# Pharmacogenetic Test RequisitionForm

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**Place Sticker Here**

SAMPLE
P021093

| Provider and Practice Name NPI # | Provider Phone # and E-mail | Specimen Collection Information |
|---|---|---|
| Provider Name: | Phone #: | Date & Time Collected: |
| Practice Name: | | |
| NPI#: | E-mail: | Collector's Initials: |

**THIS SECTION IS REQUIRED: Patient Information**

☐ Male ☑ Female

| Last | First | Middle Initial | Date of Birth | Sex |
|---|---|---|---|---|
| Address | | City | State | Zip |
| Phone | E-mail Address (for results) | | | Ethnicity |

**THIS SECTION IS REQUIRED: Insurance and/or Payment Information (Enclose copy of the front and back of patient's insurance card(s).**

☐ **Commercial** ☐ **Self-Pay** ☑ **Client Bill** ☑ **Medicare** ☐ **Medicaid**

| Insurance company | Insurance Address | City | State | Zip |
|---|---|---|---|---|
| Insurance Phone | Policy or Member ID# | Group# | | |
| Name of Insured | Relationship to Patient and/or Employer | | | |

**Current Medications. Please list any medications that you are taking below or attach a separate list of medications**

**Do you wear Dentures?** Yes☑ No ☑

**ICD-10 Diagnosis Code(s) Please see commonly used codes on back. Visit www.cms.gov for a comprehensive list of ICD-10 codes.**

**Test Requested**

**My BestMed™ Clinical Panel:**
ABCG2, ANKK1, APOE, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, DPYD, Factor II, Factor V, IFNL3 (rs12979860), LPA (rs10455872),LPA(rs3798220), MTHFR,NUDT15,SLCO1B1,UGT1A1,UGT2B15,VKORC1,Rs12777823

Only the specific DNA tests ordered will be performed on the biological sample; the sample will be destroyed after 60 days from the date it was collected.

I authorize the laboratory test(s) as ordered and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event and the patient's medical record must clearly reflect my order. I understand that Pro-GeneX Laboratories, Inc. is NOT a specimen banking facility, and any specimens I submit on behalf of patients will NOT be available after 60 days or for future clinical studies.

As a courtesy, Pro-GeneX Laboratories, Inc. makes every reasonable effort to obtain reimbursement for ordered tests. I will provide Pro-GeneX Laboratories, Inc. with any information necessary to bill my patient's insurance and obtain remibursement. I have discussed with my patient that it is the patient's responsibility for the cost of these laboratory services if the patient's insurance does not pay for the services.

I have provided my patient with a Notice of Privacy Practices as required under HIPAA and I"ve discussed with my patient that these laboratory results and associated protected heath information (PHI) are confidential to the extent required by law. PHI will only be released to medical professionals or other parties with the patient's written consent or as otherwise allowed by law.

I have read and understand the statements above and I authorize Pro-GeneX Laboratories, Inc. to perform the ordered test(s).

**Patient (or Guardian) Signature:**_____ **Date:** _____
**Provider Signature:**_____ **Date:** _____

***Please return form with your swab***

# Pharmacogenomic Testing

**What is *Pharmacogenomic testing*?** Pharmacogenomic testing is one tool that you and your provider can use to aid in determining the best medication for you. It looks at certain genetic changes which can impact how you metabolize, absorb, or respond to a particular medication. It is important to remember that other factors, such as age, other medications you are taking, and medical conditions can also impact how a medication may affect you.

**What are the possible results of this test?** The results will tell your doctor about genetic changes that may affect how you process certain medications. The results of this testing can reveal some inherited or genetic changes that might make a person unresponsive or hypersensitive to a particular medication. Other genetic or inherited changes might help explain why a person may experience harmful effects from some medications. People who are found to be "extensive metabolizers" will probably process the medication normally. Those who are "intermediate metabolizers" or "poor metabolizers" may experience reduced effectiveness of some medications or might experience unwanted adverse effects from some medications. On the other hand, patients who are "ultra-rapid metabolizers" may process a medication more quickly. This can also affect how well the medication works at the recommended dose.

**What is the test used for?** The MyBestMed™ panel helps doctors decide whether a medication will work for you and how likely it is to cause unwanted adverse effects. Your doctor may use the results to adjust your dose or consider other treatments.

***IT IS VERY IMPORTANT to know that the report may indicate suggestions to change the dosage of your medication(s), or to change the medication itself. Since your physician knows your health and medication history best, it is important that you do NOT change any medication until you discuss your results with your healthcare provider. This information is meant as a guide, and there are other factors that influence how well medications will work.***

**What are the limitations of the test?** For some medications, the results will give clear guidance for deciding the best dose. However, for other medications, there are no established dosing guidelines based on the results. Therefore, your doctor may need to try a few dose or treatment adjustments to see what works best for you. In addition, this test does not identify all genetic changes that could affect treatment decisions. Therefore, some people with normal test results may still process medications too quickly or too slowly. Additionally, this test does not take into account the impact from concurrent medications, diet, health conditions, or personal factors such as diet, age, and weight which may all influence how medications and drugs work.

**What is needed to perform this test?** Cheek (buccal) cells will be collected by swabbing the inside of your cheeks and gums. Your DNA is then extracted from the swab sample and tested for changes using MyBestMed™. Instructions for collection are included in the kit.

**What will happen to the DNA once the test is complete?** The original sample will be discarded at the end of the testing process or stored for no more than 30 days. In some circumstances, your DNA may be used anonymously as a negative or positive control sample in future testing for up to 6 months. But, in this circumstance, all identifiers will be removed prior to re-testing and the DNA sample and results obtained will remain anonymous.

**How will I obtain results from this test?** Simply log into the RxGeneAlert™ portal and provide your swab serial number and unique identifier code. Your results will become available approximately 10 business days after receipt of your sample. Your results are available to you and your physician 24/7 through the RxGeneAlert™ portal.

| ICD-10 Code | **Long-term(current) use of** |
|---|---|
| V-Valid For Claim Submission | |
| Z79.01 | anticoagulants |
| Z79.02 | antithrombotics/antiplatelets |
| Z79.1 | NSAIDs |
| Z79.2 | antibiotics |
| Z79.3 | hormonal contraceptives |
| Z79.4 | insulin |
| Z79.51 | inhaled steroids |
| Z79.52 | systemic steroids |
| Z79.810 | selective estrogen receptor modulators |
| Z79.811 | aromatase inhibitors |
| Z79.818 | other agents affecting estrogen receptors and estrogen levels |
| Z79.82 | aspirin |
| Z79.83 | bisphosphonates |
| Z79.84 | oral hypoglycemic drugs |
| Z79.891 | opiate analgesic |
| Z79.899 | other drug therapy |
| **H-Not Valid for Claim Submission** | |
| Z79 | drug stherapy |
| Z79.0 | anticoagulants and antithrombotics/antiplatelets |
| Z79.5 | steroids |
| Z79.8 | other drug therapy |
| Z79.81 | agents affecting estrogen |
| Z79.89 | other drug therapy |

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Pro-Gene Laboratories