



US BIOSCIENCES

US Biosciences
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PGx Test Requisition Form

PATIENT INFORMATION

Last Name: _____
First Name: _____ Middle Name: _____
Sex: ☐ Male ☐ Female Race: _____
Address: _____
City: _____ State: _____ Zip: _____
DOB: ____/____/____ SSN: ____-____-____
Mobile Number: (____) ____-____ Email: _____

PROVIDER INFORMATION

Clinic Name: _____
Provider Name: _____ Provider NPI: _____
Provider Name: _____ Provider NPI: _____

SPECIMEN INFORMATION

☐ Buccal Swab ☐ Other: _____
Date of Collection: ____/____/____
Time of Collection: ____: ____ ☐ AM ☐ PM Collector's Initials: _____

TYPE OF PAYMENT: ☐ Self Pay ☐ Client Bill ☐ Insurance (Attach copy of Front & Back Insurance Card)

PRIMARY INSURANCE

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance
Insurance Name: _____
Policy # _____ Group # _____
Guarantor Information: _____
Subscriber Name: _____ DOB: ____/____/____
Relation to Patient: ☐ Spouse ☐ Guardian

SECONDARY INSURANCE

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance
Insurance Name: _____
Policy # _____ Group # _____
Guarantor Information: _____
Subscriber Name: _____ DOB: ____/____/____
Relation to Patient: ☐ Spouse ☐ Guardian

PHYSICIAN AUTHORIZATION

I, the undersigned provider, attest that I am the ordering physician and treating clinician for the patient identified on this requisition. I confirm that the medical necessity for each test ordered is documented in the patient's record, and I will provide supporting documentation within 72 hours when requested. I attest that all tests ordered are medically necessary, individualized to the patient's condition, clinically appropriate in frequency, and will guide patient care decisions. I have attached all prescribed medications, over-the-counter drugs, and herbal products that may impact test results. I certify that all information provided, including ICD-10 codes, is accurate and complies with applicable payer medical necessity policies. I confirm that the patient (or their legal guardian) has provided informed consent for this genetic test, and a record of this consent is maintained or attached. I authorize the laboratory to bill the patient and/or their insurance for the ordered tests. I acknowledge that testing will be performed in compliance with all applicable healthcare regulations, including HIPAA and CLIA, as required.

Physician Signature: _____ Date: ____/____/____

PATIENT AUTHORIZATION

CONSENT FOR TESTING: I consent to specimen collection/testing and authorize the laboratory to perform ordered tests and release results to my provider.

ASSIGNMENT OF BENEFITS: I assign all medical insurance benefits to the laboratory and authorize direct payment from my insurer(s). I authorize the laboratory to bill insurance, act as my representative for appeals/authorizations, and access benefit information including my health plan document and Summary Plan Description. I designate the laboratory and its representatives as my attorney-in-fact for these purposes.

FINANCIAL RESPONSIBILITY: I am responsible for amounts not covered by insurance, including deductibles, copays, coinsurance, and any non-covered or non-authorized services. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and emailed directly to the address listed at the top of the requisition within 30 days.

OUT-OF-NETWORK DISCLOSURE: The laboratory may be out-of-network with your plan, resulting in higher costs. You may request in-network labs from your provider.

COMMUNICATION CONSENT: I authorize the laboratory and its representatives to contact me by phone, text, or email using the contact information I have provided, for billing or payment purposes, in compliance with applicable laws.

RELEASE OF INFORMATION: I authorize the laboratory to release my personal health information to my insurance carrier, health plan administrator, employer, and authorized representatives for the purpose of procuring payment for laboratory services.

INFORMED CONSENT CONFIRMATION: I confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the provider's office.

SIGNATURES: I understand and agree to all terms above.

Patient Signature: _____ Date: ____/____/____

TEST SELECTION

Current RX or Considering RX: Please put a check mark next to the medications you want to order a test on in either Current RX indicating that you are currently prescribing the medication or Considering RX if you are evaluating the medication for the patient.

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating a current RX for avoidance, please indicate the adverse reaction.

ICD10: Please put the diagnosis code that is the reason for the current/considered RX.

Dosage, Avoidance or Selection: Please select D for Dosage, A for Avoidance or S for selection, you may be evaluating this for all 3 reasons or just one, please indicate which.

PGX INSTRUMENT PANEL

ABCG2	ANKK1/DRD2	COMT	CYP2C9	CYP3A5	Factor II	GLP1R	IFNL3	NAT2	RYR1	TPMT
ADRA2A	APOE	CYP2B6	CYP2D6	CYP4F2	Factor V	GNB3	MC4R	NUDT15	SLC28A3	UGT1A1
ADRB2	CACNA1S	CYP2C19	CYP3A4	DPYD	G6PD	HTR2C	MTHFR	OPRM1	SLCO1B1	VKORC1

81418 SUB-PANEL

CYP2D6

CYP2C19

CYP1A2

APOE

HTR2C

OPRM1

To ensure that **medical necessity** requirements are met, **at least one medication and corresponding diagnosis (ICD-10) code must be selected** from the options. An additional area is included for any other medications, diagnoses, or notes not listed in the table for comprehensive documentation of the patient's care.

MEDICATIONS & ICD-10 CODES REQUIRED FOR PHARMACOGENOMIC TESTING

(SELECT ALL THAT APPLY)

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating the current RX for avoidance, please indicate an adverse reaction. ICD List Disclaimer: Ordering providers are solely responsible for selecting ICD-10 codes that accurately reflect each patient's documented clinical presentation as recorded in the medical record at the time of order. Codes must not be selected for the purpose of obtaining insurance reimbursement. This reference guide identifies commonly associated codes for each panel as a convenience, and it is not exhaustive. Submission of codes unsupported by the patient's documented clinical presentation may violate federal and state laws, including the False Claims Act.

Note: CPT code 81418 will be billed for the following tests: (CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2). All other CPT codes associated with additional tests will be billed separately.

CYP2D6

ADRENERGIC AGENTS

☐ **Carvedilol (Coreg)**
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I50.1 ☐ I50.40 ☐ I10
☐ I50.20 ☐ I50.89
☐ I50.30 ☐ I50.9
☐ Other: _____

☐ **Lofexidine (Lucemyra)**

☐ F11.23
☐ Other: _____

ANTIARRHYTHMICS

☐ **Propafenone (Rythmol)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I48.0 ☐ I48.11 ☐ I48.19
☐ Other: _____

TRICYCLIC ANTIDEPRESSANTS

☐ **Amitriptyline (Elavil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Clomipramine (Anafranil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5
☐ Other: _____

☐ **Desipramine (Norpramin)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Doxepin (Silenor)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ G47.09
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Imipramine (Tofranil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Nortriptyline (Pamelor, Aventyl)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

TRICYCLIC ANTIDEPRESSANTS con't

☐ **Trimipramine (Surmontil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

CNS STIMULANTS

☐ **Amphetamine (Eveko, Dyanavel XR, Adzenys XR-ODT)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F90.1 ☐ F90.2 ☐ F90.8
☐ Other: _____
☐ Atomoxetine (Strattera)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F90.1 ☐ F90.2 ☐ F90.8
☐ Other: _____

☐ **Pitolisant (Wakix)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G47.411 ☐ G47.419
☐ Other: _____

SSRI's

☐ **Citalopram (Celexa)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Escitalopram (Lexapro)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F41.1
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Fluvoxamine (Luvox)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5
☐ Other: _____

☐ **Paroxetine (Paxil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.2 ☐ F41.0
☐ F32.2 ☐ F33.3 ☐ F41.1
☐ F32.3 ☐ F33.41 ☐ F43.11
☐ F32.4 ☐ F33.9 ☐ F43.12
☐ F32.9 ☐ F40.01 ☐ F32.81
☐ F33.1 ☐ F40.11
☐ Other: _____

☐ **Sertraline (Zoloft)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.11
☐ F32.2 ☐ F33.2 ☐ F41.0
☐ F32.3 ☐ F33.3 ☐ F43.11
☐ F32.4 ☐ F33.41 ☐ F43.12
☐ F32.81 ☐ F33.9 ☐ F60.5
☐ F32.9 ☐ F40.01
☐ Other: _____

SSRI's con't

☐ **Venlafaxine (Effexor)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.01
☐ F32.2 ☐ F33.2 ☐ F40.11
☐ F32.3 ☐ F33.3 ☐ F41.0
☐ F32.4 ☐ F33.41 ☐ F41.1
☐ F32.9 ☐ F33.9
☐ Other: _____

☐ **Vortioxetine (Trintellix)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

ANTIPSYCHOTICS

☐ **Aripiprazole Lauroxil (Aristrada)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5
☐ F20.2 ☐ F20.81
☐ Other: _____

☐ **Aripiprazole (Abilify)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F33.1 ☐ F31.4
☐ F20.1 ☐ F33.2 ☐ F31.5
☐ F20.2 ☐ F33.3 ☐ F31.61
☐ F20.3 ☐ F33.41 ☐ F31.62
☐ F20.5 ☐ F33.9 ☐ F31.63
☐ F20.81 ☐ F31.0 ☐ F31.64
☐ F20.89 ☐ F31.11 ☐ F31.71
☐ F32.1 ☐ F31.12 ☐ F31.73
☐ F32.2 ☐ F31.13 ☐ F31.75
☐ F32.3 ☐ F31.2 ☐ F31.77
☐ F32.4 ☐ F31.31 ☐ F84.0
☐ F32.9 ☐ F31.32 ☐ F95.2
☐ Other: _____

☐ **Brexipiprazole (Rexulti)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.89 ☐ F33.1
☐ F20.1 ☐ F32.1 ☐ F33.2
☐ F20.2 ☐ F32.2 ☐ F33.3
☐ F20.3 ☐ F32.3 ☐ F33.41
☐ F20.5 ☐ F32.4 ☐ F33.9
☐ F20.81 ☐ F32.9
☐ Other: _____

☐ **Clozapine (Clozaril, Versacloz, FazaClo ODT)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5
☐ F20.2 ☐ F20.81
☐ R45.851
☐ Other: _____

ANTIPSYCHOTICS con't

☐ **Iloperidone (Fanapt)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5
☐ F20.2 ☐ F20.81
☐ Other: _____

☐ **Perphenazine (Trilafon, Etrafon, Triavil, Triptafen)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5 ☐ R11.2
☐ F20.2 ☐ F20.81
☐ Other: _____

☐ **Pimozide (Orap)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F95.2
☐ Other: _____

☐ **Thioridazine (Mellaril)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5
☐ F20.2 ☐ F20.81
☐ Other: _____

PAIN MEDICATIONS

☐ **Codeine (Nex AC, VroxeX CB, BroveX CBX, EndaCof-AC)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29
☐ G89.18 ☐ R52
☐ Other: _____

☐ **Hydrocodone (Vicodin, Loratab, Lorcet-HD, Hycodan, Vicoprofen)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29
☐ G89.18 ☐ R52
☐ Other: _____

☐ **Oliceridine (Olinvyk)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.18 ☐ R52
☐ Other: _____

☐ **Tramadol (Ultram)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29
☐ G89.18 ☐ R52
☐ Other: _____

VMAT2 INHIBITORS

☐ **Deutetrabenazine (Austedo)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G10 ☐ G24.01
☐ Other: _____

☐ **Tetrabenazine (Nitoman, Xenazine)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G10
☐ Other: _____

VMAT2 INHIBITORS con't

☐ **Valbenazine (Ingrezza)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G24.01
☐ Other: _____

ANTINEOPLASTICS/ONCOLOGY

☐ **Gefitinib (Iressa)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C34.90
☐ Other: _____

☐ **Tamoxifen (Soltamox, Nolvadex)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C50.919 ☐ C50.929
☐ Other: _____

ENZYMES INHIBITORS

☐ **Eliglustat (Cerdelga)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E75.22
☐ Other: _____

ANTICHOLINERGICS

☐ **Tolterodine (Detrol)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ N32.81 ☐ N39.41 ☐ N39.46
☐ Other: _____

CHOLINERGIC AGENTS

☐ **Cevimeline (Evoxac)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M35.00
☐ Other: _____

ANTIEMETICS/PROKINETICS

☐ **Meclozine (Antivert)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ T75.3XXA ☐ T75.3XXS
☐ T75.3XXD ☐ R11.2
☐ Other: _____

☐ **Metoclopramide (Reglan, Metozolv)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2 ☐ K21.00
☐ K31.84 ☐ K21.01 ☐ K21.9
☐ Other: _____

☐ **Ondansetron (Zofran)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2
☐ Other: _____

☐ **Tropisetron (Navoban)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2
☐ Other: _____

CYP2C19

ANTICONSULSANTS

☐ **Brivaracetam (Briviact)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.101 ☐ G40.119 ☐ G40.211
☐ G40.109 ☐ G40.201 ☐ G40.219
☐ G40.111 ☐ G40.209
☐ Other: _____

☐ **Clobazam (Onfi)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.811 ☐ G40.813
☐ G40.812 ☐ G40.814
☐ Other: _____

TRICYCLIC ANTIDEPRESSANTS

☐ **Amitriptyline (Elavil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Clomipramine (Anafranil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5
☐ Other: _____

☐ **Desipramine (Norpramin)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ **Doxepin (Silenor)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ G47.09
☐ F32.4 ☐ F33.3
☐ Other: _____

TRICYCLIC ANTIDEPRESSANTS con't

☐ **Imipramine (Tofranil)**

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9

MEDICATIONS & ICD-10 CODES REQUIRED FOR PHARMACOGENOMIC TESTING

(SELECT ALL THAT APPLY)

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating the current RX for avoidance, please indicate an adverse reaction. ICD List Disclaimer: Ordering providers are solely responsible for selecting ICD-10 codes that accurately reflect each patient's documented clinical presentation as recorded in the medical record at the time of the order. Codes must not be selected for the purpose of obtaining insurance reimbursement. This reference guide identifies commonly associated codes for each panel as a convenience, and it is not exhaustive. Submission of codes unsupported by the patient's documented clinical presentation may violate federal and state laws, including the False Claims Act.

Note: CPT code 81418 will be billed for the following tests: (CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2). All other CPT codes associated with additional tests will be billed separately.

CYP2C9

ANTICONVULSANTS

☐ Fosphenytoin (Cerebyx)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.201 ☐ G40.309 ☐ G40.411
☐ G40.209 ☐ G40.311 ☐ G40.419
☐ G40.211 ☐ G40.319 ☐ Z48.811
☐ G40.219 ☐ G40.401
☐ G40.301 ☐ G40.409
☐ Other: _____

☐ Phenytoin (Dilantin, Phenytek)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.201 ☐ G40.309 ☐ G40.411
☐ G40.209 ☐ G40.311 ☐ G40.419
☐ G40.211 ☐ G40.319 ☐ Z48.811
☐ G40.219 ☐ G40.401
☐ G40.301 ☐ G40.409
☐ Other: _____

NSAIDs

☐ Celecoxib (Celebrex)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Flurbiprofen (Ansaïd)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Ibuprofen (Advil, Motrin, Nurofen)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Lornoxicam (Xefo)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

NSAIDs con't

☐ Meloxicam (Mobic, Vivlodex)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Piroxicam (Feldene)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Piroxicam (Feldene)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Tenoxicam (Tilcotil)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

IMMUNOSUPPRESSANTS

☐ Siponimod (Mayzent)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

ANTINEOPLASTICS/ONCOLOGY

☐ Erdafitinib (Balversa)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

ANTIDIABETIC AGENTS

☐ Nateglinide (Starlix)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ T38.3X5A
☐ Other: _____

ANTIEMETICS/PROKINETICS

☐ Dronabinol (Marinol, Syndros)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

STATINS

☐ Fluvastatin (Lescol)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

CYP2D6

SSRI's

☐ Sertraline (Zoloft)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.11
☐ F32.2 ☐ F33.2 ☐ F41.0
☐ F32.3 ☐ F33.3 ☐ F43.11
☐ F32.4 ☐ F33.41 ☐ F43.12
☐ F32.81 ☐ F33.9 ☐ F60.5
☐ F32.9
☐ Other: _____

ANTIRETROVIRAL

☐ Efavirenz (Sustiva)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ B20
☐ Other: _____

CYP3A5

IMMUNOSUPPRESSANTS

☐ Tacrolimus (Prograf, Envarsus XR, Astagraf XL)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Z94.0 ☐ Z94.1 ☐ Z94.4
☐ Other: _____

CYP4F2

ANTICOAGULANT

☐ Warfarin (Coumadin)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I21.9 ☐ I22.9 ☐ I23.6 ☐ I26.02 ☐ I26.03
☐ I26.04 ☐ I26.09 ☐ I26.92 ☐ I26.94 ☐ I26.95
☐ I26.96 ☐ I26.99 ☐ I48.11 ☐ I48.20 ☐ I48.21
☐ I51.3 ☐ I82.890 ☐ I82.891 ☐ T82.817D ☐ T82.817S
☐ T82.818A ☐ T82.818D ☐ T82.818S ☐ T82.867D ☐ T82.867S
☐ T82.868A ☐ T82.868D ☐ T82.868S ☐ Z79.02 ☐ Z86.711
☐ Z86.718 ☐ Z86.79 ☐ Z95.2
☐ Other: _____

G6PD

ANTI-INFLAMMATORY AGENT

☐ Dapsone (Aczone)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ L70.0
☐ Other: _____

MONOAMINE OXIDASE INHIBITOR

☐ Methylene Blue (Provyayblue)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ D74.8
☐ Other: _____

ANTIBACTERIAL

☐ Nitrofurantoin (Furadantin, Macrobid, Macrocrandantin)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ N30.00 ☐ N30.01
☐ Other: _____

ANTIMALARIAL AGENT

☐ Primaquine (Primaquine)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ B51.0 ☐ B51.8 ☐ B51.9
☐ Other: _____

☐ Tafenoquine (Atrakoda, Krintafel)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ B51.0 ☐ B51.8 ☐ B51.9
☐ Other: _____

URICOLYTIC AGENT

☐ Rasburicase (Elitek)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E79.9
☐ Other: _____

ANTIGOUT AGENT

☐ Pegloticase (Krystexxa)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M1A.0110 ☐ M1A.0111 ☐ M1A.0120
☐ M1A.0311 ☐ M1A.0320 ☐ M1A.0321
☐ M1A.0520 ☐ M1A.0521 ☐ M1A.0610
☐ M1A.0721 ☐ M1A.08X0 ☐ M1A.08X1
☐ M1A.1210 ☐ M1A.1211 ☐ M1A.1220
☐ M1A.1411 ☐ M1A.1420 ☐ M1A.1421
☐ M1A.1620 ☐ M1A.1621 ☐ M1A.1710
☐ M1A.19X1 ☐ M1A.2110 ☐ M1A.2111
☐ M1A.2310 ☐ M1A.2311 ☐ M1A.2320
☐ M1A.2511 ☐ M1A.2520 ☐ M1A.2521
☐ M1A.2720 ☐ M1A.2721 ☐ M1A.28X0
☐ M1A.3121 ☐ M1A.3210 ☐ M1A.3211
☐ M1A.3410 ☐ M1A.3411 ☐ M1A.3420
☐ M1A.3611 ☐ M1A.3620 ☐ M1A.3621
☐ M1A.39X0 ☐ M1A.39X1 ☐ M1A.4110
☐ M1A.4221 ☐ M1A.4310 ☐ M1A.4311
☐ M1A.4510 ☐ M1A.4511 ☐ M1A.4520
☐ M1A.4711 ☐ M1A.4720 ☐ M1A.4721
☐ Other: _____

☐ M1A.0121 ☐ M1A.0210 ☐ M1A.0211 ☐ M1A.0220 ☐ M1A.0221 ☐ M1A.0310
☐ M1A.0410 ☐ M1A.0411 ☐ M1A.0420 ☐ M1A.0421 ☐ M1A.0510 ☐ M1A.0511
☐ M1A.0611 ☐ M1A.0620 ☐ M1A.0621 ☐ M1A.0710 ☐ M1A.0711 ☐ M1A.0720
☐ M1A.09X0 ☐ M1A.09X1 ☐ M1A.1110 ☐ M1A.1111 ☐ M1A.1120 ☐ M1A.1121
☐ M1A.1221 ☐ M1A.1310 ☐ M1A.1311 ☐ M1A.1320 ☐ M1A.1321 ☐ M1A.1410
☐ M1A.1510 ☐ M1A.1511 ☐ M1A.1520 ☐ M1A.1521 ☐ M1A.1610 ☐ M1A.1611
☐ M1A.1711 ☐ M1A.1720 ☐ M1A.1721 ☐ M1A.18X0 ☐ M1A.18X1 ☐ M1A.19X0
☐ M1A.2120 ☐ M1A.2121 ☐ M1A.2210 ☐ M1A.2211 ☐ M1A.2220 ☐ M1A.2221
☐ M1A.2321 ☐ M1A.2410 ☐ M1A.2411 ☐ M1A.2420 ☐ M1A.2421 ☐ M1A.2510
☐ M1A.2610 ☐ M1A.2611 ☐ M1A.2620 ☐ M1A.2621 ☐ M1A.2710 ☐ M1A.2711
☐ M1A.28X1 ☐ M1A.29X0 ☐ M1A.29X1 ☐ M1A.3110 ☐ M1A.3111 ☐ M1A.3120
☐ M1A.3220 ☐ M1A.3221 ☐ M1A.3310 ☐ M1A.3311 ☐ M1A.3320 ☐ M1A.3321
☐ M1A.3421 ☐ M1A.3510 ☐ M1A.3511 ☐ M1A.3520 ☐ M1A.3521 ☐ M1A.3610
☐ M1A.3710 ☐ M1A.3711 ☐ M1A.3720 ☐ M1A.3721 ☐ M1A.38X0 ☐ M1A.38X1
☐ M1A.4111 ☐ M1A.4120 ☐ M1A.4121 ☐ M1A.4210 ☐ M1A.4211 ☐ M1A.4220
☐ M1A.4320 ☐ M1A.4321 ☐ M1A.4410 ☐ M1A.4411 ☐ M1A.4420 ☐ M1A.4421
☐ M1A.4521 ☐ M1A.4610 ☐ M1A.4611 ☐ M1A.4620 ☐ M1A.4621 ☐ M1A.4710
☐ M1A.48X0 ☐ M1A.48X1 ☐ M1A.49X0 ☐ M1A.49X1

SLCO1B1

STATINS

☐ Atorvastatin (Lipitor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

☐ Fluvastatin (Lescol)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

STATINS con't

☐ Lovastatin (Mevacor, Altoprev)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

☐ Pitavastatin (Livalo, Zypitamag)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

STATINS con't

☐ Pravastatin (Pravachol)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

☐ Rosuvastatin (Crestor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

STATINS con't

☐ Simvastatin (Zocor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

NUDT15 & TPMT

ANTINEOPLASTIC

☐ Mercaptopurine (Purixan)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C91.00 ☐ C91.01 ☐ C91.02
☐ Other: _____

☐ Thioguanine (Tabloid)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C92.00 ☐ C92.01 ☐ C92.02
☐ Other: _____

☐ Azathioprine (Azasan)

☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.89 ☐ M06.8A ☐ Z94.0
☐ Other: _____

(SELECT ALL THAT APPLY)

Note: CPT code 81418 will be billed for the following tests: (CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2). All other CPT codes associated with additional tests will be billed separately.

CACNA1S & RYR1	IFNL3	NAT2	UGT1A1
VOLATILE ANESTHETICS	ANTIVIRAL AGENT	MULTIPLE SCLEROSIS	ANTIBODY-DRUG CONJUGATE
Desflurane (Suprane)	Peginterferon alfa-2a (Pegasys)	Amifampridine (Firdapse, Ruzorgil)	Sacituzumabgovitecan-hzyi (Trodelvy)
☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S	☐ B18.0 ☐ B18.1 ☐ B18.2	☐ G70.80 ☐ G70.81	☐ C50.011 ☐ C50.012 ☐ C50.021
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S	☐ K73.9 ☐ C43.0 ☐ C43.111	☐ Other: _____	☐ C50.022 ☐ C50.111 ☐ C50.112
☐ Other: _____	☐ C43.112 ☐ C43.121 ☐ C43.122	Amifampridine phosphate	☐ C50.121 ☐ C50.122 ☐ C50.211
Enflurane (Ethrane)	☐ C43.21 ☐ C43.22 ☐ C43.31	☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ C50.212 ☐ C50.221 ☐ C50.222
☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ C43.39 ☐ C43.4 ☐ C43.51	☐ G70.80 ☐ G70.81	☐ C50.311 ☐ C50.312 ☐ C50.321
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S	☐ C43.52 ☐ C43.59 ☐ C43.61	☐ Other: _____	☐ C50.322 ☐ C50.411 ☐ C50.412
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S	☐ C43.62 ☐ C43.71 ☐ C43.72		☐ C50.421 ☐ C50.422 ☐ C50.511
☐ Other: _____	☐ C43.8 ☐ C43.9 ☐ K73.9		☐ C50.512 ☐ C50.521 ☐ C50.522
Halothane (Fluothane)	☐ Other: _____		☐ C50.611 ☐ C50.612 ☐ C50.621
☐ Current ☐ Considering ☐ D ☐ A ☐ S	Peginterferon alfa-2b (Pegintron, Sylatron)		☐ C50.622 ☐ C50.811 ☐ C50.812
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S	☐ Current ☐ Considering ☐ D ☐ A ☐ S		☐ C50.821 ☐ C50.822 ☐ C65.1
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S	☐ B18.0 ☐ B18.1 ☐ B18.2		☐ C65.2 ☐ C66.1 ☐ C66.2
☐ Other: _____	☐ K73.9 ☐ C43.0 ☐ C43.111		☐ C67.0 ☐ C67.1 ☐ C67.2
Isoflurane (Forane)	☐ C43.112 ☐ C43.121 ☐ C43.122		☐ C67.3 ☐ C67.4 ☐ C67.5
☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ C43.21 ☐ C43.22 ☐ C43.31		☐ C67.6 ☐ C67.7 ☐ C67.8
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S	☐ C43.39 ☐ C43.4 ☐ C43.51		☐ C67.9 ☐ C68.0 ☐ C68.8
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S	☐ C43.52 ☐ C43.59 ☐ C43.61		☐ Other: _____
☐ Other: _____	☐ C43.62 ☐ C43.71 ☐ C43.72		
Methoxyflurane (Penthrax)	☐ C43.8 ☐ C43.9 ☐ K73.9		
☐ Current ☐ Considering ☐ D ☐ A ☐ S	☐ Other: _____		
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S			
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S			
☐ Other: _____			
Sevoflurane (Ultane)			
☐ Current ☐ Considering ☐ D ☐ A ☐ S			
☐ T41.0X5A ☐ T41.0X5D ☐ T41.0X5S			
☐ T41.0X6A ☐ T41.0X6D ☐ T41.0X6S			
☐ Other: _____			
Succinylcholine (Anectine, Quelicin)			
☐ Current ☐ Considering ☐ D ☐ A ☐ S			
☐ T41.1X5A ☐ T41.1X5D ☐ T41.1X5S			
☐ T41.1X6A ☐ T41.1X6D ☐ T41.1X6S			
☐ Other: _____			

[illegible]

☐ Medications Attached ☐ ICD-10 Codes & Notes Attached

ICD List Disclaimer: Ordering providers are solely responsible for selecting ICD-10 codes that accurately reflect each patient's documented clinical presentation as recorded in the medical record at the time of the order. Codes must not be selected for the purpose of obtaining insurance reimbursement. This reference guide identifies commonly associated codes for each panel as a convenience, and it is not exhaustive. Submission of codes unsupported by the patient's documented clinical presentation may violate federal and state laws, including the False Claims Act.

181.0	182.421	182.612	182.0	182.422	182.613	182.1	182.423	182.621	182.210	182.501	182.622
182.211	182.502	182.623	182.220	182.503	182.701	182.221	182.511	182.702	182.290	182.512	182.703
182.291	182.513	182.711	182.3	182.521	182.712	182.401	182.522	182.713	182.402	182.523	182.721
182.403	182.531	182.722	182.411	182.532	182.723	182.412	182.533	182.411	182.413	182.541	182.412
182.421	182.542	182.413	182.422	182.543	182.421	182.423	182.551	182.422	182.431	182.552	182.423
182.432	182.553	182.811	182.433	182.561	182.812	182.441	182.562	182.813	182.442	182.563	182.821
182.443	182.591	182.822	182.451	182.592	182.823	182.452	182.593	182.821	182.453	182.594	182.822
182.461	182.592	182.813	182.462	182.593	182.821	182.463	182.521	182.822	182.491	182.522	182.823
182.492	182.523	182.811	182.493	182.601	182.812	182.491	182.602	182.813	182.492	182.603	182.890
182.493	182.611	182.91									