

PHARMACOGENOMICS TEST REQUISITION

PATIENT INFORMATION

 Name (Last, First, MI).....
 Address:.....
 City, State, Zip:.....
 DOB (MM/DD/YY):.....Gender: M F
 Patient ID # (optional):.....

ORDERING PROVIDER INFORMATION

 Provider Name:.....
 Practice/Facility Name:
 Address:.....
 City, State, Zip:.....
 Phone:.....Fax:.....
 Patient ID # (optional):.....

SPECIMEN INFORMATION

 Date of Collection (MM/DD/YY):.....
 Time of Collection:.....Specimen Type: Buccal Swab
 ICD10 DX Code(s):.....
 (Please Refer Below Diagnosis Section)

BILLING INFORMATION

 (Please Provide a legible photocopy of the front & back of the patient's insurance card)
 Name of insured:.....
 Relation to Patient:.....Member Group #:.....
 Insurance Name:.....
 Member Policy #:.....

Ethnicity: African American Asian Caucasian Hispanic Jewish(Ashkenazi) Portuguese Other.....

PHARMACOGENOMICS COMPREHENSIVE PANEL

CYP2C9, VKORC1, CYP2C19, CYP2D6, CYP3A4, CYP3A5, FACTOR II, FACTOR V, MTHFR, ABCB1, ABCG2, ADRA2A, DRD2/TA1A, ApoLipoprotein E, COMT, SLC6A4, CYP1A2, CYP2B6, CYP2C8, DHB, DPYD, GRIK4, HTR2A, HTR2C, IL28B, ITGB3, OPRK1, OPRM1, SLCO1B1, UGT1A1, UGT2B15

Column# 1 - ICD10 codes

<input type="checkbox"/> C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung <input type="checkbox"/> E75.22 Gaucher disease <input type="checkbox"/> F11.23 Opioid dependence with withdrawal <input type="checkbox"/> F20.0 Paranoid schizophrenia <input type="checkbox"/> F20.1 Disorganized schizophrenia <input type="checkbox"/> F20.2 Catatonic schizophrenia <input type="checkbox"/> F20.3 Undifferentiated schizophrenia <input type="checkbox"/> F20.5 Residual schizophrenia <input type="checkbox"/> F20.81 Schizophreniform disorder <input type="checkbox"/> F20.89 Other schizophrenia <input type="checkbox"/> F31.0 Bipolar disorder, current episode hypomanic <input type="checkbox"/> F31.11 Bipolar disorder, current episode manic without psychotic features, mild <input type="checkbox"/> F31.12 Bipolar disorder, current episode manic without psychotic features, moderate <input type="checkbox"/> F31.13 Bipolar disorder, current episode manic without psychotic features, severe <input type="checkbox"/> F31.2 Bipolar disorder, current episode manic severe with psychotic features <input type="checkbox"/> F31.31 Bipolar disorder, current episode depressed, mild <input type="checkbox"/> F31.32 Bipolar disorder, current episode depressed, moderate <input type="checkbox"/> F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features <input type="checkbox"/> F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features <input type="checkbox"/> F31.61 Bipolar disorder, current episode mixed, mild <input type="checkbox"/> F31.62 Bipolar disorder, current episode mixed, moderate <input type="checkbox"/> F31.63 Bipolar disorder, current episode mixed, severe, without psychotic features <input type="checkbox"/> F31.64 Bipolar disorder, current episode mixed, severe, with psychotic features <input type="checkbox"/> F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic <input type="checkbox"/> F31.73 Bipolar disorder, in partial remission, most recent episode manic <input type="checkbox"/> F31.75 Bipolar disorder, in partial remission, most recent episode depressed <input type="checkbox"/> F31.77 Bipolar disorder, in partial remission, most recent episode mixed <input type="checkbox"/> F84.0 Autistic disorder <input type="checkbox"/> F90.1 Attention-deficit hyperactivity disorder, predominantly hyperactive type <input type="checkbox"/> F90.2 Attention-deficit hyperactivity disorder, combined type	<input type="checkbox"/> F90.8 Attention-deficit hyperactivity disorder, other type <input type="checkbox"/> F95.2 Tourette's disorder <input type="checkbox"/> G10 Huntington's disease <input type="checkbox"/> G24.01 Drug induced subacute dyskinesia <input type="checkbox"/> G47.411 Narcolepsy with cataplexy <input type="checkbox"/> G47.419 Narcolepsy without cataplexy <input type="checkbox"/> G89.11 Acute pain due to trauma <input type="checkbox"/> G89.18 Other acute postprocedural pain <input type="checkbox"/> G89.29 Other chronic pain <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> I48.0 Paroxysmal atrial fibrillation <input type="checkbox"/> I48.11 Longstanding persistent atrial fibrillation <input type="checkbox"/> I48.19 Other persistent atrial fibrillation <input type="checkbox"/> I50.1 Left ventricular failure, unspecified <input type="checkbox"/> I50.20 Unspecified systolic (congestive) heart failure <input type="checkbox"/> I50.30 Unspecified diastolic (congestive) heart failure <input type="checkbox"/> I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure <input type="checkbox"/> I50.89 Other heart failure <input type="checkbox"/> I50.9 Heart failure, unspecified <input type="checkbox"/> K31.84 Gastroparesis <input type="checkbox"/> M35.00 Sjogren syndrome, unspecified <input type="checkbox"/> N39.41 Urge incontinence <input type="checkbox"/> N39.46 Mixed incontinence <input type="checkbox"/> R11.2 Nausea with vomiting, unspecified <input type="checkbox"/> R45.851 Suicidal ideations <input type="checkbox"/> R52 Pain, unspecified <input type="checkbox"/> T75.3XXA Motion sickness, initial encounter <input type="checkbox"/> T75.3XXD Motion sickness, subsequent encounter <input type="checkbox"/> T75.3XXS Motion sickness, sequela <input type="checkbox"/> Z92.21 Personal history of antineoplastic chemotherapy
--	---

Column# 2 - ICD10 codes

<input type="checkbox"/> B37.81 Candidal esophagitis <input type="checkbox"/> B37.89 Other sites of candidiasis <input type="checkbox"/> B44.0 Invasive pulmonary aspergillosis <input type="checkbox"/> E16.4 Increased secretion of gastrin <input type="checkbox"/> E31.20 Multiple endocrine neoplasia [MEN] syndrome, unspecified <input type="checkbox"/> E31.8 Other polyglandular dysfunction <input type="checkbox"/> F32.1 Major depressive disorder, single episode, moderate <input type="checkbox"/> F32.2 Major depressive disorder, single episode, severe without psychotic features <input type="checkbox"/> F32.3 Major depressive disorder, single episode, severe with psychotic features <input type="checkbox"/> F32.4 Major depressive disorder, single episode, in partial remission <input type="checkbox"/> F32.9 Major depressive disorder, single episode, unspecified <input type="checkbox"/> F33.1 Major depressive disorder, recurrent, moderate <input type="checkbox"/> F33.2 Major depressive disorder, recurrent severe without psychotic features <input type="checkbox"/> F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms <input type="checkbox"/> F33.41 Major depressive disorder, recurrent, in partial remission <input type="checkbox"/> F33.9 Major depressive disorder, recurrent, unspecified <input type="checkbox"/> F40.01 Agoraphobia with panic disorder <input type="checkbox"/> F40.11 Social phobia, generalized	<input type="checkbox"/> G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus <input type="checkbox"/> G40.811 Lennox-Gastaut syndrome, not intractable, with status epilepticus <input type="checkbox"/> G40.812 Lennox-Gastaut syndrome, not intractable, without status epilepticus <input type="checkbox"/> G40.813 Lennox-Gastaut syndrome, intractable, with status epilepticus <input type="checkbox"/> G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus <input type="checkbox"/> G47.09 Other insomnia <input type="checkbox"/> I20.0 Unstable angina <input type="checkbox"/> I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery <input type="checkbox"/> I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery <input type="checkbox"/> I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall <input type="checkbox"/> I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery <input type="checkbox"/> I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall <input type="checkbox"/> I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery <input type="checkbox"/> I21.29 ST elevation (STEMI) myocardial infarction involving other sites <input type="checkbox"/> I21.4 Non-ST elevation (NSTEMI) myocardial infarction <input type="checkbox"/> I21.A1 Myocardial infarction type 2 <input type="checkbox"/> I21.A9 Other myocardial infarction type
--	--

Column# 2 - ICD10 codes (Continued)

<input type="checkbox"/> F41.0	Panic disorder [episodic paroxysmal anxiety]	<input type="checkbox"/> I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
<input type="checkbox"/> F41.1	Generalized anxiety disorder	<input type="checkbox"/> I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
<input type="checkbox"/> F43.11	Post-traumatic stress disorder, acute	<input type="checkbox"/> I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
<input type="checkbox"/> F43.12	Post-traumatic stress disorder, chronic	<input type="checkbox"/> I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
<input type="checkbox"/> F52.0	Hypoactive sexual desire disorder	<input type="checkbox"/> I25.2	Old myocardial infarction
<input type="checkbox"/> F60.5	Obsessive-compulsive personality disorder	<input type="checkbox"/> I69.30	Unspecified sequelae of cerebral infarction
<input type="checkbox"/> G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus	<input type="checkbox"/> K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
<input type="checkbox"/> G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	<input type="checkbox"/> K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
<input type="checkbox"/> G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus	<input type="checkbox"/> K21.9	Gastro-esophageal reflux disease without esophagitis
<input type="checkbox"/> G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus	<input type="checkbox"/> K22.10	Ulcer of esophagus without bleeding
<input type="checkbox"/> G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus	<input type="checkbox"/> K22.11	Ulcer of esophagus with bleeding
<input type="checkbox"/> G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	<input type="checkbox"/> K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
<input type="checkbox"/> G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus	<input type="checkbox"/> K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
		<input type="checkbox"/> K26.7	Chronic duodenal ulcer without hemorrhage or perforation
		<input type="checkbox"/> K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
		<input type="checkbox"/> N95.8	Other specified menopausal and perimenopausal disorders
		<input type="checkbox"/> Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
		<input type="checkbox"/> Z98.61	Coronary angioplasty status
		<input type="checkbox"/> Z98.62	Peripheral vascular angioplasty status

Additional ICD10 codes

<input type="checkbox"/> B20	Human immunodeficiency virus [HIV] disease	<input type="checkbox"/> G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
<input type="checkbox"/> C16.9	Malignant neoplasm of stomach, unspecified	<input type="checkbox"/> G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
<input type="checkbox"/> C18.9	Malignant neoplasm of colon, unspecified	<input type="checkbox"/> G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
<input type="checkbox"/> C19	Malignant neoplasm of rectosigmoid junction	<input type="checkbox"/> G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
<input type="checkbox"/> C20	Malignant neoplasm of rectum	<input type="checkbox"/> G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
<input type="checkbox"/> C25.9	Malignant neoplasm of pancreas, unspecified	<input type="checkbox"/> G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
<input type="checkbox"/> C49.9	Malignant neoplasm of connective and soft tissue, unspecified	<input type="checkbox"/> G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
<input type="checkbox"/> C50.919	Malignant neoplasm of unspecified site of unspecified female breast	<input type="checkbox"/> G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
<input type="checkbox"/> C50.929	Malignant neoplasm of unspecified site of unspecified male breast	<input type="checkbox"/> G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
<input type="checkbox"/> C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	<input type="checkbox"/> G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
<input type="checkbox"/> C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	<input type="checkbox"/> G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
<input type="checkbox"/> C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	<input type="checkbox"/> M06.89	Other specified rheumatoid arthritis, multiple sites
<input type="checkbox"/> C91.00	Acute lymphoblastic leukemia not having achieved remission	<input type="checkbox"/> M06.8A	Other specified rheumatoid arthritis, other specified site
<input type="checkbox"/> C91.01	Acute lymphoblastic leukemia, in remission	<input type="checkbox"/> Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
<input type="checkbox"/> C91.02	Acute lymphoblastic leukemia, in relapse	<input type="checkbox"/> Z48.811	Encounter for surgical aftercare following surgery on the nervous system
<input type="checkbox"/> C92.00	Acute myeloblastic leukemia, not having achieved remission	<input type="checkbox"/> Z85.030	Personal history of malignant carcinoid tumor of large intestine
<input type="checkbox"/> C92.01	Acute myeloblastic leukemia, in remission	<input type="checkbox"/> Z85.038	Personal history of other malignant neoplasm of large intestine
<input type="checkbox"/> C92.02	Acute myeloblastic leukemia, in relapse	<input type="checkbox"/> Z85.040	Personal history of malignant carcinoid tumor of rectum
<input type="checkbox"/> C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	<input type="checkbox"/> Z86.39	Personal history of other endocrine, nutritional and metabolic disease
<input type="checkbox"/> C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	<input type="checkbox"/> Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
<input type="checkbox"/> E78.00	Pure hypercholesterolemia, unspecified	<input type="checkbox"/> Z86.79	Personal history of other diseases of the circulatory system
<input type="checkbox"/> E78.01	Familial hypercholesterolemia	<input type="checkbox"/> Z94.0	Kidney transplant status
<input type="checkbox"/> E78.1	Pure hyperglyceridemia	<input type="checkbox"/> Z94.1	Heart transplant status
<input type="checkbox"/> E78.2	Mixed hyperlipidemia	<input type="checkbox"/> Z94.4	Liver transplant status
<input type="checkbox"/> E78.49	Other hyperlipidemia		
<input type="checkbox"/> G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus		

PRESCRIBED MEDICATIONS

Please list all current medications or attach additional sheets as necessary

STOP Patient Signature

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **Elite Clinical Laboratory** its assigned affiliates and authorized representatives for laboratory services furnished to me by **Elite Clinical Laboratory** I irrevocably designate, authorize and appoint **Elite Clinical Laboratory** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Elite Clinical Laboratory** immediately upon receipt. I hereby authorize **Elite Clinical Laboratory** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **Elite Clinical Laboratory**, in compliance with federal and state laws. **Elite Clinical Laboratory**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **Elite Clinical Laboratory** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date:

STOP ORDERING PHYSICIAN SIGN HERE Physician must only order tests that are medically necessary for the diagnosis or treatment of a patient

I attest that this test is medically necessary for the diagnosis or detection of a disease or disorder and that the results will be used in medical management and care decisions for the patient. Furthermore, all information on this Requisition Form is true to the best of my knowledge. I agree to provide the Care Plan notes and Letter of Intent for this order if the insurance requests the lab to gather the medical necessity for any reason

Ordering Physician Signature

Date: