



# Pharmacogenetic Test Requisition Form

Pro-GeneX Laboratories, Inc.  
999 Chestnut Street, Suite #16  
Gainesville, GA 30501  
844-794-3637  
CLIA#11D2166978  
Gregory P. Marshall, Ph.D.



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: _____	
<b>THIS SECTION IS REQUIRED: Patient Information</b>					
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last	First	Middle Initial	Date of Birth	Gender	
Address		City	State	Zip	
Phone	E-mail Address (for results)			Ethnicity	
<b>THIS SECTION IS REQUIRED: Insurance and/or Payment Information (Enclose copy of the front and back of patient's insurance card(s)).</b>					
<input type="checkbox"/> Commercial		<input type="checkbox"/> Self-Pay		<input type="checkbox"/> Client Bill	
				<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	
Insurance company	Insurance Address		City	State	Zip
Insurance Phone	Policy or Member ID#		Group#		
Name of Insured			Relationship to Patient and/or Employer		
<b>Current Medications. Please list any medications that you are taking below or attach a separate list of medications</b>					
_____					
_____					
Do you wear Dentures?   Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>ICD-10 Diagnosis Code(s) Please see commonly used codes on back. Visit <a href="http://www.cms.gov">www.cms.gov</a> for a comprehensive list of ICD-10 codes.</b>					
_____					
_____					
<b>Test Requested</b>					
<b>My BestMed™ Clinical Panel:</b> 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 reimbursement. 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 health 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:** \_\_\_\_\_

## 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
<b>V-Valid For Claim Submission</b>	
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
<b>H-Not Valid for Claim Submission</b>	
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

**Please return form with your swab**