ Collected By _____
 Specimen Type [] Buccal Swab [] Saliva [] Blood (Lav Tube)

5. ADDITIONAL RESULTS RECIPIENT
 Facility Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

4. ICD10 CODES:

6. PHARMACOGENOMICS TEST PANELS

General Gene Panel –
 ABCG2, APOE, COMT, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP1A2, CYP3A4, CYP3A5, DPYD, DRD2/ANKK1, Factor II, Factor V, HTR2A, HTR2C, ITGB3, LPA, MTHFR, OPRM1, SLCO1B1, TPMT, VKORC1

CARDIO & THROMBOSIS –
 ABCG2, APOE, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, ITGB3, Factor II, Factor V, LPA, COMT, MTHFR, SLCO1B1, VKORC1

PSYCH GENE PANEL - COMT, CYP1A2, CYP3A4, CYP3A5, CYP2B6, CYP2C9, CYP2C19, CYP2D6, DRD2/ANKK1, HTR2A, HTR2C, MTHFR, TPMT, VKORC1

ANESTHESIA GENE PANEL - COMT, CYP1A2, CYP2C19, CYP2C9, CYP2D6, OPRM1, MTHFR, CYP2B6, CYP3A4, CYP3A5, CACNA1S, RYR1

INDIVIDUAL GENE:

7. MEDICAL NECESSITY (Please check ALL that apply)

Test Rational

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

Results Application
 A component of my medical decision making:
 For which medication(s) to avoid for this patient.
 As to which medication(s) to prescribe for this patient.
 Regarding dose initiation or titration for this patient.
 To manage patient's cardio or thrombotic risk.

CURRENT MEDICATIONS:

10. INFORMED CONSENT
 (Please sign here after RECEIVING and READING the form.)

I have received and read in its entirety the Letter of Medical Necessity form and have been informed and understand the risks, benefits and limitations of the tests ordered for me by my provider.

I CONSENT to Pharmacogenetic Testing and I will discuss test results and appropriate medical management with my healthcare provider.
 I DECLINE Pharmacogenetic Testing at this time.

Optional: I consent to use of my de-identified test samples for research.
 Optional: I consent to be contacted regarding research opportunities.
 Optional: I am a New York State resident and I consent to storing my test samples beyond 60 days for future use or testing.

Patient/Guardian Signature _____
 Date _____ Relationship _____

9. PATIENT PAYMENT RESPONSIBILITY (Please attach copy of insurance.)
 I understand I am financially responsible for services performed and for sending AML all money I receive directly from my health plan for this test. I authorize AML to submit claims to my medical insurance on my behalf, to give my health plan my health information on this form and other information provided by my healthcare provider necessary for reimbursement, to inform my health plan of my test result only if required for preauthorization or payment of additional reflex testing, for plan benefits to be payable to AML, for AML to contact me about my out of pocket responsibility.
 Patient/Guardian Signature _____

11. CONFIRMATION OF INFORMED CONSENT & MEDICAL NECESSITY
 The tests ordered are medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine the patient's medical management and treatment decision. The person listed as the Ordering Physician is legally authorized to order the test(s) requested herein. The patient was provided with information about genetic testing and has consented to genetic testing.

Physician Signature _____ Date _____

12. ANCESTRY (Select all that apply)

White / Non-Hispanic Black / African Asian Middle Eastern
 Hispanic / Latino Ashkenazi Jewish Native Pacific Islander American Other



CARDIOVASCULAR		MENTAL HEALTH	
Atherosclerotic Heart Disease of Native Coronary artery		Major Depressive Affective Disorder Recurrent Episode	
ICD10 CODE	DESCRIPTION	F32.9	Major depressive disorder, single episode, unspecified
I25.10	w/o angina pectoris	F33.9	Unspecified
I25.110	w unstable angina pectoris	F33.0	Mild
I25.111	w angina pectoris w documented spasm	F33.1	Moderate
I25.118	w other forms of angina pectoris	F33.2	Severe w/o psychotic features
		F33.3	Severe w/ psychotic features
Atherosclerosis of Autologous artery Coronary artery Bypass Graft(s)		F33.41	In partial remission
I25.71	w angina pectoris w documented spasm	F33.42	In full remission
I25.720	w unstable angina pectoris		
		Bipolar I Disorder Most Recent Episode (or Current) DEPRESSED	
Atherosclerosis of Autologous Vein Coronary artery Bypass Graft(s)		F31.30	Unspecified
I25.710	Unstable angina pectoris	F31.31	Mild
I25.711	Angina pectoris w documented spasm	F31.32	Moderate
I25.718	Other forms of angina pectoris	F31.4	Severe w/o psychotic features
I25.719	Unspecified angina pectoris	F31.5	Severe, w/psychotic features
		F31.75	In partial remission
Atherosclerosis of Nonautologous Biological Coronary artery Bypass Graft(s)		F31.76	In full remission
I25.731	Angina pectoris w documented spasm		
I25.738	Other forms of angina pectoris	Bipolar I Disorder, Most Recent Episode (or Current) MIXED	
I25.739	Unspecified angina pectoris	F31.60	Unspecified
		F31.61	Mild
Atherosclerosis of Native Coronary artery of Transplanted Heart		F31.62	Moderate
I25.750	Unstable angina	F31.63	Severe, w/o psychotic features
I25.751	Angina pectoris w documented spasm	F31.64	Severe, w psychotic features
I25.758	Other forms of angina pectoris	F31.77	In partial remission
I25.5	Ischemic cardiomyopathy	F31.78	In full remission
I25.6	Silent myocardial ischemia		
I25.728	Atherosclerosis of autologous artery coronary bypass graft(s) w other forms of pectoris angina	Other	
I25.60	Atherosclerosis of bypass graft of coronary artery of transplanted heart w unstable angina	F32.9	Major depressive disorder, single episode, unspecified
I25.810	Atherosclerosis of coronary artery bypass graft(s) w/o angina pectoris	F41.9	Anxiety disorder, unspecified
I25.811	Atherosclerosis of bypass graft of coronary artery of transplanted heart w/o angina pectoris	F90.9	Attention deficit hyperactivity disorder, unspecified
I25.83	Coronary atherosclerosis due to lipid rich plaque		
I25.84	Coronary atherosclerosis due to calcified coronary lesion	PAIN	
I25.89	Other forms of chronic ischemic heart disease	Z79.891	Longterm (current) use of opiate analgesic
I25.9	Chronic ischemic heart disease, unspecified	Z79.899	Other longterm (current) drug therapy
		G10	Huntington's disease
Atherosclerosis of Bypass Graft of Coronary artery of Transplanted Heart		G89.4	Chronic pain syndrome
I25.761	Angina pectoris w documented spasm	M12.9	Arthropathy, unspecified
I25.768	Other forms of angina pectoris	M15.9	Polyosteoarthritis, unspecified
I25.769	Unspecified angina pectoris	M25.50	Pain in unspecified joint
		M25.569	Pain in unspecified knee
Unspecified Angina Pectoris Atherosclerosis of Other Coronary artery Bypass Graft(s)		M54.5	Low back pain
I25.790	Unstable angina pectoris	M60.9	Myositis, unspecified
I25.791	Angina pectoris w documented spasm	M79.1	Myalgia
I25.798	Other forms of angina pectoris	M79.609	Pain in unspecified limb
Z79.01	Longterm (current) use of anticoagulants	M79.7	Fibromyalgia
Z79.02	Longterm (current) use of antithrombotics/antiplatelets		
		ENDOCRINE	
CARDIOVASCULAR OTHER		E03.9	Hypothyroidism, unspecified
D68.2	Hereditary deficiency of other clotting factors	E10.9	Diabetes I mellitus, w/o complications
I10	Essential (primary) hypertension	E11.9	Diabetes II mellitus, w/o complications
I25.9	Chronic ischemic heart disease, unspecified		
I48.91	Unspecified atrial fibrillation	OTHER	
I50.9	Heart failure, unspecified	R06.02	Shortness of breath
I82.91	Chronic embolism and thrombosis, unspecified vein	R11.2	Nausea w vomiting, unspecified
R03.0	Elvtd blood pressure read, w/o diag of hypertension	R51	Headache
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		
I21.3	ST elevation (STEMI) MI of unspecified sites		