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ACCESSION
STICKER
HERE

PLEASE CHECK BOX

Multi-Drug Sensitivity Panel (ADRA2A, CES1, COMT, CYP1A2, CYP2C19, CYP2D6, CYP3A4, CYP3A5, CYP2C9, DRD1, DRD2, F2, F5, GNB3, HTR1A, HTR2A, HTR2C, MTHFR, OPRM1, SLC6A2, SLC6A4, SLCO1B1 and VKORC1)

MUST INCLUDE CURRENT PATIENT MEDICATION LIST AND DEMOGRAPHIC INFORMATION

APPLICABLE ICD-10 CODES

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> F31.30 - Bipolar disorder, current episode depressed, mild or moderate severity, unspecified <input type="checkbox"/> F31.31 - Bipolar disorder, current episode depressed, mild <input type="checkbox"/> F31.32 - Bipolar disorder, current episode depressed, moderate <input type="checkbox"/> F31.4 - Bipolar disorder, current episode depressed, severe, without psychotic features <input type="checkbox"/> F31.5 - Bipolar disorder, current episode depressed, severe, with psychotic features <input type="checkbox"/> F31.60 - Bipolar disorder, current episode, mixed, unspecified. <input type="checkbox"/> F31.61 - Bipolar disorder, current episode mixed, mild <input type="checkbox"/> F31.62 - Bipolar disorder, current episode mixed, moderate <input type="checkbox"/> F31.63 - Bipolar disorder, current episode mixed, severe, without psychotic features <input type="checkbox"/> F31.64 - Bipolar disorder, current episode mixed, severe, with psychotic features <input type="checkbox"/> F31.75 - Bipolar disorder, in partial remission, most recent episode depressed <input type="checkbox"/> F31.76 - Bipolar disorder, in full remission, most recent episode depressed <input type="checkbox"/> F31.77 - Bipolar disorder, in partial remission, most recent episode mixed <input type="checkbox"/> F31.78 - Bipolar disorder, in full remission, most recent episode mixed <input type="checkbox"/> F31.9 - Bipolar disorder, unspecified | <ul style="list-style-type: none"> <input type="checkbox"/> F32.9 - Major depressive disorder, single episode, unspecified depressive disorder, recurrent, moderate <input type="checkbox"/> F33.2 - Major depressive disorder, recurrent, severe without psychotic features <input type="checkbox"/> F33.3 - Major depressive disorder, recurrent, severe with psychotic symptoms <input type="checkbox"/> F33.40 - Major depressive disorder, recurrent, in remission, unspecified <input type="checkbox"/> F33.41 - Major depressive disorder, recurrent, in partial remission <input type="checkbox"/> F33.42 - Major depressive disorder, recurrent, in full remission <input type="checkbox"/> F33.9 - Major depressive disorder, recurrent, unspecified <input type="checkbox"/> G10 - Huntington's disease <input type="checkbox"/> I20.0 - Unstable angina <input type="checkbox"/> I20.1 - Angina pectoris with documented spasm <input type="checkbox"/> I20.8 - Other forms of angina pectoris <input type="checkbox"/> I20.9 - Angina pectoris, unspecified <input type="checkbox"/> I21.09 - ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall <input type="checkbox"/> I21.11 - ST elevation (STEMI) myocardial infarction involving right coronary artery <input type="checkbox"/> I21.19 - ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall <input type="checkbox"/> I20.29 - ST elevation (STEMI) myocardial infarction involving other sites <input type="checkbox"/> I21.3 - ST elevation (STEMI) myocardial infarction of unspecified site | <ul style="list-style-type: none"> <input type="checkbox"/> I21.4 - Non-ST elevation (NSTEMI) myocardial infarction <input type="checkbox"/> I24.0 - Acute coronary thrombosis not resulting in myocardial infarction <input type="checkbox"/> I24.1 - Dressler's syndrome <input type="checkbox"/> I24.8 - Other forms of acute ischemic heart disease <input type="checkbox"/> I24.9 - Acute ischemic heart disease, unspecified <input type="checkbox"/> I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris <input type="checkbox"/> I25.700 - Atherosclerotic of coronary artery bypass graft(s), unspecified, with unstable angina pectoris <input type="checkbox"/> I25.710 - Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris <input type="checkbox"/> I25.720 - Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris <input type="checkbox"/> I25.730 - Atherosclerosis of non-autologous biological coronary artery bypass graft(s) with unstable angina pectoris <input type="checkbox"/> I25.750 - Atherosclerosis of native coronary artery of transplanted heart with unstable angina <input type="checkbox"/> I25.760 - Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina <input type="checkbox"/> I25.790 - Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris <p>Other ICD-10 Codes:</p> |
|---|---|--|

PATIENT INFORMATION

Patient ID # (optional): _____ DOB (MM/DD/YY): _____ Gender: M F Collection Date: _____

Name (Last, First, MI): _____ Address: _____

PROVIDER INFORMATION

Name:	Provider NPI:	I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.
Facility / Group		
Address:	City, State, Zip:	
Phone:	Fax:	
Physician Email:		Authorized Provider Signature: _____

INFORMED CONSENT

I consent to the collection of specimens for the purpose of DNA testing, and certify that the tests ordered have been explained to me by an authorized health care provider. I understand that only tests ordered by a qualified provider will be performed, that these tests are specific only for the gene or genes I have listed above and will not detect variants in other genes not being tested. Genetic testing is used to provide diagnostic information that can help guide therapy, and the significance of the genetic variant being tested has been explained to me. Prescription drug regimens should never be altered without consulting a physician. All personal and medical information will be kept confidential in accord with applicable laws and regulations. This sample may be stored indefinitely and used for internal test validation after personal identifiers have been removed. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize lab and the ordering physician to release to my insurance provider any medical information necessary to process this claim. I acknowledge that lab may be an out-of-network facility with my insurance provider.

Signature of Patient or Legal Guardian: _____ If Guardian, Print Name: _____ Date: _____

BILLING INFORMATION

Insurance Bill Account Bill Patient Bill Pre-Pay (Payment Information must be completed – see Page 2)

Ordering Physicians should refer to applicable National and Local Coverage Determinations for further information concerning reimbursement policy. Tests submitted for Medicare and Medicaid reimbursement must meet program requirements (ICD10-codes required) or the claim may be denied.

Bill Ordering Institution: _____ Bill Insurance: _____
 _____ (Provide legible photocopy of front & back of insurance card)

Name of Insured: _____ Relation to Patient: _____ Insurance Company: _____

Member Social Security #: _____ Member Group #: _____ Insurance Address: _____

Member Policy #: _____ Insurance Phone: _____

PAYMENT INFORMATION (PRE-PAY)

Check Card Used for Payment: _____ VISA MasterCard American Express Discover

Card Number: _____ Card Security Code: _____

Signature: _____ Exp. Date: _____

Additional ICD10 Codes:**CYP2C9**

- D61.810 Antineoplastic chemotherapy induced pancytopenia
- D64.81 Anemia due to antineoplastic chemotherapy
- D70.1 Agranulocytosis secondary to cancer chemotherapy
- D72.810 Lymphocytopenia
- D72.819 Decreased white blood cell count, unspecified
- E16.0 Drug-induced hypoglycemia without coma
- I95.2 Hypotension due to drugs
- K29.00 Acute gastritis without bleeding
- K29.01 Acute gastritis with bleeding
- K29.60 Other gastritis without bleeding
- K29.61 Other gastritis with bleeding
- K29.70 Gastritis, unspecified, without bleeding
- K29.71 Gastritis, unspecified, with bleeding
- K29.80 Duodenitis without bleeding
- K29.81 Duodenitis with bleeding
- K29.90 Gastroduodenitis, unspecified, without bleeding
- K29.91 Gastroduodenitis, unspecified, with bleeding
- K92.0 Hematemesis
- K92.1 Melena
- K92.2 Gastrointestinal hemorrhage, unspecified
- N14.0 Analgesic nephropathy
- R04.0 Epistaxis
- R04.1 Hemorrhage from throat
- R04.2 Hemoptysis
- T38.3X5A Adverse effect of insulin and oral antidiabetic drugs, initial encounter
- T39.315A Adverse effect of propionic acid derivatives, initial encounter
- T42.0X5A Adverse effect of hydantoin derivatives, initial encounter
- T45.1X5A Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
- T45.515A Adverse effect of anticoagulants, initial encounter
- T46.5X5A Adverse effect of other antihypertensive drugs, initial encounter
- Z13.79 Encounter for other screening for genetic and chromosomal anomalies
- Z79.02 Long term (current) use of antithrombotics/antiplatelets

F2 / F5 Continued:

- Z31.430 Encounter of female for testing for genetic disease carrier status for procreative management
- Z31.440 Encounter of male for testing for genetic disease carrier status for procreative management
- Z31.5 Encounter for genetic counseling

MTHFR

- E72.10 Disorders of sulfur-bearing amino-acid metabolism, unspecified
- E72.11 Homocystinuria
- E72.12 Methylene tetrahydrofolate reductase deficiency
- E72.19 Other disorders of sulfur-bearing amino-acid metabolism
- Q00.0 Anencephaly
- Q05.0 Cervical spina bifida with hydrocephalus
- Q05.1 Thoracic spina bifida with hydrocephalus
- Q05.2 Lumbar spina bifida with hydrocephalus
- Q05.3 Sacral spina bifida with hydrocephalus
- Q05.4 Unspecified spina bifida with hydrocephalus
- Q05.5 Cervical spina bifida without hydrocephalus
- Q05.6 Thoracic spina bifida without hydrocephalus
- Q05.7 Lumbar spina bifida without hydrocephalus
- Q05.8 Sacral spina bifida without hydrocephalus
- Q05.9 Spina bifida, unspecified
- Z13.71 Encounter for nonprocreative screening for genetic disease carrier status
- Z13.79 Encounter for other screening for genetic and chromosomal anomalies
- Z31.5 Encounter for genetic counseling

VKORC1

- T45.515A Adverse effect of anticoagulants, initial encounter
- T45.516A Underdosing of anticoagulants, initial encounter
- Z13.79 Encounter for other screening for genetic and chromosomal anomalies
- Z79.01 Long term (current) use of ant

Factor II (F2) / Factor V (F5) Leiden

- D68.2 Hereditary deficiency of other clotting factors
- D68.52 Prothrombin gene mutation
- Z13.71 Encounter for nonprocreative screening for genetic disease carrier status
- Z13.79 Encounter for other screening for genetic and chromosomal anomalies