



Pharmacogenomics Test Requisition

Patient Information

Please attach a copy of patient demographic sheet

Name (Last name, first)

DOB (mm/dd/yyyy)

Age

Gender

☐

Male

☐

Female

Address

City/State

Zip Code

Phone

Email

Ordering Physician Information (required)

Name (Last name, first)

Medical Credentials NPI #

Facility Name

Address

City/State

Zip Code

Name of Office Contact

Telephone

Patient Payment Options

- ☐ **Insurance:** Please attach a copy of front and back of insurance card
- ☐ **Self-Pay:** Next Genomix Laboratories will contact patient to obtain payment.
- ☐ **Client Bill or Institution Bill**

Ancestry (Select all that apply)

- ☐ African American/Black ☐ East Asian ☐ Mediterranean
- ☐ Ashkenazi Jewish ☐ French Canadian ☐ Sephardic Jewish
- ☐ Asian ☐ Hispanic ☐ South East Asian
- ☐ Caucasian/White ☐ Pacific Islander ☐ Mixed Race
- ☐ Unknown ☐ Other

Specimen Information (required)

Date of Collection Collected By

Specimen Type

- ☐ Oral Buccal / Cheek Swab

Current Medications

List ALL medications patient is currently taking and attach a printed copy of all known medications for drug-drug interactions and adverse drug reaction risk

ICD10 Codes (required)

Please complete the patient medical history section on the reverse side of this form

Patient Informed Consent (please sign here)

Pharmacogenomics is a field of medicine that combines the science of how drugs work, called pharmacology, with the science of the human genome, called genomics. Pharmacogenomics uses information about a person's genetic makeup, or genome, to choose medications and medication doses that are likely to work best for that particular person. Until recently, drugs have been developed with the idea that each drug works generally the same in everybody. However, genomic research has changed the one size fits all approach. Depending on your genetic makeup, some drugs may work more or less effectively for you than they do in other people. Likewise, some drugs may produce more or fewer side effects in you than in someone else. Information about your genetic makeup can assist your doctor in prescribing medicines that are most likely to work for you and avoid the trial-and-error approach of giving you various drugs that are not likely to work for you until finding the right one. This test may also help your physician make critical adjustments to the dosages of certain medications, as well as avoid prescribing combinations of drugs that may cause you to experience an adverse reaction. Your clinician will use a sterile swab to collect cells from the surface of the skin inside of your cheek. This collection is non-invasive and is not associated with any known risk. This swab will be sent to Next Genomix Laboratories for analysis. Results containing your pharmacogenetic information which may help your doctor understand how you may respond to different medications are sent directly to your healthcare provider who may use those results to create a personalized treatment plan. Pharmacogenomic testing is highly accurate, however testing may yield uninterpretable results for the following reasons: 1) sample contamination, 2) insufficient sample collection, 3) incomplete knowledge of the available genetic markers, 4) technical reasons. The Genetic Information Nondiscrimination Act (GINA) generally protects you against discrimination based on your genetic information when it comes to health insurance and employment. Your results will be released to clinicians directly involved in your care. Your results are confidential to the extent required by law, and may only be released to other medical professionals with your written consent. No tests other than the specific DNA tests ordered shall be performed on the biological sample and the sample shall be destroyed no more than sixty days after the sample was taken, unless a longer period of retention is expressly authorized in a separate consent form.

By signing below, I, the patient, confirm that I have been informed about the details of the tests ordered for me by my provider that includes Next Genomix Laboratories Pharmacogenomics Gene Tests. I understand the risks, benefits and limitations of testing and I voluntarily consent to testing. I give permission to Next Genomix Laboratories to perform the genetic tests described. I do hereby name Next Genomix Laboratories located at 6270 McDonough Drive, Suite G, Norcross, GA, 30093 to act as my Authorized Representative in requesting a prior authorization, appeal or documents from my health insurance carrier regarding the above-noted service or proposed service and to inform my health plan of my test result only if required for preauthorization or payment of additional reflex testing. I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing below, I authorize that payment(s) be made on my behalf to Next Genomix Laboratories for any services provided to me by Next Genomix Laboratories. I also authorize the release of any medical information necessary to process this claim. I understand that genetic testing not performed by this laboratory will be forwarded to another accredited reference laboratory. I understand and agree that this authorization is voluntary.

Patient Signature

Date

Test Requested

- ☐ **Personalized Medicine Profile** - 51 Genes
For description of genes see reverse page
- ☐ **Cardiology & Thrombophilia** - 20 Genes
For description of genes see reverse page
- ☐ **Pain/Psychiatry** - 22 Genes
For description of genes see reverse page
- ☐ **Single Gene Test**

Confirmation of Informed Consent and Medical Necessity

The tests ordered are medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine this patient's medical management and treatment decision as indicated in the medical necessity document provided on the reverse side of this form. The person listed as the Ordering Physician is legally authorized to order the test(s) requested here in. The patient was provided with information about the risks and benefits of genetic testing and has consented to genetic testing. Medical necessity is provided on the back of this form.

Ordering Physician Signature

Date

Test Requested**Personalized Medicine Profile - 51 Genes****Anesthesia**

CYP2B6

Cancer

TPMT, NUDT15, DPYD, ACYP2, G6PD, CYP2D6, MTHFR, CYP2C8, CEP72.

Cardiovascular

CACNA1C, CYP3A4, SLCO1B1, CYP2C9, CYP2D6, CYP2C19, ABCG2, 12q15, ALDH2, VKORC1, CYP4F2, CYP2C, F13A1, APOE, ITGB3, NOS3, LPA, MTHFR.

Diabetes

CYP2C9, C11orf65, SLC47A2, SLCO1B1, CYP2C8.

Gastrointestinal

CYP2C19, CYP2D6, CYP2C9, ABCB1.

Hematology

F5, F2.

Infectious Diseases

G6PD, CYP2B6, IFNL3, CYP2C19.

Neurology

CYP2C19.

Pain

CYP2D6, CYP2C19, CYP2C9, OPRM1, CYP2B6, OPRD1, COMT, CYP1A2.

Psychiatry and Addiction Medicine

GRIN2B, CYP2D6, CYP2C19, COMT, OPRD1, ANKK1, CYP2B6, GRIK4, HTR2A, FKBP5, CYP1A2, HTR2C, MC4R, DBH, BDNF, UGT2B15, ADRA2A, OPRM1, DRD2, GRIK1, ANK3, MTHFR.

Rheumatology

ABCG2, CYP2C19, CYP2C9, G6PD.

Transplantation

CYP3A5.

Urologicals

CYP2D6.

Sjogren's Syndrome

CYP2D6.

Gaucher Disease

CYP2D6.

Cardiology & Thrombophilia - 20 Genes

12q15, ABCG2, ALDH2, APOE, CACNA1C, CYP2C, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP4F2, F13A1, ITGB3, LPA, MTHFR, NOS3, SLCO1B1, VKORC1, F2, F5.

Pain/Psychiatry - 22 Genes

COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, OPRD1, OPRM1, ADRA2A, ANKK1, BDNF, DBH, DRD2, FKBP5, GRIK1, GRIK4, GRIN2B, HTR2A, HTR2C, MC4R, MTHFR, UGT2B15.



Pharmacogenomics Test Requisition

Patient Medical History

Patient Name (Last, First and Middle Initial)

Date of Birth (mm/dd/yyyy)

Gender

☐ Male ☐ Female

Reason(s) for Testing

This section provides medical necessity documentation for the Pharmacogenomics Tests ordered for this patient.

Select the primary reason(s) for test requested:

- ☐ The patient is initiating therapy within the drug class of cardiology, psychiatry, pain management.
- ☐ The patient has Acute Coronary Syndrome (ACS), undergoing Percutaneous Coronary Intervention (PCI) and is initiating or reinitiating Clopidogrel (Plavix) therapy.
- ☐ The patient is taking antithrombotic medications (e.g., Clopidogrel).
- ☐ The patient is taking cardiovascular medications such as beta-blockers, antiarrhythmic drugs, or statins.
- ☐ The patient is initiating therapy with amitriptyline or nortriptyline for treatment of depressive disorders.
- ☐ The patient is initiating therapy with tetrabenazine doses greater than 50 mg/day, or re-initiation of therapy with doses greater than 50mg/day.
- ☐ The patient is taking psychiatric or neurological drugs (e.g., antidepressants, antipsychotics, anticonvulsants, mood stabilizers, or stimulants).
- ☐ The patient is prediabetic, has an HbA1c outside the normal range, has a risk of developing diabetes, or has diabetes.
- ☐ The patient is starting on oral contraceptives (drospirenone/ethinylestradiol) associated with a risk of venous thrombosis.
- ☐ The patient has a history of medication failure.
- ☐ The patient is starting a new medication, with no previous history.
- ☐ The patient has a new diagnosis, with no pharmacological treatment history to treat that diagnosis.
- ☐ The patient has a history of, or is currently experiencing, adverse side effects from his/her current medication(s).
- ☐ The patient is on multiple medications, raising the risk for adverse drug reactions.
- ☐ Dosing increases on current medications have had a sub-therapeutic response.
- ☐ The patient has not complied with his/her current medication regimen due to adverse drug reactions.

Medical Notes

The test results are necessary to:

- ☐ Guide decisions about which medications to prescribe and/or avoid for this patient, or to guide decisions concerning dosing for current medication(s).
- ☐ Identify possible alternative medications which may yield a better therapeutic response for this patient than he/she is currently experiencing.
- ☐ Identify medications that should be avoided due to elevated risk of adverse effects for this patient.
- ☐ Help manage this patient's cardiovascular or thrombotic risk.

Ordering Physician Signature

Date

Pharmacogenomics Test Requisition

Shipping and Specimen Requirements



Shipping Address:

Attn: Next Genomix Laboratories
6270 McDonough Drive, Suite G, Norcross, GA 30093.



Specimen Requirements: Buccal collected using only an Oragene DX OCD-100 collection kit may be sent for parental confirmatory testing. Donor must not eat, drink, smoke or chew gum for 30 minutes prior to collection. Collection instructions must be followed: <https://www.dnagenotek.com/us/pdf/PD-BR-00192.pdf>

DNA extracted in a CLIA lab from the Oragene DX OCD-100 may be sent. Minimum DNA yield of 1 µg and a 10 ng/µl concentration requirement.

In the event that NGL does not receive sufficient sample material to complete the testing, the ordering party will be notified to provide an additional sample.



Labeling Requirements: Label sample tubes with at least two identifiers. Patient's full name and date of birth, preferred. We strongly recommend including the medical record number and/or specimen ID number also.



Shipping Conditions: Do not place in cold pack ship at room temperature Room Temperature 15-25°C Post sample collection stable for 60 days. Samples greater than 60 days will be rejected (<https://www.dnagenotek.com/us/pdf/PD-BR-00192.pdf>)



Result Delivery: Results are typically delivered within 7 business days. If urgent, clinically actionable results are obtained, they will be communicated by phone, followed by electronic notification. If clarification of the test order or an additional specimen are needed, the client will be contacted. Please provide phone and email for communication (page 1).