

Clinic NamePhysician Name (Required)Physician NPI (Required)

Collection Date and TimeNP or PA Name (If Applicable)NP or PANPI (If Applicable)

Clinic AddressCityStateZipPhone

PATIENT INFO REQUIRED: Enclose a copy of the front and back of patient’s insurance card(s), driver’s license, and patient demographic.

Last NameFirst NameMiddle InitialDate of BirthSex  
☐ Male ☐ Female

AddressCityStateZipPhone

Ethnicity ☐ African-American ☐ Caucasian ☐ Asian ☐ Hispanic ☐ Other

Have you ever had a Pharmacogenetics test before? ☐ No ☐ If Yes, please attach results.

PAYMENT INFO

Must provide a copy of Front & Back of Insurance card.

☐ Medicare ☐ Medicaid ☐ Self Pay ☐ Direct Bill

☐ Insurance → Preauthorization Required? ☐ No ☐ Yes PA#

CURRENT MEDICATIONS

Please list any medications that you are taking below.

ICD-10 DIAGNOSIS CODE(S)

Insurance companies require patient specific icd-10 codes to determine medical necessity.

REPORT TYPE

Select one or more. ☐ STANDARD ☐ DDI Included ☐ Include Psych Risk Factors

TEST REQUESTED

☐ Personalized Medicine Panel  
CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, ABCB1, ADRA2A, ANKK1, APOE, COMT, DPYD, DRD2, Factor II, Factor V Leiden, MTHFR, OPRK1, OPRM1, SLC6A4, SLC01B1, SUL-  
T4A1, TPMT, UGT2B15, VKORC1

☐ Specialty Panel

☐ Chemo Tox (DYPD, MTHFR, TPMT, UGT1A1 and CYPs: 2C8 and 2D6)

☐ Cardiology & Thrombophilia (ABCB1, APOE, Factor II, Factor V Leiden, MTHFR, SLOC1B1, VKORC1 AND CYPs: 3A4, 3A5, 2C9, 2C19 and 2D6)

☐ Pain / Psychiatry (ABCB1, ADRA2A, ANKK1/DRD2, COMT, MTHFR, OPRM1, SLC6A4, SULT4A1, UGT2B15, and CYPs: 1A2, 3A4, P3A5, 2B6, 2C9, 2C19 and 2D6)

☐ Single Gene Test

I request and authorize Consultative Genomics, LLC to perform the designated, test (s) on the DNA sample provided by me as well as provide clinical reporting for attached sample.

Patient Signature

Date

Physician Signature

Date

By signing this form, the medical professional acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo selected testing, substantially as set forth in Consultative Genomics, LLC informed Consent for selected testing and has been informed that Consultative Genomics, LLC may notify them of clinical updates related to test results (in consulting with ordering medical professional as indicated). I agree to allow Consultative Genomics, LLC to facilitate the provision of pre-test, counseling, if required by insurer, services by a third-party service, unless otherwise indicated by checking this box. No test other than the specific test ordered shall be performed on the biological sample. I, the undersigned, understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing this authorization, I acknowledge that payments be made on my behalf to Consultative Genomics, LLC, or any services provided to me Consultative Genomics, LLC. I also allow the release of any medical information necessary to process this claim.

**For a comprehensive list of ICD-10 diagnosis codes, visit [www.cms.gov](http://www.cms.gov)**

\* Codes with greater degree of specificity should be considered

Category	Block	Subcategory Example	Subcategory Includes
Certain Infectious Disease and Parastic Disease	A00-B99	Infections with predominantly sexual mode of transmission (A50-A64)	Gonococcal infection (A54)*
Neoplasms	C00-D49	Malignant neoplasms of breast (C50)	Malignant neoplasm of central portion of breast (C50.11)*
		Neoplasms of unspecfied behavior (D49)	Neoplasm of unspecified behavior of respiratory system (D49.1)
Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving Immune System Mechanisms	D50-D89	Coagulation Defects, Purpura and Other Hemorrhagic Conditions (D65-D69)	Primary Thrombophia (D68.5)
			Other specified coagulation defects (D68.8)
Endocrine, Nutritional and Metabolic Diseases	D50-D89	Disorders of Thyroid Gland (E00-E07)	Other hypothyroidism (E03)*
		Diabetes Mellitus (E08-E13)	Type 1 diabetes mellitus (E10)*
			Type 2 diabetes mellitus without complications (E11.9)
		Disorders of Other Endocrine Glands (E20-E35)	Hyperfunction of pituitary gland (E22)*
			Hypofunction and other disorders of pituitary gland (E23)*
		Metabolic Disorders (E70-E90)	Pure hypercholesterolemia (E78.0)
			Other hyperlipidemia (E78.4)
			Hyperlipidemia, unspecied (E78.5)
Mental and Behavioral Disorders	F01-F99	Mental Disorders of Known Physiological Conditions (F01-F09)	Unspecified Dementia with/without behavioral disturbance (F03.90-F03.91)
		Mental and Behavioral Disorders Due to Psychoactive Substance Abuse (F10-F19)	Alcohol Abuse (F10.1)*
			Opioid Abuse (F11.1)*
		Mood Disorders (F30-F39)	Bipolar disorder, current episode depressed, mild or moderate severity (F31.30-F31.32)
			Major depressive disorder, recurrent, severe with psychotic symptoms (F33.0-F33.3)
			Major depressive disorder, recurrent, in remission (F33.40-F33.42)
			Major depressive disorder, recurrent, unspecified (F33.9)
Diseases of the Nervous System	G00-G99	Inflammatory Diseases of Central Nervous System (G00-G09)	Bacterial meningitis, not elsewhere classified (G00)*
		Other Degenerative Diseases of the Nervous System (G30-G32)	Alzheimer's Disease (G30)
		Demyelinating Diseases of the Central Nervous System (G35-G37)	Multiple Sclerosis (G35)
Diseases of Circulatory System	I00-I99	Hypertensive Diseases (I10-I15)	Essential (primary) hypertension (I10)
		Ischemic Heart Diseases (I20-I25)	Unstable angina (I20.0)
			Angina pectoris with documented spasm (I20.1)
			Other forms of angina pectoris (I20.8)
			Angina pectoris, unspecified (I20.9)
			ST Elevation (STEMI) and non-ST-elevation (NSTEMI) myocardial infarction (I21)*
			Other forms of acute ischemic heart disease (I24.8)
			Atherosclerosis of coronary artery bypass graft (s) and coronary artery of transplanted heart with angina pectoris (I25.7)*
		Pulmonary Heart Diseases and Diseases of Pulmonary Circulation (I26-I28)	Pulmonary embolism (I26)*
		Other Forms of Heart Disease (I30-I52)	Chronic atrial fibrillation (I48.2)
			Unspecified atrial fibrillation (I48.91)
		Diseases of Arteries, Arterioles and Capillaries (I70-I79)	Atherosclerosis (I70)*
Diseases of Respiratory System	J00-J99	Acute Upper Respiratory Infections (J00-J06)	Acute pharyngitis, unspecified (J02.9)
		Other Acute Lower Respiratory Infections (J20-J22)	Acute bronchitis, unspecified (J20.9)
Symptoms, Signs and Abnormal Clinical and Laboratory Findings Not Elsewhere Classified	R00-R99	Involving Circulatory and Respiratory (R00-R09)	Tachycardia, unspecified (R00.0)
			Bradycardia, unspecified (R00.1)
			Elevated blood-pressure reading without diagnosis of hypertension (R03.0)
			Chest pain, unspecified (R07.9)*
		Involving the Digestive System and Abdomen (R10-R19)	Acute abdomen (R10.0)
			Generalized abdominal Pain (R10.84)
			Unspecified Abdominal Pain (R10.9)