

## PHARMACOGENETICS REQUISITION FORM

### PHYSICIAN'S INFORMATION

### PATIENT'S INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
 M.I. \_\_\_\_\_ Gender  F  M DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pt. ID \_\_\_\_\_

### SPECIMEN COLLECTION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_  am  pm  
 Sample Type: Buccal swab  
 Collected By (Print) \_\_\_\_\_

### BILLING INFORMATION

Insurance Co. Name: \_\_\_\_\_ Subscriber Member # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bill Patient  Bill Client  Bill Insurance

### TEST MENU - Check Boxes

5088 <input type="checkbox"/> AccuCARDIAC Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 SLC01B1 APOE VKORC1 LPA ITGB3
5089 <input type="checkbox"/> AccuPSYCH Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 ANKK1/DRD2 COMT HTR2A HTR2C UGT2B15
5087 <input type="checkbox"/> AccuPAIN Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 CYP2B6 OPRM1
5086 <input type="checkbox"/> AccuCOMPREHENSIVE Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 CYP2B6 SLC01B1 APOE VKORC1 ANKK1/DRD2 OPRM1 COMT HTR2A HTR2B LPA ITGB3 UGT2B15
5090 <input type="checkbox"/> CYP2C9/VKORC1	CYP2C9 VKORC1
5092 <input type="checkbox"/> CYP2D6	CYP2D6
5091 <input type="checkbox"/> CYP2C19	CYP2C19

### CUSTOM PROFILES / ADDITIONAL GENES

Y435 <input type="checkbox"/> CYP2C9	Y445 <input type="checkbox"/> CYP3A5	Y455 <input type="checkbox"/> CYP2B6	Y469 <input type="checkbox"/> APOE	Y461 <input type="checkbox"/> OPRM1	Y493 <input type="checkbox"/> HTR2A	Y499 <input type="checkbox"/> LPA	Y503 <input type="checkbox"/> UGT2B15
Y433 <input type="checkbox"/> CYP3A4	Y453 <input type="checkbox"/> CYP1A2	Y463 <input type="checkbox"/> SLC01B1	Y467 <input type="checkbox"/> ANKK1	Y475 <input type="checkbox"/> COMT	Y495 <input type="checkbox"/> HTR2C	Y501 <input type="checkbox"/> ITGB3	Y465 <input type="checkbox"/> VKORC1

### ICD-10 CODES

<input type="checkbox"/> <b>I25.10</b> Atherosclerotic heart disease of native coronary artery without angina pectoris	<input type="checkbox"/> <b>F31.5</b> Bipolar disorder, current episode depressed, mild of moderate severity, unspecified
<input type="checkbox"/> <b>I25.1107</b> Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	<input type="checkbox"/> <b>F31.60</b> Bipolar disorder, current episode mixed, unspecified
<input type="checkbox"/> <b>I25.5</b> Ischemic cardiomyopathy	<input type="checkbox"/> <b>F33.1</b> Major depressive disorder, recurrent, moderate
<input type="checkbox"/> <b>I25.6</b> Silent Myocardial ischemia	<input type="checkbox"/> <b>F33.2</b> Major depressive disorder, recurrent severe without psychotic features
<input type="checkbox"/> <b>I25.720</b> Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris.	<input type="checkbox"/> <b>F33.3</b> Major depressive disorder, recurrent severe with psychotic features
<input type="checkbox"/> <b>I25.9</b> Chronic Ischemic heart disease, unspecified	<input type="checkbox"/> <b>F33.9</b> Major depressive disorder, recurrent unspecified
<input type="checkbox"/> <b>I66.8</b> Occlusion and stenosis of other middle cerebral artery	<input type="checkbox"/> <b>F40.9</b> Phobic anxiety disorder, unspecified
<input type="checkbox"/> <b>Z79.02</b> Long term (current) use of antithrombotics/antiplatelets	<input type="checkbox"/>
<input type="checkbox"/> <b>F31.30</b> Bipolar disorder, current episode depressed, mild of moderate severity, unspecified	<input type="checkbox"/>

### CURRENT MEDICATIONS


### PHYSICIAN'S SIGNATURE

### PATIENT AUTHORIZATION

I authorize the collection of this specimen for the purpose of analytical testing by ACCU Reference and release of results to my treating physician and staff. I authorize ACCU Reference and or its designees to obtain insurance and billing information and release of such information as necessary to determine and collect benefits.

Patient Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_