

CLIENT INFORMATION

Practice Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

Physician Name: _____
NPI#: _____

PATIENT INFORMATION

Please attach patient face sheet and front and back of primary and secondary insurance card: See Attached

Name (Last, First): _____
Date of Birth: ____/____/____ Sex: M F SS# _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Medical Record #: _____

Primary Insurance: Medicare Insurance Patient Client Bill
Insurance Name: _____
Policy #: _____ Group #: _____
Policy Holder Name: _____ DOB: _____
Policy Holder: Self Spouse Child Other
Referral #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

CLINICAL INFORMATION

Collection Date: ____/____/____ Collector Initials: _____ Specimen Type: Buccal Swabs, L & R Cheek

PRESCRIBED MEDICATIONS Attach Medication List

PHARMACOGENOMIC (PGX) PROFILES (Please select one)

PGx Complete

ABCB1, ABCG2, ACE, ADRA2A, ADRB1, AGT, APOB, APOE, CACNA1C, CES1, CFTR, CNR1, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DPYD, DRD1, DRD2, DRD3, EDN1, F2, F5, FAAH, GNB3, GRIK4, HTR1A, HTR2A, HTR2C, IFNL3, KCNIP1, LDLR, MTHFR, NR1H3, NUDT15, OPRM1, RYR1, SLC6A2, TPMT, VKORC1, ABHD6, ACADM, ADRB2, BCKDHA, CNR2, COX2, CYP1A1, CYP2A6, F7, F9, GPR55, IVD, LPA, MAPK14, TRPV1, ABHD12, SLC01B1

PGx Cardiac

ABCB1, ACE, ADRB1, ADRB2, AGT, APOE, APOB, CACNA1C, CYP2A6, CYP2C19, CYP2D6, CYP3A4, CYP3A5, EDN1, F2, F5, F7, F9, GNB3, KCNIP1, LDLR, NR1H3, RYR1, SLC6A2, VKORC1, SLC01B1

PGx Psychiatry

ABCB1, ADRA2A, APOE, CES1, CNR1, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2D6, CYP3A4, CYP3A5, DRD1, DRD2, FAAH, GRIK4, HTR1A, HTR2A, HTR2C, IVD, MTHFR, OPRM1, SLC6A2

PGx Pain Management

ABCG2, COX2, CYP1A2, CYP2C19, CYP2C9, CYP3A4, DRD1, DRD2, DRD3, OPRM1, RYR1, TRPV1, CYP2D6

ICD-10 CODES (For additional references, please visit www.icd10data.com)

*****Please select the appropriate ICD-10 code(s) for the test(s) ordered. Failure to do so could delay processing of the sample*****

<p>Other</p> <p><input type="checkbox"/> Z79.899 Other long-term (current) drug therapy</p> <p><input type="checkbox"/> Z79.01 Long-term (current) use of anticoagulants</p> <p><input type="checkbox"/> Z79.02 Long-term (current) use of antiplatelet/antithrombotic</p> <p><input type="checkbox"/> Z79.891 Long-term (current) use of opiate analgesic</p> <p><input type="checkbox"/> Z13.79 Encounter for other screening for genetic and chromosomal anomalies</p> <p>Psychiatry</p> <p><input type="checkbox"/> F33.1 Major depressive disorder recurrent, moderate</p> <p><input type="checkbox"/> F33.9 Major depressive disorder recurrent, unspecified</p> <p><input type="checkbox"/> F31.30 Bipolar Disorder, Current Episode Depressed, unspecified</p> <p><input type="checkbox"/> F31.60 Bipolar Disorder, Current Episode Mixed, unspecified</p> <p><input type="checkbox"/> F32.89 Other specified depressive episodes</p> <p><input type="checkbox"/> F32.9 Major depressive disorder, single episode, unspecified</p> <p><input type="checkbox"/> F41.9 Anxiety disorder, unspecified</p> <p><input type="checkbox"/> G10 Huntington's Disease</p> <p>Cardiology</p> <p><input type="checkbox"/> I25.9 Chronic ischemic heart disease, unspecified</p>	<p>Cardiology cont.</p> <p><input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris</p> <p><input type="checkbox"/> I25.5 Ischemic cardiomyopathy</p> <p><input type="checkbox"/> I50.9 Heart failure, unspecified</p> <p><input type="checkbox"/> I50.20 Unspecified systolic (congestive) heart failure</p> <p><input type="checkbox"/> I50.30 Unspecified diastolic (congestive) heart failure</p> <p><input type="checkbox"/> I25.6 Silent myocardial ischemia</p> <p><input type="checkbox"/> I82.91 Chronic embolism and thrombosis of unspecified vein*</p> <p><input type="checkbox"/> I20.0 Unstable angina</p> <p><input type="checkbox"/> I20.9 Angina pectoris, unspecified</p> <p><input type="checkbox"/> I24.9 Acute ischemic heart disease, unspecified</p> <p><input type="checkbox"/> I24.8 Other forms of acute ischemic heart disease</p> <p><input type="checkbox"/> I82.890 Acute embolism and thrombosis of other specified veins</p> <p><input type="checkbox"/> R07.9 Chest Pain unspecified</p> <p><input type="checkbox"/> I48.91 Unspecified atrial fibrillation</p> <p><input type="checkbox"/> I10 Essential (primary) hypertension</p>	<p>Endocrine</p> <p><input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications</p> <p><input type="checkbox"/> E78.0 Hypercholesterolemia, pure</p> <p>Pain</p> <p><input type="checkbox"/> G89.29 Chronic pain, other</p> <p><input type="checkbox"/> G89.11 Acute pain due to trauma</p> <p><input type="checkbox"/> M25.569 Pain in unspecified knee</p> <p><input type="checkbox"/> M54.5 Pain, low back</p> <p><input type="checkbox"/> T50.905A Adverse effect of unspecified drugs, medicaments and biological substances initial encounter</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
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Healthcare Practitioner Consent

I have provided the patient with information about the genetic test being ordered and have obtained written, informed consent from the patient, or their legal representative, as required by applicable state law. I confirm that I have an on-going relationship with the patient, will use the results in the management of the patient's medical condition, will follow up with the patient once the test results are received to render additional treatment decisions based on the test results, will maintain a detailed chart with extensive SOAP notes specifying how the test results impacted the medical care and treatment of the patient in follow-up visits. I understand that if the patient is a Medicare beneficiary that Medicare generally does not cover routine screening tests, and to the best of my knowledge the test ordered is not classified as a screening test, and that all local and national CMS coverage guidelines to determine medical necessity of the ordered test have been met.

Authorized Healthcare Provider Signature _____
Date _____

Patient Informed Consent for Pharmacogenetic Testing

It has been explained to me and I understand I am voluntarily providing a specimen for genetic testing. My DNA will be extracted and tested to evaluate how my body responds to certain medications. The pharmacogenetic test will look for common genetic variations in genes important for response to medication. I am also acknowledging that I have a physician-patient relationship with the treating physician(s) identified on this req and have been examined by, or consulted with, the treating physician(s) for medical condition and understand the laboratory test(s) that are being ordered on my behalf. further, I acknowledge that my representations herein will be relied upon by Brookside Clinical Laboratory in performing the test services ordered by my treating physician. My treating physician(s) has been instructed that a claim may only be submitted by Brookside Clinical Laboratory when appropriate documentation supports the test(s) ordered is medically necessary and the test results are used in the management of a medical problem to treat my medical condition. I hereby authorize Brookside Clinical Laboratory to submit the medical information regarding this testing to my designated insurance carrier for reimbursement if necessary. I also authorize benefits to be payable to Brookside Clinical Laboratory. I understand that I am responsible for any amounts not paid by insurance for reasons, but not limited to non-covered and non-authorized services.

Patient/Legal Guardian Signature _____
Date _____

ADDITIONAL ICD-10 CODES

PSYCHIATRY

F31.31	Bipolar Disorder, Current Episode Depressed mild	F31.64	Bipolar Disorder, Current Episode Mixed severe, with psychotic
F31.32	Bipolar Disorder, Current Episode Depressed moderate	F31.77	Bipolar Disorder, Current Episode Mixed in partial remission, most
F31.4	Bipolar Disorder, Current Episode Depressed severe, without psychotic	F31.78	Bipolar Disorder, Current Episode Mixed in full remission, most
F31.5	Bipolar Disorder, Current Episode Depressed severe, with psychotic	F33.0	Major Depressive Disorder, Recurrent mild
F31.75	Bipolar Disorder, Current Episode Depressed in partial remission, most	F33.1	Major Depressive Disorder, Recurrent moderate
F31.76	Bipolar Disorder, Current Episode Depressed in full remission, most	F33.2	Major Depressive Disorder, Recurrent severe without psychotic
F31.9	Bipolar Disorder, Current Episode Depressed unspecified	F33.3	Major Depressive Disorder, Recurrent severe with psychotic
F31.61	Bipolar Disorder, Current Episode Mixed mild	F33.40	Major Depressive Disorder, Recurrent in remission, unspecified
F31.62	Bipolar Disorder, Current Episode Mixed moderate	F33.41	Major Depressive Disorder, Recurrent in partial remission
F31.63	Bipolar Disorder, Current Episode Mixed severe, without psychotic	F33.42	Major Depressive Disorder, Recurrent in full remission

CARDIOLOGY

I25.110	Atherosclerotic Heart Disease of Native Coronary Artery with unstable angina pectoris	I63.443	Cerebral Infarction Due to Embolism of bilateral cerebellar arteries
I25.111	Atherosclerotic Heart Disease of Native Coronary Artery angina pectoris with documented spasm	I63.213	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral vertebral arteries
I25.118	Atherosclerotic Heart Disease of Native Coronary Artery with other forms of angina pectoris	I63.233	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral carotid arteries
I25.89	Ischemic Heart Disease Other forms of chronic ischemic heart disease	I63.511	Cerebral Infarction Due Unspecified Occlusion of Stenosis of right middle cerebral artery
I25.720	Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s) with unstable angina pectoris	I63.512	Cerebral Infarction Due Unspecified Occlusion of Stenosis of left middle cerebral artery
I25.721	Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s) with angina pectoris with documents spasm	I63.513	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral middle cerebral arteries*
I25.728	Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s) with other forms of angina*	I63.519	Cerebral Infarction Due Unspecified Occlusion of Stenosis of unspecified middle cerebral artery
I25.760	Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart with unstable angina	I63.523	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral anterior cerebral arteries*
I25.761	Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart with angina pectoris with documented spasm	I63.533	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral posterior cerebral arteries*
I25.768	Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart with other forms of angina pectoris	I63.543	Cerebral Infarction Due Unspecified Occlusion of Stenosis of bilateral cerebellar arteries*
I25.812	Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart without angina pectoris	I63.59	Cerebral Infarction Due Unspecified Occlusion of Stenosis of other cerebral artery
I25.790	Atherosclerosis of Other Coronary Artery Bypass Graft(s) with unstable angina pectoris	I66.01	Occlusion or Stenosis of right middle cerebral artery
I25.791	Atherosclerosis of Other Coronary Artery Bypass Graft(s) with angina pectoris with documented spasm	I66.02	Occlusion or Stenosis of left middle cerebral artery
I25.798	Atherosclerosis of Other Coronary Artery Bypass Graft(s) with other forms of angina pectoris	I66.03	Occlusion or Stenosis of bilateral middle cerebral arteries
I25.810	Atherosclerosis of Other Coronary Artery Bypass Graft(s) with other forms of angina pectoris	I66.8	Occlusion or Stenosis of other cerebral arteries
I25.83	Coronary Atherosclerosis Due To lipid rich plaque	Z79.01	Embolism of Thrombosis for FACTOR II, V Long-term (current use of) Anticoagulants*
I25.84	Coronary Atherosclerosis Due To calcified coronary lesion	I20.1	Angina Angina pectoris with documented spasm
I63.013	Cerebral Infarction Due to Thrombosis of Bilateral vertebral arteries	I20.8	Angina Other forms of angina pectoris
I63.033	Cerebral Infarction Due to Thrombosis of Bilateral carotid arteries	I21.09	ST Elevation (STEMI) Myocardial Infarction involving other coronary artery of anterior wall
I63.313	Cerebral Infarction Due to Thrombosis of Bilateral middle cerebral arteries	I21.11	ST Elevation (STEMI) Myocardial Infarction involving right coronary artery
I63.323	Cerebral Infarction Due to Thrombosis of Bilateral anterior cerebral arteries	I21.19	ST Elevation (STEMI) Myocardial Infarction involving other coronary artery of inferior wall
I63.333	Cerebral Infarction Due to Thrombosis of Bilateral posterior cerebral arteries	I21.29	ST Elevation (STEMI) Myocardial Infarction involving other sites
I63.343	Cerebral Infarction Due to Thrombosis of Bilateral cerebellar arteries	I21.3	ST Elevation (STEMI) Myocardial Infarction of unspecified site
I63.113	Cerebral Infarction Due to Embolism of bilateral vertebral arteries	I21.4	ST Elevation (STEMI) Myocardial Infarction Non-ST elevation (NSTEMI) myocardial infarction
I63.133	Cerebral Infarction Due to Embolism of bilateral carotid arteries	I21.9	ST Elevation (STEMI) Myocardial Infarction Acute myocardial infarction, unspecified
I63.413	Cerebral Infarction Due to Embolism of bilateral middle cerebral arteries	I21.A1	ST Elevation (STEMI) Myocardial Infarction Myocardial infarction Type 2
I63.423	Cerebral Infarction Due to Embolism of bilateral anterior cerebral arteries	I21.A9	ST Elevation (STEMI) Myocardial Infarction Other myocardial infarction type
I63.433	Cerebral Infarction Due to Embolism of posterior cerebral arteries	Z79.02	Long term (current) use of antithrombotics/antiplatelets

OTHER

I24.0	Acute coronary thrombosis not resulting in myocardial infarction	I24.9	Acute ischemic heart disease, unspecified
I24.1	Dressler's syndrome	Z13.79	Encounter for other screening for genetic chromosomal anomalies
I24.8	Other forms of acute ischemic heart disease		

Provider Referral for Pharmacogenetic Testing Letter of Medical Necessity

My patient (full name & DOB recorded on test requisition) has medical conditions requiring one or multiple prescription drugs. Testing for drug metabolism and certain genetic risk factors can potentially reduce health care costs, reduce adverse drug reactions, improve patient compliance and reduce "trial by error" prescribing and therefore is medically necessary based on the patient's medical history. My patient's personal indications are clearly documented in their medical record and is summarized below.

I, the provider, have ordered this testing for this specific patient in order to understand the possible dangers and risks for suboptimal outcomes for specific medications currently prescribed or under consideration. I am requesting coverage for the Pharmacogenomics Panel to be performed by Brookside Clinical Laboratory.

The results of this test will assist in making patient-specific clinical decisions regarding the medical management of your subscriber. To provide the safest, most effective and affordable medical care possible, the requested genetic testing is medically necessary for my patient for several reasons. The primary reason(s) for my request apply specifically to the patient listed above:

(Please select all that apply)

- Determine drug-gene interactions, better predicting how the patient will metabolize medications.
- Determine drug-drug interactions based on the patient's genetic-determined phenotype.
- Reduce the number of medications that my patient is currently taking.
- Determine the potential effectiveness of medications prescribed to my patient.
- Determine the best course of therapy for my patient.
- Acquire specific dosing recommendations to avoid toxicity and adverse drug reactions (ADRs).
- A family history of thrombosis/potential risk of developing cardiovascular diseases.
- No response to the prescribed medications.
- History of recent or previous severe adverse drug reactions (SADRs).
- The patient needs genetic testing of CYP2D6 to guide initial dosing or re-initiation of Tetrabenazine, at a rate greater than 50 mg/day or any medication derivatives.
- The patient has a depressive disorder and needs genetic testing of CYP2D to guide medical treatment of the patient and/or dosing of amitriptyline or nortriptyline, or any medication derivatives.
- The patient has acute coronary syndrome and is undergoing percutaneous coronary interventions, and needs genetic testing of the CYP2C19 to guide the initiation or re-initiation of Clopidogrel (Plavix) therapy, or any medication derivatives.
- Other, specify _____

Authorized Healthcare Provider Signature _____ Date _____