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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**

- F31.30 - Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
- F31.31 - Bipolar disorder, current episode depressed, mild
- F31.32 - Bipolar disorder, current episode depressed, moderate
- F31.4 - Bipolar disorder, current episode depressed, severe, without psychotic features
- F31.5 - Bipolar disorder, current episode depressed, severe, with psychotic features
- F31.60 - Bipolar disorder, current episode, mixed, unspecified.
- F31.61 - Bipolar disorder, current episode mixed, mild
- F31.62 - Bipolar disorder, current episode mixed, moderate
- F31.63 - Bipolar disorder, current episode mixed, severe, without psychotic features
- F31.64 - Bipolar disorder, current episode mixed, severe, with psychotic features
- F31.75 - Bipolar disorder, in partial remission, most recent episode depressed
- F31.76 - Bipolar disorder, in full remission, most recent episode depressed
- F31.77 - Bipolar disorder, in partial remission, most recent episode mixed
- F31.78 - Bipolar disorder, in full remission, most recent episode mixed
- F31.9 - Bipolar disorder, unspecified
- F32.9 - Major depressive disorder, single episode, unspecified depressive disorder, recurrent, moderate
- F33.2 - Major depressive disorder, recurrent, severe without psychotic features
- F33.3 - Major depressive disorder, recurrent, severe with psychotic symptoms
- F33.40 - Major depressive disorder, recurrent, in remission, unspecified
- F33.41 - Major depressive disorder, recurrent, in partial remission
- F33.42 - Major depressive disorder, recurrent, in full remission
- F33.9 - Major depressive disorder, recurrent, unspecified
- G10 - Huntington's disease
- I20.0 - Unstable angina
- I20.1 - Angina pectoris with documented spasm
- I20.8 - Other forms of angina pectoris
- I20.9 - Angina pectoris, unspecified
- I21.09 - ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- I21.11 - ST elevation (STEMI) myocardial infarction involving right coronary artery
- I21.19 - ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
- I20.29 - ST elevation (STEMI) myocardial infarction involving other sites
- I21.3 - ST elevation (STEMI) myocardial infarction of unspecified site
- I21.4 - Non-ST elevation (NSTEMI) myocardial infarction
- I24.0 - Acute coronary thrombosis not resulting in myocardial infarction
- I24.1 - Dressler's syndrome
- I24.8 - Other forms of acute ischemic heart disease
- I24.9 - Acute ischemic heart disease, unspecified
- I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- I25.700 - Atherosclerotic of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
- I25.710 - Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
- I25.720 - Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
- I25.730 - Atherosclerosis of non-autologous biological coronary artery bypass graft(s) with unstable angina pectoris
- I25.750 - Atherosclerosis of native coronary artery of transplanted heart with unstable angina
- I25.760 - Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
- I25.790 - Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris

Other ICD-10 Codes:

**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