ImmunoGenomics

202 Industrial Blvd STE 501, Sugar Land, TX 77478
CLIA – 45D2187903
Phone: 832-500-4462
Fax: 832-276-7352

INSURANCE ORDERING CHECKLIST
- ☐ List of Current Medications
- ☐ ICD-10 Code(s)
- ☐ Physician & Patient Signatures
- ☐ Copy of Patient Insurance Card

PHARMACOGENOMICS TEST REQUISITION

PATIENT INFORMATION

Name (Last, First, MI).....

Address:.....

City, State, Zip:.....

DOB (MM/DD/YY):.....Gender: ☐ M ☐ F

Patient ID # (optional):.....

ORDERING PROVIDER INFORMATION

Provider Name:.....

Practice/Facility Name: .....

Address:.....

City, State, Zip:.....

Phone:.....Fax:.....

Patient ID # (optional):.....

SPECIMEN INFORMATION

Date pf Collection (MM/DD/YY):.....

Time of Collection:.....Specimen Type: ☐ Buccal Swab

ICD10 DX Code(s):.....

(Please Refer Below Diagnosis Section)

BILLING INFORMATION

(Please Provide a legible photocopy of the front & back of the patient's insurance card)

Name of insured:.....

Relation to Patient:.....Member Group #:.....

Insurance Name:.....

Member Policy #:.....

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Jewish(Ashkenazi) ☐ Portuguese ☐ Other.....

CURRENT MEDICATIONS

Please list all current medications or attach additional sheets as necessary

CLINICAL HISTORY

CLINICAL DETAILS (PLEASE SUPPLY CLINIC NOTES AND MEDICATION LIST)

Check all that apply:

☐ Mosaicisim ☐ Bone Marrow Transplant ☐ Known Chromosomal Gain/Loss

☐ Consanguinity ☐ Organ Transplant ☐ Known Gene Gain/Loss

Please specify any that are checked above:

Past Medication Failures:

Medications in Consideration:

CLINICAL PRESENTATION

Please indicate any clinical presentation and/or findings that may be relevant to genetic testing:

- Behavior
- Conditions
- Pedigree/Family History
- Phenotypes
- Physical
- Symptoms

CLINICAL TESTING

Please indicate any clinical testing results and/or findings that may be relevant to genetic testing:

- Karyotype
- Previous Genetic Testing
- Vision
- Hearing
- Growth Measurements
- Biochemical Testing
- Imaging
- Pathology Reports

FAMILY HISTORY
(Attach pedigree and additional pages as needed)

Family Member 1 Name	Relation to Patient	Genetic Sex: ○ Male ○ Female ○ Unknown	
Diagnosis and/or Symptoms		Age of Onset	DOB (MM/DD/YYYY)
Family Member 1 Name	Relation to Patient	Genetic Sex: ○ Male ○ Female ○ Unknown	
Diagnosis and/or Symptoms		Age of Onset	DOB (MM/DD/YYYY)
Family Member 1 Name	Relation to Patient	Genetic Sex: ○ Male ○ Female ○ Unknown	
Diagnosis and/or Symptoms		Age of Onset	DOB (MM/DD/YYYY)

☐ PHARMACOGENOMICS COMPREHENSIVE PANEL
(Please list special instructions for the individual patient below)

ABCB1, APOE, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DRD2, F2, F5, GLP1R (rs1042044), GLP1R (rs2300615), GLP1R (rs6923761), MTHFR (rs1801131), MTHFR (rs1801133), OPRM1, PNPLA5, SLCO1B1, SULT4A1, VKORC1

Column# 1 - ICD10 codes

☐ C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	☐ F90.8	Attention-deficit hyperactivity disorder, other type
☐ E75.22	Gaucher disease	☐ F95.2	Tourette's disorder
☐ F11.23	Opioid dependence with withdrawal	☐ G10	Huntington's disease
☐ F20.0	Paranoid schizophrenia	☐ G24.01	Drug induced subacute dyskinesia
☐ F20.1	Disorganized schizophrenia	☐ G47.411	Narcolepsy with cataplexy
☐ F20.2	Catatonic schizophrenia	☐ G47.419	Narcolepsy without cataplexy
☐ F20.3	Undifferentiated schizophrenia	☐ G89.11	Acute pain due to trauma
☐ F20.5	Residual schizophrenia	☐ G89.18	Other acute postprocedural pain
☐ F20.81	Schizophreniform disorder	☐ G89.29	Other chronic pain
☐ F20.89	Other schizophrenia	☐ I10	Essential (primary) hypertension
☐ F31.0	Bipolar disorder, current episode hypomanic	☐ I48.0	Paroxysmal atrial fibrillation
☐ F31.11	Bipolar disorder, current episode manic without psychotic features, mild	☐ I48.11	Longstanding persistent atrial fibrillation
☐ F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	☐ I48.19	Other persistent atrial fibrillation
☐ F31.13	Bipolar disorder, current episode manic without psychotic features, severe	☐ I50.1	Left ventricular failure, unspecified
☐ F31.2	Bipolar disorder, current episode manic severe with psychotic features	☐ I50.20	Unspecified systolic (congestive) heart failure
☐ F31.31	Bipolar disorder, current episode depressed, mild	☐ I50.30	Unspecified diastolic (congestive) heart failure
☐ F31.32	Bipolar disorder, current episode depressed, moderate	☐ I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
☐ F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	☐ I50.89	Other heart failure
☐ F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	☐ I50.9	Heart failure, unspecified
☐ F31.61	Bipolar disorder, current episode mixed, mild	☐ K31.84	Gastroparesis
☐ F31.62	Bipolar disorder, current episode mixed, moderate	☐ M35.00	Sjogren syndrome, unspecified
☐ F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	☐ N39.41	Urge incontinence
☐ F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	☐ N39.46	Mixed incontinence
☐ F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	☐ R11.2	Nausea with vomiting, unspecified
☐ F31.73	Bipolar disorder, in partial remission, most recent episode manic	☐ R45.851	Suicidal ideations
☐ F31.75	Bipolar disorder, in partial remission, most recent episode depressed	☐ R52	Pain, unspecified
☐ F31.77	Bipolar disorder, in partial remission, most recent episode mixed	☐ T75.3XXA	Motion sickness, initial encounter
☐ F84.0	Autistic disorder	☐ T75.3XXD	Motion sickness, subsequent encounter
☐ F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type	☐ T75.3XXS	Motion sickness, sequela
☐ F90.2	Attention-deficit hyperactivity disorder, combined type	☐ Z92.21	Personal history of antineoplastic chemotherapy

Column# 2 - ICD10 codes

☐ B37.81	Candidal esophagitis	☐ G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
☐ B37.89	Other sites of candidiasis		
☐ B44.0	Invasive pulmonary aspergillosis	☐ G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
☐ E16.4	Increased secretion of gastrin	☐ G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
☐ E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified	☐ G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
☐ E31.8	Other polyglandular dysfunction	☐ G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
☐ F32.1	Major depressive disorder, single episode, moderate	☐ G47.09	Other insomnia
☐ F32.2	Major depressive disorder, single episode, severe without psychotic features	☐ I20.0	Unstable angina
☐ F32.3	Major depressive disorder, single episode, severe with psychotic features	☐ I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
☐ F32.4	Major depressive disorder, single episode, in partial remission	☐ I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
☐ F32.9	Major depressive disorder, single episode, unspecified	☐ I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
☐ F33.1	Major depressive disorder, recurrent, moderate	☐ I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
☐ F33.2	Major depressive disorder, recurrent severe without psychotic features	☐ I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
☐ F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	☐ I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
☐ F33.41	Major depressive disorder, recurrent, in partial remission	☐ I21.29	ST elevation (STEMI) myocardial infarction involving other sites
☐ F33.9	Major depressive disorder, recurrent, unspecified	☐ I21.4	Non-ST elevation (NSTEMI) myocardial infarction
☐ F40.01	Agoraphobia with panic disorder	☐ I21.A1	Myocardial infarction type 2
☐ F40.11	Social phobia, generalized	☐ I21.A9	Other myocardial infarction type

Column# 2 - ICD10 codes (Continued)

☐ F41.0	Panic disorder [episodic paroxysmal anxiety]	☐ I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
☐ F41.1	Generalized anxiety disorder	☐ I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
☐ F43.11	Post-traumatic stress disorder, acute	☐ I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
☐ F43.12	Post-traumatic stress disorder, chronic	☐ I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
☐ F52.0	Hypoactive sexual desire disorder	☐ I25.2	Old myocardial infarction
☐ F60.5	Obsessive-compulsive personality disorder	☐ I69.30	Unspecified sequelae of cerebral infarction
☐ G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus	☐ K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
		☐ K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
☐ G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	☐ K21.9	Gastro-esophageal reflux disease without esophagitis
		☐ K22.10	Ulcer of esophagus without bleeding
☐ G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus	☐ K22.11	Ulcer of esophagus with bleeding
		☐ K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
☐ G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus	☐ K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
		☐ K26.7	Chronic duodenal ulcer without hemorrhage or perforation
☐ G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus	☐ K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
		☐ N95.8	Other specified menopausal and perimenopausal disorders
☐ G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	☐ Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
		☐ Z98.61	Coronary angioplasty status
☐ G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus	☐ Z98.62	Peripheral vascular angioplasty status

Additional ICD10 codes

☐ B20	Human immunodeficiency virus [HIV] disease	☐ G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
☐ C16.9	Malignant neoplasm of stomach, unspecified		
☐ C18.9	Malignant neoplasm of colon, unspecified	☐ G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
☐ C19	Malignant neoplasm of rectosigmoid junction		
☐ C20	Malignant neoplasm of rectum	☐ G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
☐ C25.9	Malignant neoplasm of pancreas, unspecified		
☐ C49.9	Malignant neoplasm of connective and soft tissue, unspecified	☐ G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
☐ C50.919	Malignant neoplasm of unspecified site of unspecified female breast	☐ G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
☐ C50.929	Malignant neoplasm of unspecified site of unspecified male breast	☐ G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
☐ C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	☐ G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
☐ C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	☐ G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
☐ C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	☐ G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
☐ C91.00	Acute lymphoblastic leukemia not having achieved remission	☐ G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
☐ C91.01	Acute lymphoblastic leukemia, in remission	☐ G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
☐ C91.02	Acute lymphoblastic leukemia, in relapse	☐ M06.89	Other specified rheumatoid arthritis, multiple sites
☐ C92.00	Acute myeloblastic leukemia, not having achieved remission	☐ M06.8A	Other specified rheumatoid arthritis, other specified site
☐ C92.01	Acute myeloblastic leukemia, in remission	☐ Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
☐ C92.02	Acute myeloblastic leukemia, in relapse	☐ Z48.811	Encounter for surgical aftercare following surgery on the nervous system
☐ C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	☐ Z85.030	Personal history of malignant carcinoid tumor of large intestine
☐ C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	☐ Z85.038	Personal history of other malignant neoplasm of large intestine
☐ E78.00	Pure hypercholesterolemia, unspecified	☐ Z85.040	Personal history of malignant carcinoid tumor of rectum
☐ E78.01	Familial hypercholesterolemia	☐ Z86.39	Personal history of other endocrine, nutritional and metabolic disease
☐ E78.1	Pure hyperglyceridemia	☐ Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
☐ E78.2	Mixed hyperlipidemia	☐ Z86.79	Personal history of other diseases of the circulatory system
☐ E78.49	Other hyperlipidemia	☐ Z94.0	Kidney transplant status
☐ G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus	☐ Z94.1	Heart transplant status
		☐ Z94.4	Liver transplant status

STOP Patient Signature

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **ImmunoGenomics** its assigned affiliates and authorized representatives for laboratory services furnished to me by **ImmunoGenomics**. I irrevocably designate, authorize and appoint **ImmunoGenomics** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **ImmunoGenomics** immediately upon receipt. I hereby authorize **ImmunoGenomics** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **ImmunoGenomics**, in compliance with federal and state laws. **ImmunoGenomics**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **ImmunoGenomics** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concern-ing payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance. I am authorizing **ImmunoGenomics** to release medical information.

Signature of Patient or Patient Representative / Relationship to Patient Date:

STOP ORDERING PHYSICIAN SIGN HERE Physician must only order tests that are medically necessary for the diagnosis or treatment of a patient

I attest that this test is medically necessary for the diagnosis or detection of a disease or disorder and that the results will be used in medical management and care decisions for the patient. Furthermore, all information on this Requisition Form is true to the best of my knowledge. I agree to provide the Care Plan notes and Letter of Intent for this order if the insurance requests the lab to gather the medical necessity for any reason. I am authorizing **ImmunoGenomics** to release medical information.

Ordering Physician Signature Date: