



CLIA ID: 45D2332030
Lab Director: Dr. Congying Gu

HEREDITARY ENT DISORDERS RISK TESTING REQUISITION FORM

INSTRUCTIONS

- Patient and Physician must sign the consent form
- All items identified as '**Required**' must be Provided/attached to the requisition form.

SUBMISSION CHECKLIST

- ☐ SOAP notes and progress notes
- ☐ Patient insurance ID card or face sheet
- ☐ Physician and Patient Signature

ORDERING PHYSICIAN INFORMATION

Physician Name		NPI#	FAX#
Office/Practice/Institution Name		Physician's Email	
Street Address			
City		State	Zip Code
Office Contact Name	Contact Phone	Contact Email	

Ordering Provider (Please select one physician per order)

Physician name:	Physician NPI:	Physician name:	Physician NPI:
Physician name:	Physician NPI:	Physician name:	Physician NPI:

PATIENT INFORMATION

REQUIRED

Patient First Name	Patient Last Name	Date of Birth (mm/dd/yyyy)	Phone Number
Address		City	State Zip

Gender Identity

- ☐ Male
- ☐ Female
- ☐ Female-to-Male
- ☐ Male-to-Female
- ☐ Gender queer
- ☐ Other (Specify)
- ☐ Choose not to Disclose

Sexual Orientation

- ☐ Lesbian, gay, or homosexual
- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Something else (Describe)
- ☐ Choose not to disclose

Ancestry

- ☐ White/Caucasian
- ☐ Native American
- ☐ Hispanic
- ☐ African American
- ☐ Ashkenazi Jewish
- ☐ Middle eastern
- ☐ American Indian
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander

PAYMENT OPTIONS (SELECT ONE)

REQUIRED

<input type="checkbox"/> Insurance Billing (Please provide the insurance information) <input type="checkbox"/> Self-Pay (Please provide credit card details or mail the check to the laboratory address) <input type="checkbox"/> Client Billing / Institutional Billing	Primary Insurance	Insurance Policy/ID#	Group#
	Primary Policy Holder Name	Date of Birth	
	Secondary Insurance	Insurance Policy/ID#	Group#
	Secondary Policy Holder Name	Date of Birth	

SPECIMEN INFORMATION

REQUIRED

Sample Type <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Extracted DNA Sample Draw Date (mm/dd/yyyy)/...../.....	Shipping Instructions <ul style="list-style-type: none">■ Label each specimen tube with the patient's full name and date of birth or patient's full name and collection date.■ To receive the specimen requirements and shipping guidelines, please send an email to - clientservices@preventivegx.com	Send completed Requisition Form with collected sample to: 10700 Richmond Ave, STE 112 Houston, TX 77042
--	---	--

CLINICAL HISTORY

Indications for Testing: ☐ Diagnostic ☐ Presymptomatic ☐ Family History ☐ Family Variant ☐ Other:

Age of Primary Diagnosis:

Previous genetic tests: ☐ Yes ☐ No
(If Yes, please specify the test and results)

Will Patient management be changed depending on the test results? ☐ Yes ☐ No

FAMILY HISTORY

- ☐ No Known Family History
- ☐ Pedigree Attached
- ☐ Adopted

Relationship	Maternal	Paternal	Relevant History	Age at Diagnosis
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONNAIRE

Please answer the following questions to help determine if genetic testing for ENT related conditions is appropriate for you. Select the option that best applies and provide additional details where requested.

1.Do you have a personal history of hearing loss or deafness?

☐ Yes ☐ No

If yes, please provide details: _____

Age of onset: _____

Nature of hearing loss:

☐ Sudden ☐ Progressive

Which ear is affected:

☐ Left ear ☐ Right ear ☐ Both ears

Have you used hearing aids or cochlear implants?

☐ Yes ☐ No

2.Do you have a family history of hearing loss or deafness?

☐ Yes ☐ No ☐ Unsure

If yes, please specify: _____

Relationship(s) to you (e.g., parent, sibling): _____

Known diagnoses or genetic mutations (if any): _____

3. Have you experienced balance problems, dizziness, or episodes of vertigo?

☐ Yes ☐ No

If yes, please describe: _____

Symptoms and frequency: _____

Age of onset: _____

4. Have you been diagnosed with any of the following conditions?

- ☐ Usher Syndrome (hearing loss and vision loss)
- ☐ Waardenburg Syndrome (hearing loss and pigmentation anomalies)
- ☐ Pendred Syndrome (hearing loss and thyroid problems)
- ☐ BranchioOtoRenal (BOR) Syndrome (hearing loss, ear, & kidney anomalies)
- ☐ Stickler Syndrome (hearing loss, vision, and joint problems)
- ☐ Neuro fibromatosis Type 2 (NF2) (tumors affecting hearing)
- ☐ None of the above

If you selected any condition, please provide details: _____

5.Do you exhibit any of the following feature?

- ☐ Heterochromia (different colored eyes)
- ☐ White forelock or early graying of hair
- ☐ Skin pigmentation differences (patches of lighter or darker skin)
- ☐ Facial anomalies (e.g., cleft palate)
- ☐ Ear anomalies (e.g., extra ear tags, pits)
- ☐ Kidney problems
- ☐ Vision problems (e.g., night blindness, tunnel vision)
- ☐ Thyroid issues (e.g., goiter)
- ☐ None of the above

If you selected any feature, please provide details: _____

6. Have you undergone any imaging studies (MRI, CT scans) that reveal inner ear malformations or tumors like vestibular schwannomas?

☐ Yes ☐ No

If yes, please provide details: _____

7.Are you aware of any genetic testing results in your family related to hearing loss or ENT disorders?

☐ Yes ☐ No ☐ Unsure

If yes, please specify the findings: _____

8. Have you ever experienced hearing loss after exposure to certain medications, such as aminoglycoside antibiotics (e.g., gentamicin)?

☐ Yes ☐ No ☐ Unsure

If yes, please provide details: _____

9. Do you belong to any ethnic background known to have a higher incidence of hereditary hearing loss (e.g., Ashkenazi Jewish, East Asian)?

☐ Yes ☐ No

If yes, please specify your ethnicity: _____

10. Is there any consanguinity in your family (e.g., are your parents blood relatives like cousins)?

☐ Yes ☐ No ☐ Unsure

If yes, please explain the relationship: _____

CUSTOM PANEL (SELECT GENES) OR ☒ COMPREHENSIVE PANEL **REQUIRED**

REQUIRED

<input type="checkbox"/> ACTG1	<input type="checkbox"/> CHD7	<input type="checkbox"/> DIABLO	<input type="checkbox"/> FDXR	<input type="checkbox"/> HOXA2	<input type="checkbox"/> MET	<input type="checkbox"/> OTOA	<input type="checkbox"/> SOX10	<input type="checkbox"/> USHIG
<input type="checkbox"/> ADCY1	<input type="checkbox"/> CHSY1	<input type="checkbox"/> DIAPH1	<input type="checkbox"/> FITM2	<input type="checkbox"/> HOXB1	<input type="checkbox"/> MGP	<input type="checkbox"/> OTOF	<input type="checkbox"/> SPATA5	<input type="checkbox"/> USH2A
<input type="checkbox"/> AMMECR1	<input type="checkbox"/> CIB2	<input type="checkbox"/> DIAPH3	<input type="checkbox"/> FOXC1	<input type="checkbox"/> HSD17B4	<input type="checkbox"/> MIR96	<input type="checkbox"/> OTOG	<input type="checkbox"/> SPTBN4	<input type="checkbox"/> WFS1
<input type="checkbox"/> ANLN	<input type="checkbox"/> CISD2	<input type="checkbox"/> DLX5	<input type="checkbox"/> FOXI1	<input type="checkbox"/> ILDR1	<input type="checkbox"/> MITF	<input type="checkbox"/> OTOGL	<input type="checkbox"/> STRC	
<input type="checkbox"/> ARSG	<input type="checkbox"/> CLDN14	<input type="checkbox"/> DMXL2	<input type="checkbox"/> GATA3	<input type="checkbox"/> KARS	<input type="checkbox"/> MPZL2	<input type="checkbox"/> P2RX2	<input type="checkbox"/> SYNE4	
<input type="checkbox"/> ATP2B2	<input type="checkbox"/> CLIC5	<input type="checkbox"/> DNMT1	<input type="checkbox"/> GDF6	<input type="checkbox"/> KCNE1	<input type="checkbox"/> MSRB3	<input type="checkbox"/> PAX1	<input type="checkbox"/> SYT2	
<input type="checkbox"/> BSND	<input type="checkbox"/> CLPP	<input type="checkbox"/> DSPP	<input type="checkbox"/> GIPC3	<input type="checkbox"/> KCNJ10	<input type="checkbox"/> MYH14	<input type="checkbox"/> PAX3	<input type="checkbox"/> TBC1D24	
<input type="checkbox"/> CABP2	<input type="checkbox"/> CLRN1	<input type="checkbox"/> EDN3	<input type="checkbox"/> GJA1	<input type="checkbox"/> KCNQ1	<input type="checkbox"/> MYH9	<input type="checkbox"/> PCDH15	<input type="checkbox"/> TECTA	
<input type="checkbox"/> CACNA1D	<input type="checkbox"/> COCH	<input type="checkbox"/> EDNRA	<input type="checkbox"/> GJB2	<input type="checkbox"/> KCNQ4	<input type="checkbox"/> MYO15A	<input type="checkbox"/> PDZD7	<input type="checkbox"/> TJP2	
<input type="checkbox"/> CATSPER2	<input type="checkbox"/> COL11A1	<input type="checkbox"/> EDNRB	<input type="checkbox"/> GJB3	<input type="checkbox"/> KMT2D	<input type="checkbox"/> MYO1A	<input type="checkbox"/> PJVK	<input type="checkbox"/> TMC1	
<input type="checkbox"/> CCDC50	<input type="checkbox"/> COL11A2	<input type="checkbox"/> EFTUD2	<input type="checkbox"/> GJB6	<input type="checkbox"/> LARS2	<input type="checkbox"/> MYO3A	<input type="checkbox"/> POU3F4	<input type="checkbox"/> TMEM126A	
<input type="checkbox"/> CD151	<input type="checkbox"/> COL2A1	<input type="checkbox"/> EIF3F	<input type="checkbox"/> GPR98	<input type="checkbox"/> LHFPL5	<input type="checkbox"/> MYO6	<input type="checkbox"/> POU4F3	<input type="checkbox"/> TMPRSS3	
<input type="checkbox"/> CD164	<input type="checkbox"/> COL9A1	<input type="checkbox"/> ELMOD3	<input type="checkbox"/> GPSM2	<input type="checkbox"/> LHX3	<input type="checkbox"/> MYO7A	<input type="checkbox"/> PRPS1	<input type="checkbox"/> TRIOBP	
<input type="checkbox"/> CDC14A	<input type="checkbox"/> COL9A2	<input type="checkbox"/> EPS8	<input type="checkbox"/> GREB1L	<input type="checkbox"/> LMX1A	<input type="checkbox"/> NARS2	<input type="checkbox"/> RDX	<input type="checkbox"/> FGF3	
<input type="checkbox"/> CDC42	<input type="checkbox"/> COL9A3	<input type="checkbox"/> EPS8L2	<input type="checkbox"/> GRHL2	<input type="checkbox"/> LOXHD1	<input type="checkbox"/> NDRG1	<input type="checkbox"/> REST	<input type="checkbox"/> FGFR2	
<input type="checkbox"/> CDH23	<input type="checkbox"/> CRYM	<input type="checkbox"/> ESPN	<input type="checkbox"/> GRXCR1	<input type="checkbox"/> LRP2	<input type="checkbox"/> NEFL	<input type="checkbox"/> SLC12A2	<input type="checkbox"/> FGFR3	
<input type="checkbox"/> CDK9	<input type="checkbox"/> DCAF17	<input type="checkbox"/> ESRRB	<input type="checkbox"/> GRXCR2	<input type="checkbox"/> LRTOMT	<input type="checkbox"/> NF2	<input type="checkbox"/> SLC17A8	<input type="checkbox"/> KIT	
<input type="checkbox"/> CDKN1C	<input type="checkbox"/> DCDC2	<input type="checkbox"/> EYA1	<input type="checkbox"/> HARS	<input type="checkbox"/> MAN2B1	<input type="checkbox"/> NIPBL	<input type="checkbox"/> SLC26A4	<input type="checkbox"/> MTRNR1	
<input type="checkbox"/> CEACAM16	<input type="checkbox"/> DFNA5	<input type="checkbox"/> EYA4	<input type="checkbox"/> HARS2	<input type="checkbox"/> MANBA	<input type="checkbox"/> NOG	<input type="checkbox"/> SLC26A5	<input type="checkbox"/> MT-RNR1	
<input type="checkbox"/> CEP250	<input type="checkbox"/> DFNB31	<input type="checkbox"/> FAM136A	<input type="checkbox"/> HGF	<input type="checkbox"/> MARVELD2	<input type="checkbox"/> OPA1	<input type="checkbox"/> SLITRK6	<input type="checkbox"/> PMP22	
<input type="checkbox"/> CEP78	<input type="checkbox"/> DFNB59	<input type="checkbox"/> FAM65B	<input type="checkbox"/> HOMER2	<input type="checkbox"/> MASP1	<input type="checkbox"/> OSBPL2	<input type="checkbox"/> SMPX	<input type="checkbox"/> USH1C	

Please note, the icd-10 codes herein are solely for informational use. It is incumbent upon order practitioners to the diagnosis code that precisely justifies test conduct, regardless of its presence in the subsequent list.

Category – 1: ICD10 codes

<input type="checkbox"/> F80.0	Phonological disorder	<input type="checkbox"/> H70.013	Subperiosteal abscess of mastoid, bilateral
<input type="checkbox"/> H60.00	Abscess of external ear, unspecified ear	<input type="checkbox"/> H70.019	Subperiosteal abscess of mastoid, unspecified ear
<input type="checkbox"/> H60.01	Abscess of right external ear	<input type="checkbox"/> H70.10	Chronic mastoiditis, unspecified ear
<input type="checkbox"/> H60.02	Abscess of left external ear	<input type="checkbox"/> H70.11	Chronic mastoiditis, right ear
<input type="checkbox"/> H60.03	Abscess of external ear, bilateral	<input type="checkbox"/> H70.12	Chronic mastoiditis, left ear
<input type="checkbox"/> H60.20	Malignant otitis externa, unspecified ear	<input type="checkbox"/> H70.13	Chronic mastoiditis, bilateral
<input type="checkbox"/> H60.21	Malignant otitis externa, right ear	<input type="checkbox"/> H70.221	Chronic petrositis, right ear
<input type="checkbox"/> H60.22	Malignant otitis externa, left ear	<input type="checkbox"/> H70.222	Chronic petrositis, left ear
<input type="checkbox"/> H60.23	Malignant otitis externa, bilateral	<input type="checkbox"/> H70.223	Chronic petrositis, bilateral
<input type="checkbox"/> H60.40	Cholesteatoma of external ear, unspecified ear	<input type="checkbox"/> H70.229	Chronic petrositis, unspecified ear
<input type="checkbox"/> H60.41	Cholesteatoma of right external ear	<input type="checkbox"/> H70.811	Postauricular fistula, right ear
<input type="checkbox"/> H60.42	Cholesteatoma of left external ear	<input type="checkbox"/> H70.812	Postauricular fistula, left ear
<input type="checkbox"/> H60.43	Cholesteatoma of external ear, bilateral	<input type="checkbox"/> H70.813	Postauricular fistula, bilateral
<input type="checkbox"/> H61.021	Chronic perichondritis of right external ear	<input type="checkbox"/> H70.819	Postauricular fistula, unspecified ear
<input type="checkbox"/> H61.022	Chronic perichondritis of left external ear	<input type="checkbox"/> H71.00	Cholesteatoma of attic, unspecified ear
<input type="checkbox"/> H61.023	Chronic perichondritis of external ear, bilateral	<input type="checkbox"/> H71.01	Cholesteatoma of attic, right ear
<input type="checkbox"/> H61.029	Chronic perichondritis of external ear, unspecified ear	<input type="checkbox"/> H71.02	Cholesteatoma of attic, left ear
<input type="checkbox"/> H61.101	Unspecified noninfective disorders of pinna, right ear	<input type="checkbox"/> H71.03	Cholesteatoma of attic, bilateral
<input type="checkbox"/> H61.102	Unspecified noninfective disorders of pinna, left ear	<input type="checkbox"/> H71.10	Cholesteatoma of tympanum, unspecified ear
<input type="checkbox"/> H61.103	Unspecified noninfective disorders of pinna, bilateral	<input type="checkbox"/> H71.11	Cholesteatoma of tympanum, right ear
<input type="checkbox"/> H61.109	Unspecified noninfective disorders of pinna, unspecified ear	<input type="checkbox"/> H71.12	Cholesteatoma of tympanum, left ear
<input type="checkbox"/> H61.191	Noninfective disorders of pinna, right ear	<input type="checkbox"/> H71.13	Cholesteatoma of tympanum, bilateral
<input type="checkbox"/> H61.192	Noninfective disorders of pinna, left ear	<input type="checkbox"/> H71.20	Cholesteatoma of mastoid, unspecified ear
<input type="checkbox"/> H61.193	Noninfective disorders of pinna, bilateral	<input type="checkbox"/> H71.21	Cholesteatoma of mastoid, right ear
<input type="checkbox"/> H61.199	Noninfective disorders of pinna, unspecified ear	<input type="checkbox"/> H71.22	Cholesteatoma of mastoid, left ear
<input type="checkbox"/> H61.891	Other specified disorders of right external ear	<input type="checkbox"/> H71.23	Cholesteatoma of mastoid, bilateral
<input type="checkbox"/> H61.892	Other specified disorders of left external ear	<input type="checkbox"/> H71.30	Diffuse cholesteatosis, unspecified ear
<input type="checkbox"/> H61.893	Other specified disorders of external ear, bilateral	<input type="checkbox"/> H71.31	Diffuse cholesteatosis, right ear
<input type="checkbox"/> H61.899	Other specified disorders of external ear, unspecified ear	<input type="checkbox"/> H71.32	Diffuse cholesteatosis, left ear
<input type="checkbox"/> H61.90	Disorder of external ear, unspecified, unspecified ear	<input type="checkbox"/> H71.33	Diffuse cholesteatosis, bilateral
<input type="checkbox"/> H61.91	Disorder of right external ear, unspecified	<input type="checkbox"/> H71.90	Unspecified cholesteatoma, unspecified ear
<input type="checkbox"/> H61.92	Disorder of left external ear, unspecified	<input type="checkbox"/> H71.91	Unspecified cholesteatoma, right ear
<input type="checkbox"/> H61.93	Disorder of external ear, unspecified, bilateral	<input type="checkbox"/> H71.92	Unspecified cholesteatoma, left ear
<input type="checkbox"/> H62.8X1	Other disorders of right external ear in diseases classified elsewhere	<input type="checkbox"/> H71.93	Unspecified cholesteatoma, bilateral
<input type="checkbox"/> H62.8X2	Other disorders of left external ear in diseases classified elsewhere	<input type="checkbox"/> H72.00	Central perforation of tympanic membrane, unspecified ear
<input type="checkbox"/> H62.8X3	Other disorders of external ear in diseases classified elsewhere, bilateral	<input type="checkbox"/> H72.01	Central perforation of tympanic membrane, right ear
<input type="checkbox"/> H62.8X9	Other disorders of external ear in diseases classified elsewhere, unspecified ear	<input type="checkbox"/> H72.02	Central perforation of tympanic membrane, left ear
<input type="checkbox"/> H65.20	Chronic serous otitis media, unspecified ear	<input type="checkbox"/> H72.03	Central perforation of tympanic membrane, bilateral
<input type="checkbox"/> H65.21	Chronic serous otitis media, right ear	<input type="checkbox"/> H72.10	Attic perforation of tympanic membrane, unspecified ear
<input type="checkbox"/> H65.22	Chronic serous otitis media, left ear	<input type="checkbox"/> H72.11	Attic perforation of tympanic membrane, right ear
<input type="checkbox"/> H65.23	Chronic serous otitis media, bilateral	<input type="checkbox"/> H72.12	Attic perforation of tympanic membrane, left ear
<input type="checkbox"/> H65.30	Chronic mucoid otitis media, unspecified ear	<input type="checkbox"/> H72.13	Attic perforation of tympanic membrane, bilateral
<input type="checkbox"/> H65.31	Chronic mucoid otitis media, right ear	<input type="checkbox"/> H72.2X1	Other marginal perforations of tympanic membrane, right ear
<input type="checkbox"/> H65.32	Chronic mucoid otitis media, left ear	<input type="checkbox"/> H72.2X2	Other marginal perforations of tympanic membrane, left ear
<input type="checkbox"/> H65.33	Chronic mucoid otitis media, bilateral	<input type="checkbox"/> H72.2X3	Other marginal perforations of tympanic membrane, bilateral
<input type="checkbox"/> H65.411	Chronic allergic otitis media, right ear	<input type="checkbox"/> H72.2X9	Other marginal perforations of tympanic membrane, unspecified ear
<input type="checkbox"/> H65.412	Chronic allergic otitis media, left ear	<input type="checkbox"/> H72.811	Multiple perforations of tympanic membrane, right ear
<input type="checkbox"/> H65.413	Chronic allergic otitis media, bilateral	<input type="checkbox"/> H72.812	Multiple perforations of tympanic membrane, left ear
<input type="checkbox"/> H65.419	Chronic allergic otitis media, unspecified ear	<input type="checkbox"/> H72.813	Multiple perforations of tympanic membrane, bilateral
<input type="checkbox"/> H65.491	Other chronic nonsuppurative otitis media, right ear	<input type="checkbox"/> H72.819	Multiple perforations of tympanic membrane, unspecified ear
<input type="checkbox"/> H65.492	Other chronic nonsuppurative otitis media, left ear	<input type="checkbox"/> H72.821	Total perforations of tympanic membrane, right ear
<input type="checkbox"/> H65.493	Other chronic nonsuppurative otitis media, bilateral	<input type="checkbox"/> H72.822	Total perforations of tympanic membrane, left ear
<input type="checkbox"/> H65.499	Other chronic nonsuppurative otitis media, unspecified ear	<input type="checkbox"/> H72.823	Total perforations of tympanic membrane, bilateral
<input type="checkbox"/> H66.10	Chronic tubotympanic suppurative otitis media, unspecified	<input type="checkbox"/> H72.829	Total perforations of tympanic membrane, unspecified ear
<input type="checkbox"/> H66.11	Chronic tubotympanic suppurative otitis media, right ear	<input type="checkbox"/> H72.90	Unspecified perforation of tympanic membrane, unspecified ear
<input type="checkbox"/> H66.12	Chronic tubotympanic suppurative otitis media, left ear	<input type="checkbox"/> H72.91	Unspecified perforation of tympanic membrane, right ear
<input type="checkbox"/> H66.13	Chronic tubotympanic suppurative otitis media, bilateral	<input type="checkbox"/> H72.92	Unspecified perforation of tympanic membrane, left ear
<input type="checkbox"/> H66.20	Chronic attcoantral suppurative otitis media, unspecified ear	<input type="checkbox"/> H72.93	Unspecified perforation of tympanic membrane, bilateral
<input type="checkbox"/> H66.21	Chronic attcoantral suppurative otitis media, right ear	<input type="checkbox"/> H73.10	Chronic myringitis, unspecified ear
<input type="checkbox"/> H66.22	Chronic attcoantral suppurative otitis media, left ear	<input type="checkbox"/> H73.11	Chronic myringitis, right ear
<input type="checkbox"/> H66.23	Chronic attcoantral suppurative otitis media, bilateral	<input type="checkbox"/> H73.12	Chronic myringitis, left ear
<input type="checkbox"/> H66.3X1	Other chronic suppurative otitis media, right ear	<input type="checkbox"/> H73.13	Chronic myringitis, bilateral
<input type="checkbox"/> H66.3X2	Other chronic suppurative otitis media, left ear	<input type="checkbox"/> H73.811	Atrophic flaccid tympanic membrane, right ear
<input type="checkbox"/> H66.3X3	Other chronic suppurative otitis media, bilateral	<input type="checkbox"/> H73.812	Atrophic flaccid tympanic membrane, left ear
<input type="checkbox"/> H66.3X9	Other chronic suppurative otitis media, unspecified ear	<input type="checkbox"/> H73.813	Atrophic flaccid tympanic membrane, bilateral
<input type="checkbox"/> H68.021	Chronic Eustachian salpingitis, right ear	<input type="checkbox"/> H73.819	Atrophic flaccid tympanic membrane, unspecified ear
<input type="checkbox"/> H68.022	Chronic Eustachian salpingitis, left ear	<input type="checkbox"/> H73.821	Atrophic nonflaccid tympanic membrane, right ear
<input type="checkbox"/> H68.023	Chronic Eustachian salpingitis, bilateral	<input type="checkbox"/> H73.822	Atrophic nonflaccid tympanic membrane, left ear
<input type="checkbox"/> H68.029	Chronic Eustachian salpingitis, unspecified ear	<input type="checkbox"/> H73.823	Atrophic nonflaccid tympanic membrane, bilateral
<input type="checkbox"/> H69.00	Patulous Eustachian tube, unspecified ear	<input type="checkbox"/> H73.829	Atrophic nonflaccid tympanic membrane, unspecified ear
<input type="checkbox"/> H69.01	Patulous Eustachian tube, right ear	<input type="checkbox"/> H73.891	Other specified disorders of tympanic membrane, right ear
<input type="checkbox"/> H69.02	Patulous Eustachian tube, left ear	<input type="checkbox"/> H73.892	Other specified disorders of tympanic membrane, left ear
<input type="checkbox"/> H69.03	Patulous Eustachian tube, bilateral	<input type="checkbox"/> H73.893	Other specified disorders of tympanic membrane, bilateral
<input type="checkbox"/> H69.80	Other specified disorders of Eustachian tube, unspecified ear	<input type="checkbox"/> H73.899	Other specified disorders of tympanic membrane, unspecified ear
<input type="checkbox"/> H69.81	Other specified disorders of Eustachian tube, right ear	<input type="checkbox"/> H73.90	Unspecified disorder of tympanic membrane, unspecified ear
<input type="checkbox"/> H69.82	Other specified disorders of Eustachian tube, left ear	<input type="checkbox"/> H73.91	Unspecified disorder of tympanic membrane, right ear
<input type="checkbox"/> H69.83	Other specified disorders of Eustachian tube, bilateral	<input type="checkbox"/> H73.92	Unspecified disorder of tympanic membrane, left ear
<input type="checkbox"/> H69.90	Unspecified Eustachian tube disorder, unspecified ear	<input type="checkbox"/> H73.93	Unspecified disorder of tympanic membrane, bilateral
<input type="checkbox"/> H69.91	Unspecified Eustachian tube disorder, right ear	<input type="checkbox"/> H74.01	Tympanosclerosis, right ear
<input type="checkbox"/> H69.92	Unspecified Eustachian tube disorder, left ear	<input type="checkbox"/> H74.02	Tympanosclerosis, left ear
<input type="checkbox"/> H69.93	Unspecified Eustachian tube disorder, bilateral	<input type="checkbox"/> H74.03	Tympanosclerosis, bilateral
<input type="checkbox"/> H70.011	Subperiosteal abscess of mastoid, right ear	<input type="checkbox"/> H74.09	Tympanosclerosis, unspecified ear
<input type="checkbox"/> H70.012	Subperiosteal abscess of mastoid, left ear	<input type="checkbox"/> H74.11	Adhesive right middle ear disease

Continued

<input type="checkbox"/> H74.12	Adhesive left middle ear disease	<input type="checkbox"/> H82.3	Vertiginous syndromes in diseases classified elsewhere, bilateral
<input type="checkbox"/> H74.13	Adhesive middle ear disease, bilateral	<input type="checkbox"/> H82.9	Vertiginous syndromes in diseases classified elsewhere, unspecified ear
<input type="checkbox"/> H74.19	Adhesive middle ear disease, unspecified ear	<input type="checkbox"/> H83.11	Labyrinthine fistula, right ear
<input type="checkbox"/> H74.20	Discontinuity and dislocation of ear ossicles, unspecified ear	<input type="checkbox"/> H83.12	Labyrinthine fistula, left ear
<input type="checkbox"/> H74.21	Discontinuity and dislocation of right ear ossicles	<input type="checkbox"/> H83.13	Labyrinthine fistula, bilateral
<input type="checkbox"/> H74.22	Discontinuity and dislocation of left ear ossicles	<input type="checkbox"/> H83.19	Labyrinthine fistula, unspecified ear
<input type="checkbox"/> H74.23	Discontinuity and dislocation of ear ossicles, bilateral	<input type="checkbox"/> H83.2X1	Labyrinthine dysfunction, right ear
<input type="checkbox"/> H74.311	Ankylosis of ear ossicles, right ear	<input type="checkbox"/> H83.2X2	Labyrinthine dysfunction, left ear
<input type="checkbox"/> H74.312	Ankylosis of ear ossicles, left ear	<input type="checkbox"/> H83.2X3	Labyrinthine dysfunction, bilateral
<input type="checkbox"/> H74.313	Ankylosis of ear ossicles, bilateral	<input type="checkbox"/> H83.2X9	Labyrinthine dysfunction, unspecified ear
<input type="checkbox"/> H74.319	Ankylosis of ear ossicles, unspecified ear	<input type="checkbox"/> H83.8X1	Other specified diseases of right inner ear
<input type="checkbox"/> H74.321	Partial loss of ear ossicles, right ear	<input type="checkbox"/> H83.8X2	Other specified diseases of left inner ear
<input type="checkbox"/> H74.322	Partial loss of ear ossicles, left ear	<input type="checkbox"/> H83.8X3	Other specified diseases of inner ear, bilateral
<input type="checkbox"/> H74.323	Partial loss of ear ossicles, bilateral	<input type="checkbox"/> H83.8X9	Other specified diseases of inner ear, unspecified ear
<input type="checkbox"/> H74.329	Partial loss of ear ossicles, unspecified ear	<input type="checkbox"/> H83.90	Unspecified disease of inner ear, unspecified ear
<input type="checkbox"/> H74.391	Other acquired abnormalities of right ear ossicles	<input type="checkbox"/> H83.91	Unspecified disease of right inner ear
<input type="checkbox"/> H74.392	Other acquired abnormalities of left ear ossicles	<input type="checkbox"/> H83.92	Unspecified disease of left inner ear
<input type="checkbox"/> H74.393	Other acquired abnormalities of ear ossicles, bilateral	<input type="checkbox"/> H83.93	Unspecified disease of inner ear, bilateral
<input type="checkbox"/> H74.399	Other acquired abnormalities of ear ossicles, unspecified ear	<input type="checkbox"/> H90.0	Conductive hearing loss, bilateral
<input type="checkbox"/> H74.40	Polyp of middle ear, unspecified ear	<input type="checkbox"/> H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.41	Polyp of right middle ear	<input type="checkbox"/> H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.42	Polyp of left middle ear	<input type="checkbox"/> H90.2	Conductive hearing loss, unspecified
<input type="checkbox"/> H74.43	Polyp of middle ear, bilateral	<input type="checkbox"/> H90.3	Sensorineural hearing loss, bilateral
<input type="checkbox"/> H74.8X1	Other specified disorders of right middle ear and mastoid	<input type="checkbox"/> H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.8X2	Other specified disorders of left middle ear and mastoid	<input type="checkbox"/> H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.8X3	Other specified disorders of middle ear and mastoid, bilateral	<input type="checkbox"/> H90.5	Unspecified sensorineural hearing loss
<input type="checkbox"/> H74.8X9	Other specified disorders of middle ear and mastoid, unspecified ear	<input type="checkbox"/> H90.6	Mixed conductive and sensorineural hearing loss, bilateral
<input type="checkbox"/> H74.90	Unspecified disorder of middle ear and mastoid, unspecified ear	<input type="checkbox"/> H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.91	Unspecified disorder of right middle ear and mastoid	<input type="checkbox"/> H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
<input type="checkbox"/> H74.92	Unspecified disorder of left middle ear and mastoid	<input type="checkbox"/> H90.8	Mixed conductive and sensorineural hearing loss, unspecified
<input type="checkbox"/> H74.93	Unspecified disorder of middle ear and mastoid, bilateral	<input type="checkbox"/> H90.A11	Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
<input type="checkbox"/> H75.80	Other specified disorders of middle ear and mastoid in diseases classified elsewhere, unspecified ear	<input type="checkbox"/> H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
<input type="checkbox"/> H75.81	Other specified disorders of right middle ear and mastoid in diseases classified elsewhere	<input type="checkbox"/> H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
<input type="checkbox"/> H75.82	Other specified disorders of left middle ear and mastoid in diseases classified elsewhere	<input type="checkbox"/> H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
<input type="checkbox"/> H75.83	Other specified disorders of middle ear and mastoid in diseases classified elsewhere, bilateral	<input type="checkbox"/> H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
<input type="checkbox"/> H80.00	Otosclerosis involving oval window, nonobliterative, unspecified ear	<input type="checkbox"/> H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
<input type="checkbox"/> H80.01	Otosclerosis involving oval window, nonobliterative, right ear	<input type="checkbox"/> H91.10	Presbycusis, unspecified ear
<input type="checkbox"/> H80.02	Otosclerosis involving oval window, nonobliterative, left ear	<input type="checkbox"/> H91.11	Presbycusis, right ear
<input type="checkbox"/> H80.03	Otosclerosis involving oval window, nonobliterative, bilateral	<input type="checkbox"/> H91.12	Presbycusis, left ear
<input type="checkbox"/> H80.10	Otosclerosis involving oval window, obliterative, unspecified ear	<input type="checkbox"/> H91.13	Presbycusis, bilateral
<input type="checkbox"/> H80.11	Otosclerosis involving oval window, obliterative, right ear	<input type="checkbox"/> H91.20	Sudden idiopathic hearing loss, unspecified ear
<input type="checkbox"/> H80.12	Otosclerosis involving oval window, obliterative, left ear	<input type="checkbox"/> H91.21	Sudden idiopathic hearing loss, right ear
<input type="checkbox"/> H80.13	Otosclerosis involving oval window, obliterative, bilateral	<input type="checkbox"/> H91.22	Sudden idiopathic hearing loss, left ear
<input type="checkbox"/> H80.20	Cochlear otosclerosis, unspecified ear	<input type="checkbox"/> H91.23	Sudden idiopathic hearing loss, bilateral
<input type="checkbox"/> H80.21	Cochlear otosclerosis, right ear	<input type="checkbox"/> H91.3	Deaf nonspeaking, not elsewhere classified
<input type="checkbox"/> H80.22	Cochlear otosclerosis, left ear	<input type="checkbox"/> H91.8X1	Other specified hearing loss, right ear
<input type="checkbox"/> H80.23	Cochlear otosclerosis, bilateral	<input type="checkbox"/> H91.8X2	Other specified hearing loss, left ear
<input type="checkbox"/> H80.80	Other otosclerosis, unspecified ear	<input type="checkbox"/> H91.8X3	Other specified hearing loss, bilateral
<input type="checkbox"/> H80.81	Other otosclerosis, right ear	<input type="checkbox"/> H91.8X9	Other specified hearing loss, unspecified ear
<input type="checkbox"/> H80.82	Other otosclerosis, left ear	<input type="checkbox"/> H91.90	Unspecified hearing loss, unspecified ear
<input type="checkbox"/> H80.83	Other otosclerosis, bilateral	<input type="checkbox"/> H91.91	Unspecified hearing loss, right ear
<input type="checkbox"/> H80.90	Unspecified otosclerosis, unspecified ear	<input type="checkbox"/> H91.92	Unspecified hearing loss, left ear
<input type="checkbox"/> H80.91	Unspecified otosclerosis, right ear	<input type="checkbox"/> H91.93	Unspecified hearing loss, bilateral
<input type="checkbox"/> H80.92	Unspecified otosclerosis, left ear	<input type="checkbox"/> H93.011	Transient ischemic deafness, right ear
<input type="checkbox"/> H80.93	Unspecified otosclerosis, bilateral	<input type="checkbox"/> H93.012	Transient ischemic deafness, left ear
<input type="checkbox"/> H81.01	Meniere's disease, right ear	<input type="checkbox"/> H93.013	Transient ischemic deafness, bilateral
<input type="checkbox"/> H81.02	Meniere's disease, left ear	<input type="checkbox"/> H93.019	Transient ischemic deafness, unspecified ear
<input type="checkbox"/> H81.03	Meniere's disease, bilateral	<input type="checkbox"/> H93.091	Unspecified degenerative and vascular disorders of right ear
<input type="checkbox"/> H81.09	Meniere's disease, unspecified ear	<input type="checkbox"/> H93.092	Unspecified degenerative and vascular disorders of left ear
<input type="checkbox"/> H81.10	Benign paroxysmal vertigo, unspecified ear	<input type="checkbox"/> H93.093	Unspecified degenerative and vascular disorders of ear, bilateral
<input type="checkbox"/> H81.11	Benign paroxysmal vertigo, right ear	<input type="checkbox"/> H93.099	Unspecified degenerative and vascular disorders of unspecified ear
<input type="checkbox"/> H81.12	Benign paroxysmal vertigo, left ear	<input type="checkbox"/> H93.211	Auditory recruitment, right ear
<input type="checkbox"/> H81.13	Benign paroxysmal vertigo, bilateral	<input type="checkbox"/> H93.212	Auditory recruitment, left ear
<input type="checkbox"/> H81.311	Aural vertigo, right ear	<input type="checkbox"/> H93.213	Auditory recruitment, bilateral
<input type="checkbox"/> H81.312	Aural vertigo, left ear	<input type="checkbox"/> H93.219	Auditory recruitment, unspecified ear
<input type="checkbox"/> H81.313	Aural vertigo, bilateral	<input type="checkbox"/> H93.221	Diplacusis, right ear
<input type="checkbox"/> H81.319	Aural vertigo, unspecified ear	<input type="checkbox"/> H93.222	Diplacusis, left ear
<input type="checkbox"/> H81.391	Other peripheral vertigo, right ear	<input type="checkbox"/> H93.223	Diplacusis, bilateral
<input type="checkbox"/> H81.392	Other peripheral vertigo, left ear	<input type="checkbox"/> H93.229	Diplacusis, unspecified ear
<input type="checkbox"/> H81.393	Other peripheral vertigo, bilateral	<input type="checkbox"/> H93.231	Hyperacusis, right ear
<input type="checkbox"/> H81.399	Other peripheral vertigo, unspecified ear	<input type="checkbox"/> H93.232	Hyperacusis, left ear
<input type="checkbox"/> H81.4	Vertigo of central origin	<input type="checkbox"/> H93.233	Hyperacusis, bilateral
<input type="checkbox"/> H81.8X1	Other disorders of vestibular function, right ear	<input type="checkbox"/> H93.239	Hyperacusis, unspecified ear
<input type="checkbox"/> H81.8X2	Other disorders of vestibular function, left ear	<input type="checkbox"/> H93.25	Central auditory processing disorder
<input type="checkbox"/> H81.8X3	Other disorders of vestibular function, bilateral		
<input type="checkbox"/> H81.8X9	Other disorders of vestibular function, unspecified ear		
<input type="checkbox"/> H81.90	Unspecified disorder of vestibular function, unspecified ear		
<input type="checkbox"/> H81.91	Unspecified disorder of vestibular function, right ear		
<input type="checkbox"/> H81.92	Unspecified disorder of vestibular function, left ear		
<input type="checkbox"/> H81.93	Unspecified disorder of vestibular function, bilateral		
<input type="checkbox"/> H82.1	Vertiginous syndromes in diseases classified elsewhere, right ear		
<input type="checkbox"/> H82.2	Vertiginous syndromes in diseases classified elsewhere, left ear		

<input type="checkbox"/> H93.291	Other abnormal auditory perceptions, right ear	<input type="checkbox"/> J31.2	Chronic pharyngitis
<input type="checkbox"/> H93.292	Other abnormal auditory perceptions, left ear	<input type="checkbox"/> J32.0	Chronic maxillary sinusitis
<input type="checkbox"/> H93.293	Other abnormal auditory perceptions, bilateral	<input type="checkbox"/> J32.1	Chronic frontal sinusitis
<input type="checkbox"/> H93.299	Other abnormal auditory perceptions, unspecified ear	<input type="checkbox"/> J32.2	Chronic ethmoidal sinusitis
<input type="checkbox"/> H93.3X1	Disorders of right acoustic nerve	<input type="checkbox"/> J32.3	Chronic sphenoidal sinusitis
<input type="checkbox"/> H93.3X2	Disorders of left acoustic nerve	<input type="checkbox"/> J32.4	Chronic pansinusitis
<input type="checkbox"/> H93.3X3	Disorders of bilateral acoustic nerves	<input type="checkbox"/> J32.8	Other chronic sinusitis
<input type="checkbox"/> H93.3X9	Disorders of unspecified acoustic nerve	<input type="checkbox"/> J33.0	Polyp of nasal cavity
<input type="checkbox"/> H93.8X1	Other specified disorders of right ear	<input type="checkbox"/> J33.1	Polypoid sinus degeneration
<input type="checkbox"/> H93.8X2	Other specified disorders of left ear	<input type="checkbox"/> J33.8	Other polyp of sinus
<input type="checkbox"/> H93.8X3	Other specified disorders of ear, bilateral	<input type="checkbox"/> J33.9	Nasal polyp, unspecified
<input type="checkbox"/> H93.8X9	Other specified disorders of ear, unspecified ear	<input type="checkbox"/> J34.2	Deviated nasal septum
<input type="checkbox"/> H94.80	Other specified disorders of ear in diseases classified elsewhere, unspecified ear	<input type="checkbox"/> J34.3	Hypertrophy of nasal turbinates
<input type="checkbox"/> H94.81	Other specified disorders of right ear in diseases classified elsewhere	<input type="checkbox"/> J34.89	Other specified disorders of nose and nasal sinuses
<input type="checkbox"/> H94.82	Other specified disorders of left ear in diseases classified elsewhere	<input type="checkbox"/> J37.0	Chronic laryngitis
<input type="checkbox"/> H94.83	Other specified disorders of ear in diseases classified elsewhere, bilateral	<input type="checkbox"/> J37.1	Chronic laryngotracheitis
<input type="checkbox"/> H95.31	Accidental puncture and laceration of the ear and mastoid process during a procedure on the ear and mastoid process	<input type="checkbox"/> J38.00	Paralysis of vocal cords and larynx, unspecified
<input type="checkbox"/> H95.32	Accidental puncture and laceration of the ear and mastoid process during other procedure	<input type="checkbox"/> J38.01	Paralysis of vocal cords and larynx, unilateral
<input type="checkbox"/> J31.0	Chronic rhinitis	<input type="checkbox"/> J38.02	Paralysis of vocal cords and larynx, bilateral
<input type="checkbox"/> J31.1	Chronic nasopharyngitis	<input type="checkbox"/> J38.1	Polyp of vocal cord and larynx
		<input type="checkbox"/> J38.2	Nodules of vocal cords
		<input type="checkbox"/> J38.3	Other diseases of vocal cords
		<input type="checkbox"/> J38.6	Stenosis of larynx
		<input type="checkbox"/> J38.7	Other diseases of larynx

Category – 2: ICD10 codes			
<input type="checkbox"/> C43.0	Malignant melanoma of lip	<input type="checkbox"/> D03.22	Melanoma in situ of left ear and external auricular canal
<input type="checkbox"/> C43.10	Malignant melanoma of unspecified eyelid, including canthus	<input type="checkbox"/> D03.30	Melanoma in situ of unspecified part of face
<input type="checkbox"/> C43.111	Malignant melanoma of right upper eyelid, including canthus	<input type="checkbox"/> D03.39	Melanoma in situ of other parts of face
<input type="checkbox"/> C43.112	Malignant melanoma of right lower eyelid, including canthus	<input type="checkbox"/> D03.4	Melanoma in situ of scalp and neck
<input type="checkbox"/> C43.121	Malignant melanoma of left upper eyelid, including canthus	<input type="checkbox"/> D03.51	Melanoma in situ of anal skin
<input type="checkbox"/> C43.122	Malignant melanoma of left lower eyelid, including canthus	<input type="checkbox"/> D03.52	Melanoma in situ of breast (skin) (soft tissue)
<input type="checkbox"/> C43.20	Malignant melanoma of unspecified ear and external auricular canal	<input type="checkbox"/> D03.59	Melanoma in situ of other part of trunk
<input type="checkbox"/> C43.21	Malignant melanoma of right ear and external auricular canal	<input type="checkbox"/> D03.60	Melanoma in situ of unspecified upper limb, including shoulder
<input type="checkbox"/> C43.22	Malignant melanoma of left ear and external auricular canal	<input type="checkbox"/> D03.61	Melanoma in situ of right upper limb, including shoulder
<input type="checkbox"/> C43.30	Malignant melanoma of unspecified part of face	<input type="checkbox"/> D03.62	Melanoma in situ of left upper limb, including shoulder
<input type="checkbox"/> C43.31	Malignant melanoma of nose	<input type="checkbox"/> D03.70	Melanoma in situ of unspecified lower limb, including hip
<input type="checkbox"/> C43.39	Malignant melanoma of other parts of face	<input type="checkbox"/> D03.71	Melanoma in situ of right lower limb, including hip
<input type="checkbox"/> C43.4	Malignant melanoma of scalp and neck	<input type="checkbox"/> D03.72	Melanoma in situ of left lower limb, including hip
<input type="checkbox"/> C43.51	Malignant melanoma of anal skin	<input type="checkbox"/> D03.8	Melanoma in situ of other sites
<input type="checkbox"/> C43.52	Malignant melanoma of skin of breast	<input type="checkbox"/> D03.9	Melanoma in situ, unspecified
<input type="checkbox"/> C43.59	Malignant melanoma of other part of trunk	<input type="checkbox"/> C49.A0	Gastrointestinal stromal tumor, unspecified site
<input type="checkbox"/> C43.60	Malignant melanoma of unspecified upper limb, including shoulder	<input type="checkbox"/> C49.A1	Gastrointestinal stromal tumor of esophagus
<input type="checkbox"/> C43.61	Malignant melanoma of right upper limb, including shoulder	<input type="checkbox"/> C49.A2	Gastrointestinal stromal tumor of stomach
<input type="checkbox"/> C43.62	Malignant melanoma of left upper limb, including shoulder	<input type="checkbox"/> C49.A3	Gastrointestinal stromal tumor of small intestine
<input type="checkbox"/> C43.70	Malignant melanoma of unspecified lower limb, including hip	<input type="checkbox"/> C49.A4	Gastrointestinal stromal tumor of large intestine
<input type="checkbox"/> C43.71	Malignant melanoma of right lower limb, including hip	<input type="checkbox"/> C49.A5	Gastrointestinal stromal tumor of rectum
<input type="checkbox"/> C43.72	Malignant melanoma of left lower limb, including hip	<input type="checkbox"/> C49.A9	Gastrointestinal stromal tumor of other sites
<input type="checkbox"/> C43.8	Malignant melanoma of overlapping sites of skin	<input type="checkbox"/> D48.19	Other specified neoplasm of uncertain behavior of connective and other soft tissue
<input type="checkbox"/> C43.9	Malignant melanoma of skin, unspecified	<input type="checkbox"/> D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
<input type="checkbox"/> D03.0	Melanoma in situ of lip	<input type="checkbox"/> D45	Polycythemia vera
<input type="checkbox"/> D03.10	Melanoma in situ of unspecified eyelid, including canthus	<input type="checkbox"/> D47.1	Chronic myeloproliferative disease
<input type="checkbox"/> D03.111	Melanoma in situ of right upper eyelid, including canthus	<input type="checkbox"/> D47.3	Essential (hemorrhagic) thrombocythemia
<input type="checkbox"/> D03.112	Melanoma in situ of right lower eyelid, including canthus	<input type="checkbox"/> D75.81	Myelofibrosis
<input type="checkbox"/> D03.121	Melanoma in situ of left upper eyelid, including canthus	<input type="checkbox"/> J30.1	Allergic rhinitis due to pollen
<input type="checkbox"/> D03.122	Melanoma in situ of left lower eyelid, including canthus	<input type="checkbox"/> J30.9	Allergic rhinitis, unspecified
<input type="checkbox"/> D03.20	Melanoma in situ of unspecified ear and external auricular canal	<input type="checkbox"/> H61.23	Impacted cerumen, bilateral
<input type="checkbox"/> D03.21	Melanoma in situ of right ear and external auricular canal	<input type="checkbox"/> R42	Dizziness and giddiness
<input type="checkbox"/> R49.0	Dysphonia	<input type="checkbox"/> E07.89	Other specified disorders of thyroid
<input type="checkbox"/> H93.19	Tinnitus, unspecified ear	<input type="checkbox"/> H35.81	Retinal dystrophy with hearing loss
<input type="checkbox"/> R04.0	Epistaxis (nosebleed)		
<input type="checkbox"/> H93.19	Use in conjunction with clinical code		

Additional ICD Codes: _____

PATIENT CONSENT		REQUIRED
<p>By signing this form, I acknowledge that the information provided by me is true and correct. I have read, or have had read to me, the Preventive Genomics Informed Consent document at the end of this test requisition form and understand the information regarding molecular genetics testing. For direct insurance billing: I authorize my insurance benefits to be paid directly to Preventive Genomics and their affiliates. I authorize Preventive Genomics to release medical information concerning my testing to my insurer, to act as my designated representative for the purpose of appealing any denial of benefits as needed, and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and responsible for sending Preventive Genomics and their affiliates any money received from my health insurance company. I also give permission for my specimen and clinical information to be used in de-identified studies at Preventive Genomics and their affiliates for publication, if appropriate. I have had the opportunity to ask questions about the testing, the procedure, the risks, and the alternatives. I authorize Preventive Genomics and their affiliates to perform the testing as ordered.</p>		
<div>Signature</div>		<div>Date</div>
CERTIFICATE OF MEDICAL NECESSITY, CONSENT, TEST AUTHORIZATION AND PHYSICIAN SIGNATURE		REQUIRED
<p>The individual signing this form, or their representative, hereby confirms their status as a licensed medical professional authorized to order genetic testing and confirms that the patient has provided informed consent for the testing and that it is medically necessary. They certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome, or disorder. They acknowledge that the test results may have an impact on the patient's medical management. The information provided on this form is accurate to the best of their knowledge. The signature on this form applies to the attached letter of medical necessity. If the insurance provider requests the laboratory to gather the medical necessity for any reason, the signer agrees to provide the Care Plan notes and Letter of Intent for this order.</p>		
<div>Signature</div>		<div>Date</div>

INFORMED CONSENT

For the purposes of this consent, “I”, “my”, and “your” will refer to me or to my child, including my unborn child, if my child is the person for whom the healthcare provider has ordered testing.

PURPOSE OF THIS TEST

The purpose of this test is (a) to see if I may have a genetic variant or chromosome rearrangement causing a genetic disorder; or (b) to evaluate the chance that I will develop or pass on a genetic disorder in the future. If I already know the specific gene variant(s) or chromosome rearrangement that causes the genetic disorder in my family, I agree to inform the laboratory of this information.

WHAT TYPE OF TEST RESULTS CAN I EXPECT FROM GENETIC TESTING?

1. Positive: A change in your DNA was found, which is very likely the cause of your features/symptoms. This is the most straightforward test result, which can be used as the basis to test other family members to determine their chances of having either the disease or a child with the disease.
2. Negative: No variants were found to explain your symptoms. This does not mean that you do not have a genetic condition. It is still possible that there is a genetic variant not found by the test that was ordered. Your healthcare provider or genetic counselor may discuss more testing either now or in the future.
3. Variant of Uncertain Significance (VUS): A change in a gene was found. However, we are not sure whether this variant is the cause of your symptoms/features. More information is needed. We may suggest testing other family members to help figure out the meaning of the test result.
4. Unexpected Results: In rare instances, this test may reveal an important genetic change that is not directly related to the reason for ordering this test. For example, this test may find you are at risk for another genetic condition I am not aware of or it may indicate differences in the number or rearrangement of sex chromosomes.

We may disclose this information to the ordering healthcare provider if it likely affects medical care.

Because medical and scientific knowledge is constantly changing, new information that becomes available may supplement the information Preventive Genomics used to interpret my results. Healthcare providers can contact Preventive Genomics at any time to discuss the classification of an identified variant.

WHAT IS TRIO/DUO-BASED GENETIC TESTING?

For some genetic tests, including samples from the biological parents and/or other biological relatives along with the patient's sample can help with the interpretation of the test results. These tests are often referred to as “trio tests” since they typically include samples from the patient and both parents. Samples from relatives should be submitted with the patient's sample. Clinical information must be provided for the patient and any relative who submits a sample.

I understand that Preventive Genomics will use the relative sample(s) when needed for the interpretation of my test results and that my test report may include clinical and genetic information about a relative when it is relevant to the interpretation of the test results. I further understand that relatives will not receive an independent analysis of data nor a separate report.

RISKS AND LIMITATIONS OF GENETIC TESTING

RISKS AND LIMITATIONS OF GENETIC TESTING

1. In some cases, testing may not identify a genetic variant even though one exists. This may be due to limitations in current medical knowledge or testing technology.
2. Accurate interpretation of test results may require knowing the true biological relationships in a family. I understand that if I fail to accurately state the biological relationships in my family, it could lead to incorrect interpretation of the test results, incorrect diagnoses, and/or inconclusive test results. If genetic testing reveals that the true biological relationships in a family are not as I reported them, including non-paternity (the reported father is not the biological father) and consanguinity (the parents are related by blood), I agree to have these findings reported to the healthcare provider who ordered the test.
3. Although genetic testing is highly accurate, inaccurate results may occur. These reasons include, but are not limited to mislabeled samples, inaccurate reporting of clinical/medical information, rare technical errors, or other reasons.
4. I understand that this test may not detect all of the long-term medical risks that I might experience. The result of this test does not guarantee my health and that additional diagnostic tests may still need to be done.
5. I agree to provide an additional sample if the initial sample is not adequate.

PATIENT CONFIDENTIALITY AND GENETIC COUNSELING

It is recommended that I receive genetic counseling before and after having this genetic test. I can find a genetic counselor in my area at www.nsgc.org. Further testing or additional consultations with a healthcare provider may be necessary. To maintain confidentiality, test results will only be released to the referring healthcare provider, the ordering laboratory, to me, to other healthcare providers involved in my care, diagnosis and treatment, or to others with my consent or as permitted or required by law. Federal laws prohibit unauthorized disclosure of this information. More information can be found at: www.genome.gov/10002077

INTERNATIONAL SAMPLES

If I reside outside the United States, I attest that by providing a sample for testing, I am not knowingly violating any export ban or other legal restriction in the country of my residence.

SAMPLE RETENTION

After testing is complete, my sample may be de-identified and be used for test development and improvement, internal validation, quality assurance, and training purposes. Preventive Genomics will not return DNA samples to you or to referring healthcare providers, unless specific prior arrangements have been made.

I understand that samples from residents of New York State will not be included in the de-identified research studies described in this authorization and Preventive Genomics will not retain them for more than 60 days after test completion, unless specifically authorized by my selection. The authorization is optional, and testing will be unaffected if I do not check the box for the New York authorization language. Preventive Genomics will not perform any tests on the biological sample other than those specifically authorized.

DATABASE PARTICIPATION

De-identified health history and genetic information can help healthcare providers and scientists understand how genes affect human health. Sharing this deidentified information helps healthcare providers to provide better care for their patients and researchers to make new discoveries. Preventive Genomics shares this type of information with healthcare providers, scientists, and healthcare databases. Preventive Genomics will not share any personally identifying information and will replace the identifying information with a unique code not derived from any personally identifying information. Even with a unique code, there is a risk that I could be identified based on the genetic and health information that is shared. Preventive Genomics believes that this is unlikely, though the risk is greater if I have already shared my genetic or health information with public resources, such as genealogy websites.

EXOME/GENOME SEQUENCING SECONDARY FINDINGS

- Applicable only for full exome sequencing and genome sequencing tests
- Does not pertain to Xpanded® or Slice tests

As many different genes and conditions are analyzed in an exome or genome sequencing test, these tests may reveal some findings not directly related to the reason for ordering the test. Such findings are called “incidental” or “secondary” and can provide information that was not anticipated.

Secondary findings are variants, identified by an exome or genome sequencing test, in genes that are unrelated to the individual’s reported clinical features.

The American College of Medical Genetics and Genomics (ACMG) has recommended that secondary findings identified in a specific subset of medically actionable genes associated with various inherited disorders be reported for all probands undergoing exome or genome sequencing. Please refer to the latest version of the ACMG recommendations for reporting of secondary findings in clinical exome and genome sequencing for complete details of the genes and associated genetic disorders. Reportable secondary findings will be confirmed by an alternate test method when needed.

WHAT WILL BE REPORTED FOR THE PATIENT?

All pathogenic and likely pathogenic variants associated with specific genotypes identified in the genes (for which a minimum of 10X coverage was achieved by exome sequencing or a minimum of 15X coverage was achieved by genome sequencing), as recommended by the ACMG.

WHAT WILL BE REPORTED FOR RELATIVES?

The presence or absence of any secondary finding(s) reported for the proband will be provided for all relatives analyzed by an exome or genome sequencing test.

LIMITATIONS

Pathogenic and/or likely pathogenic variants may be present in a portion of the gene not covered by this test and therefore are not reported. The absence of reportable secondary findings for any particular gene does not mean there are no pathogenic and/or likely pathogenic variants in that gene. Pathogenic variants and/or likely pathogenic variants that may be present in a relative, but are not present in the proband, will not be identified nor reported. Only changes at the sequence level will be reported in the secondary findings report. Larger deletions/duplications, abnormal methylation, triplet repeat or other expansion variants, or other variants not routinely identified by clinical exome and genome sequencing will not be reported.

FINANCIAL AGREEMENT AND GUARANTEE

For insurance billing, I understand and authorize Preventive Genomics to bill my health insurance plan on my behalf, to release any information required for billing, and to be my designated representative for purposes of appealing any denial of benefits. I irrevocably assign to and direct that payment be made directly to Preventive Genomics.

I understand that my out-of-pocket costs may be different than the estimated amount indicated to me by Preventive Genomics as part of a benefit investigation. I agree to be financially responsible for any and all amounts as indicated on the explanation of benefits issued by my health insurance plan. If my insurance provider sends a payment directly to me for services performed by Preventive Genomics on my behalf, I agree to endorse the insurance check and forward it to Preventive Genomics within 30 days of receipt as payment towards Preventive Genomics claim for services rendered.

If I do not have health insurance, I agree to pay for the full cost of the genetic testing that was ordered by my healthcare provider and billed to me by Preventive Genomics. I further understand and agree that, if I fail to make payment for genetic testing, in accordance with the payment policies of Preventive Genomics, my account may be turned over to an external collection agency for non-payment. I agree to pay any associated collection costs, including attorney fees. By my signature on the Preventive Genomics Test Requisition Form or at the bottom of this form, I accept full and complete financial responsibility for all genetic testing ordered by my healthcare provider.