



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

## PHARMACOGENOMICS 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**

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

ABCB1	CYP2C19	G6PD	RYR1
ABCG2	CYP2C9	GLP1R	SLCO1B1
APOE	CYP2D6	HLA-B	SULT4A1
BCHE	CYP3A4	IFNL4	TPMT
CACNA1C	CYP3A5	IFNL3	UGT1A1
CACNA1S	CYP4F2	MTHFR	VKORC1
CFTR	DPYD	NAT2	
COMT	ANKK1	NUDT15	
CYP1A2	F2	OPRM1	
CYP2B6	F5	PNPLA5	

## COMMONLY USED ICD10 (DIAGNOSIS) CODES

REQUIRED

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.

## COLUMN 1

<input type="checkbox"/> C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	<input type="checkbox"/> D47.3	Essential (hemorrhagic) thrombocythemia
<input type="checkbox"/> C79.31	Secondary malignant neoplasm of brain	<input type="checkbox"/> D50.0	Iron deficiency anemia secondary to blood loss (chronic)
<input type="checkbox"/> K21.9	Gastro-esophageal reflux disease without esophagitis	<input type="checkbox"/> D50.8	Other iron deficiency anemias
<input type="checkbox"/> C49.A2	Gastrointestinal stromal tumor of stomach	<input type="checkbox"/> D50.9	Iron deficiency anemia, unspecified
<input type="checkbox"/> C61	Malignant neoplasm of prostate	<input type="checkbox"/> D56.0	Alpha thalassemia
<input type="checkbox"/> C34.02	Malignant neoplasm of left main bronchus	<input type="checkbox"/> D57.1	Sickle-cell disease without crisis
<input type="checkbox"/> E06.3	Autoimmune thyroiditis	<input type="checkbox"/> D61.818	Other pancytopenia
<input type="checkbox"/> I10	Essential (primary) hypertension	<input type="checkbox"/> D61.9	Aplastic anemia, unspecified
<input type="checkbox"/> C92.90	Myeloid leukemia, unspecified, not having achieved remission	<input type="checkbox"/> D69.3	Immune thrombocytopenic purpura
<input type="checkbox"/> C24.8	Malignant neoplasm of overlapping sites of biliary tract	<input type="checkbox"/> D69.59	Other secondary thrombocytopenia
<input type="checkbox"/> C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	<input type="checkbox"/> D69.6	Thrombocytopenia, unspecified
<input type="checkbox"/> C18.2	Malignant neoplasm of ascending colon	<input type="checkbox"/> D71	Functional disorders of polymorphonuclear neutrophils
<input type="checkbox"/> E03.9	Hypothyroidism, unspecified	<input type="checkbox"/> D71.818	Other decreased white blood cell count
<input type="checkbox"/> C4A.39	Merkel cell carcinoma of other parts of face	<input type="checkbox"/> D72.819	Decreased white blood cell count, unspecified
<input type="checkbox"/> D75.9	Disease of blood and blood-forming organs, unspecified	<input type="checkbox"/> D72829	Elevated white blood cell count, unspecified
<input type="checkbox"/> F32.9	Major depressive disorder, single episode, unspecified	<input type="checkbox"/> D75.1	Secondary polycythemia
<input type="checkbox"/> D64.9	Anemia, unspecified	<input type="checkbox"/> D75.89	Other specified diseases of blood and blood-forming organs
<input type="checkbox"/> C15.5	Malignant neoplasm of lower third of esophagus	<input type="checkbox"/> D80.1	Nonfamilial hypogammaglobulinemia
<input type="checkbox"/> C17.0	Malignant neoplasm of duodenum	<input type="checkbox"/> D89.2	Hypergammaglobulinemia, unspecified
<input type="checkbox"/> C17.1	Malignant neoplasm of jejunum	<input type="checkbox"/> E11.9	Type 2 diabetes mellitus without complications
<input type="checkbox"/> C18.4	Malignant neoplasm of transverse colon	<input type="checkbox"/> E53.9	Vitamin B deficiency, unspecified
<input type="checkbox"/> C18.7	Malignant neoplasm of sigmoid colon	<input type="checkbox"/> E61.1	Iron deficiency
<input type="checkbox"/> C18.9	Malignant neoplasm of colon, unspecified	<input type="checkbox"/> E78.01	Familial hypercholesterolemia
<input type="checkbox"/> C20	Malignant neoplasm of rectum	<input type="checkbox"/> E83.10	Disorder of iron metabolism, unspecified
<input type="checkbox"/> C25.8	Malignant neoplasm of overlapping sites of pancreas	<input type="checkbox"/> E83.110	Hereditary hemochromatosis
<input type="checkbox"/> C30.0	Malignant neoplasm of nasal cavity	<input type="checkbox"/> E83.19	Other disorders of iron metabolism
<input type="checkbox"/> C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	<input type="checkbox"/> E85.2	Heredofamilial amyloidosis, unspecified
<input type="checkbox"/> C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	<input type="checkbox"/> F02.80	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> C34.2	Malignant neoplasm of middle lobe, bronchus or lung	<input type="checkbox"/> F32.1	Major depressive disorder, single episode, moderate
<input type="checkbox"/> C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	<input type="checkbox"/> F33.1	Major depressive disorder, recurrent, moderate
<input type="checkbox"/> C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	<input type="checkbox"/> F33.2	Major depressive disorder, recurrent severe without psychotic features
<input type="checkbox"/> C43.30	Malignant melanoma of unspecified part of face	<input type="checkbox"/> F41.1	Generalized anxiety disorder
<input type="checkbox"/> C43.4	Malignant melanoma of scalp and neck	<input type="checkbox"/> F90.9	Attention-deficit hyperactivity disorder, unspecified type
<input type="checkbox"/> C43.59	Malignant melanoma of other part of trunk	<input type="checkbox"/> G30.9	Alzheimer's disease, unspecified
<input type="checkbox"/> C43.61	Malignant melanoma of right upper limb, including shoulder	<input type="checkbox"/> G35	Multiple sclerosis
<input type="checkbox"/> C43.62	Malignant melanoma of left upper limb, including shoulder	<input type="checkbox"/> G72.9	Myopathy, unspecified
<input type="checkbox"/> C43.72	Malignant melanoma of left lower limb, including hip	<input type="checkbox"/> I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
<input type="checkbox"/> C43.9	Malignant melanoma of skin, unspecified	<input type="checkbox"/> I26.09	Other pulmonary embolism with acute cor pulmonale
<input type="checkbox"/> C44.92	Squamous cell carcinoma of skin, unspecified	<input type="checkbox"/> I26.99	Other pulmonary embolism without acute cor pulmonale
<input type="checkbox"/> C50.011	Malignant neoplasm of nipple and areola, right female breast	<input type="checkbox"/> I63.9	Cerebral infarction, unspecified
<input type="checkbox"/> C50.111	Malignant neoplasm of central portion of right female breast	<input type="checkbox"/> I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
<input type="checkbox"/> C50.112	Malignant neoplasm of central portion of left female breast	<input type="checkbox"/> I80.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
<input type="checkbox"/> C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	<input type="checkbox"/> I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity
<input type="checkbox"/> C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	<input type="checkbox"/> I82.442	Acute embolism and thrombosis of left tibial vein
<input type="checkbox"/> C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	<input type="checkbox"/> I82.522	Chronic embolism and thrombosis of left iliac vein
<input type="checkbox"/> C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	<input type="checkbox"/> I82.91	Chronic embolism and thrombosis of unspecified vein
<input type="checkbox"/> C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	<input type="checkbox"/> J84.10	Pulmonary fibrosis, unspecified
<input type="checkbox"/> C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	<input type="checkbox"/> K50.919	Crohn's disease, unspecified, with unspecified complications
<input type="checkbox"/> C50.912	Malignant neoplasm of unspecified site of left female breast	<input type="checkbox"/> K51.819	Other ulcerative colitis with unspecified complications
<input type="checkbox"/> C50.919	Malignant neoplasm of unspecified site of unspecified female breast	<input type="checkbox"/> K90.9	Intestinal malabsorption, unspecified
<input type="checkbox"/> C54.1	Malignant neoplasm of endometrium	<input type="checkbox"/> M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
<input type="checkbox"/> C54.9	Malignant neoplasm of corpus uteri, unspecified	<input type="checkbox"/> M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
<input type="checkbox"/> C64.1	Malignant neoplasm of right kidney, except renal pelvis	<input type="checkbox"/> M06.9	Rheumatoid arthritis, unspecified
<input type="checkbox"/> C64.2	Malignant neoplasm of left kidney, except renal pelvis	<input type="checkbox"/> M79.2	Neuralgia and neuritis, unspecified
<input type="checkbox"/> C67.8	Malignant neoplasm of overlapping sites of bladder	<input type="checkbox"/> M81.0	Age-related osteoporosis without current pathological fracture
<input type="checkbox"/> C67.9	Malignant neoplasm of bladder, unspecified	<input type="checkbox"/> M81.8	Other osteoporosis without current pathological fracture
<input type="checkbox"/> C71.2	Malignant neoplasm of temporal lobe	<input type="checkbox"/> N18.30	Chronic kidney disease, stage 3 unspecified
<input type="checkbox"/> C71.8	Malignant neoplasm of overlapping sites of brain	<input type="checkbox"/> N20.0	Calculus of kidney
<input type="checkbox"/> C71.9	Malignant neoplasm of central nervous system, unspecified	<input type="checkbox"/> O99.133	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
<input type="checkbox"/> C79.51	Secondary malignant neoplasm of bone	<input type="checkbox"/> R11.2	Nausea with vomiting, unspecified
<input type="checkbox"/> C7A.00	Malignant carcinoid tumor of unspecified site	<input type="checkbox"/> R45.4	Irritability and anger
<input type="checkbox"/> C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	<input type="checkbox"/> R79.89	Other specified abnormal findings of blood chemistry
<input type="checkbox"/> C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	<input type="checkbox"/> C88.00	Waldenström macroglobulinemia not having achieved remission
<input type="checkbox"/> C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	<input type="checkbox"/> C88.01	Waldenström macroglobulinemia, in remission
<input type="checkbox"/> C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck		
<input type="checkbox"/> C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites		
<input type="checkbox"/> C90.00	Multiple myeloma not having achieved remission		
<input type="checkbox"/> C90.01	Multiple myeloma in remission		
<input type="checkbox"/> C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission		
<input type="checkbox"/> C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission		
<input type="checkbox"/> C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		
<input type="checkbox"/> C96.21	Aggressive systemic mastocytosis		
<input type="checkbox"/> D37.8	Neoplasm of uncertain behavior of other specified digestive organs		
<input type="checkbox"/> D45	Polycythemia vera		
<input type="checkbox"/> D47.2	Monoclonal gammopathy		

continued

- ☐ F11.23 Opioid dependence with withdrawal
- ☐ F20.81 Schizophrenia, unspecified
- ☐ F31.12 Bipolar disorder, current episode manic without psychotic features, moderate
- ☐ F31.32 Bipolar disorder, current episode depressed, moderate
- ☐ F31.61 Bipolar disorder, current episode mixed, moderate
- ☐ F84.0 Autistic disorder
- ☐ F90.1 Attention-deficit hyperactivity disorder, predominantly inattentive type
- ☐ F90.2 Attention-deficit hyperactivity disorder, combined type
- ☐ F90.8 Other attention-deficit hyperactivity disorder
- ☐ G47.419 Restless legs syndrome, unspecified
- ☐ G89.11 Acute pain due to trauma
- ☐ G89.29 Other chronic pain

- ☐ I48.0 Paroxysmal atrial fibrillation
- ☐ I48.11 Long-standing persistent atrial fibrillation
- ☐ I50.20 Unspecified systolic (congestive) heart failure
- ☐ I50.30 Unspecified diastolic (congestive) heart failure
- ☐ I50.40 Combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.89 Other heart failure
- ☐ I50.9 Heart failure, unspecified
- ☐ K31.84 Gastric mucosal hypertrophy
- ☐ R45.851 Suicidal ideations
- ☐ R52 Pain, unspecified
- ☐ T75.3XXA Effects of lightning, initial encounter
- ☐ T75.3XXS Effects of lightning, sequela

#### COLUMN 2

- ☐ E31.8 Other polyglandular dysfunction
- ☐ F32.2 Major depressive disorder, single episode, severe without psychotic features
- ☐ F32.3 Major depressive disorder, single episode, severe with psychotic features
- ☐ F33.41 Major depressive disorder, recurrent, in partial remission
- ☐ F33.9 Major depressive disorder, recurrent, unspecified
- ☐ G40.219 Epilepsy, unspecified, not intractable, without status epilepticus
- ☐ G47.09 Other insomnia not due to a substance or known physiological condition
- ☐ I21.A9 Other type of myocardial infarction
- ☐ F41.0 Panic disorder [episodic paroxysmal anxiety] without agoraphobia

- ☐ F43.11 Post-traumatic stress disorder, acute
- ☐ F43.12 Post-traumatic stress disorder, chronic
- ☐ I25.2 Old myocardial infarction
- ☐ F60.5 Anankastic personality disorder
- ☐ K21.00 Gastro-esophageal reflux disease without esophagitis
- ☐ K22.10 Ulcer of esophagus without bleeding
- ☐ K22.11 Ulcer of esophagus with bleeding
- ☐ G40.209 Epilepsy, unspecified, not intractable, with status epilepticus
- ☐ Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
- ☐ G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus

#### COLUMN 3

- ☐ M06.8A Other specified rheumatoid arthritis, other specified site
- ☐ E78.01 Familial hypercholesterolemia

- ☐ Z86.39 Personal history of other diseases of the circulatory system
- ☐ E78.1 Pure hyperglyceridemia
- ☐ E78.2 Mixed hyperlipidemia
- ☐ E78.49 Other hyperlipidemia

Additional ICD10 Codes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PATIENT CONSENT

REQUIRED

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.

Signature

Date

#### CERTIFICATE OF MEDICAL NECESSITY, CONSENT, TEST AUTHORIZATION AND PHYSICIAN SIGNATURE

REQUIRED

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.

Signature

Date