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PGx DNA Request Form

Lab Director: Maher Albitar, MD
CLIA: 01D0641541

PLEASE COMPLETE ALL HIGHLIGHTED AREAS IN THEIR ENTIRETY.

Patient Information

Last Name First Name Middle Name

Address

City State Zip Code

/ / M I F ()

Date of Birth Gender Phone Number Last 4 Digits of SSN

Lab Use Only

Requesting Physician, Lab, or Institution

Billing Information—Check only one.

- Patient's insurance or Medicare:** Copy both side of insurance/Medicare card(s) and attach to requisition. (NOTE: Indicate primary and secondary insurance).
- Self Pay:** VAP Diagnostics Lab will bill patient directly.

Test Selection

- P450 2D6**
- P450 2C19**

Please ship all samples collection tubes

Medical Necessity (required; check all applicable)

Please check the appropriate boxes below. If no options are applicable, please complete the Advanced Beneficiary Notice of Noncoverage (ABN) on the back of this requisition.

- Cytochrome P450 2D6 Testing:** By checking this box you are indicating that the above patient's gene testing is being used to guide medical treatment/dosing or considering medications for individual's therapy with tricyclic antidepressants.
- Cytochrome P450 2C19 Testing:** By checking this box you are indicating that the above patient's gene testing is being used to guide medical treatment/dosing or consider medications for individual's therapy with Clopidogrel or a similar drug.

Please mark all appropriate clinical diagnosis code(s). Check all that apply (REQUIRED). The following is a list of common diagnosis codes associated with PGx testing to aid in selecting a code. This is not to be viewed as the complete list. Please refer to the ICD-10 Code Book when making your diagnosis and use the diagnosis code(s) that most accurately describe(s) the patient's condition(s) regardless of the codes included on this requisition.

CardioDiagnosis

- 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
- I21.29 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 Atherosclerosis 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 nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
- I25.750 Atherosclerosis of native coronary artery of transplant -ed 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

ThromboDiagnosis

- D68.32 Hemorrhagic disorder due to extrinsic circulating anticoagulants
- D68.4 Acquired coagulation factor deficiency
- E66.01 Morbid (severe) obesity due to excess calories
- I20.0 Unstable angina
- I24.1 Dressler's syndrome
- I25.2 Old myocardial infarction
- I26.90 Septic pulmonary embolism without acute cor pulmonale
- I26.99 Other pulmonary embolism without acute cor pulmonale
- I63.40 Cerebral infarction due to embolism of unspecified cerebral artery
- I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
- I66.9 Occlusion and stenosis of unspecified cerebral artery
- I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified cerebral artery
- I82.4Y9 Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
- I82.4Z9 Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
- M62.3 Immobility syndrome (paraplegic)
- M62.89 Other specific disorders of muscle
- Z82.41 Family history of sudden cardiac death
- Z82.49 Family history of ischemic heart disease and other diseases of the circulatory system
- Z86.711 Personal history of pulmonary embolism
- Z86.718 Personal history of other venous thrombosis and embolism
- Z86.79 Personal history of other diseases of the circulatory system

NeuroDiagnosis

- 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, with out 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
- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major 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

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D. _____	E. Reason Medicare May Not Pay: _____	F. Estimated Cost: _____
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WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the D. listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information: **This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800- 633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: _____	J. Date: _____
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