



PGT Requisition Form

1130 Hurricane Shoald Rd NE • Ste 1800 • Lawrenceville, GA 30043
 t 678.250.9222 • tf 1.888.250.6228 • f 770.545.8592
 CLIA# 11D2071408 • AlphaGenomix.com

Clinic Name		Requesting Physician		Collection Information	
_____		_____		date & time collected: _____	
_____		_____		collected by (print): _____	
Patient Information REQUIRED: Enclose a copy of the front and back of patient's insurance card(s), driver's license, and patient demographic.					
				<input type="radio"/> male <input type="radio"/> female	
last	first	middle initial	date of birth	sex	
address		city	state	zip	
		<input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Other			
phone	ethnicity				
Payment Information					
<input type="radio"/> Insurance <input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> Ordering physician <input type="radio"/> Self pay <input type="radio"/> Direct Bill					
Current Medications <i>Please list any medications that you are taking below.</i>					

ICD-10 Diagnosis Code(s) <i>Insurance companies require patient specific ICD-10 Codes to determine medical necessity of pharmacogenetic testing.</i>					

Report Type					
<input type="radio"/> Standard <input type="radio"/> DDI Included					
Test Requested					
<input type="radio"/> Personalized Medicine Panel CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, ABCB1, ADRA2A, ANKK1, APOE, COMT, DPYD, DRD2, Factor II, Factor V Leiden, G6PD, MTHFR, OPRK1, OPRM1, SLC6A4, SLC10B1, SULT4A1, TPMT, UGT1A1, UGT2B15, VKORC1					
<input type="radio"/> Specialty Panel <input type="checkbox"/> Cancer Drug Sensitivity (ABCB1, DPYD, G6PD, MTHFR, TPMT, UGT1A1 and CYPs: 2B6, 2C8, 2D6, 3A4, 3A5) <input type="checkbox"/> Cardiology & Thrombophilia (ABCB1, APOE, F2, F5, MTHFR, SLOC1B1, VKORC1, and CYPs: 2C9, 2C19, 2D6, 3A4, 3A5) <input type="checkbox"/> Pain (OPRM1, UGT2B15, and CYPs: 1A2, 2B6, 2C9, 2C19, 2D6, 3A4, 3A5) <input type="checkbox"/> Psychiatry/ADHD (ADRA2A, ANKK1/DRD2, COMT, MTHFR, SLC6A4, SULT4A1, and CYPs: 1A2, 2C9 2C19, 2D6, 3A4, 3A5) <input type="checkbox"/> Pain/Psychiatry (ABCB1, ADRA2A, ANKK1/DRD2, COMT, MTHFR, OPRM1, SLC6A4, SULT4A1, UGT2B15, and CYPs: 1A2, 2B6, 2C9, 2C19, 2D6, 3A4, 3A5)					
<input type="radio"/> Single Gene Test _____					

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.

I, the undersigned, understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing this authorization, I am acknowledging that payment(s) be made on my behalf to Alpha Genomix for any services provided to me by Alpha Genomix. I also allow the release of any medical information necessary to process this claim.

I authorize the above ordered laboratory test(s). If no profile or multiple profiles are selected, Alpha Genomix will test the Personalized Medicine Panel.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____

For a comprehensive list of ICD-10 diagnosis codes, visit www.cms.gov

* Codes with greater degree of specificity should be considered

Category	Block	Subcategory Example	Subcategory Includes
Certain Infectious Disease and Parasitic Disease	A00-B99	Infections with predominantly sexual mode of transmission (A50-A64)	Gonococcal infection (A54)*
Neoplasms	C00-D49	Malignant neoplasms of breast (C50)	Malignant neoplasm of central portion of breast (C50.11)*
		Neoplasms of unspecified behavior (D49)	Neoplasm of unspecified behavior of respiratory system (D49.1)
Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving Immune System Mechanisms	D50-D89	Coagulation Defects, Purpura and Other Hemorrhagic Conditions (D65-D69)	Primary Thrombophilia (D68.5)
			Other specified coagulation defects (D68.8)
Endocrine, Nutritional and Metabolic Diseases	D50-D89	Disorders of Thyroid Gland (E00-E07)	Other hypothyroidism (E03)*
		Diabetes Mellitus (E08-E13)	Type 1 diabetes mellitus (E10)*
			Type 2 diabetes mellitus without complications (E11.9)
		Disorders of Other Endocrine Glands (E20-E35)	Hyperfunction of pituitary gland (E22)*
			Hypofunction and other disorders of pituitary gland (E23)*
		Metabolic Disorders (E70-E90)	Pure hypercholesterolemia (E78.0)
			Other hyperlipidemia (E78.4)
Hyperlipidemia, unspecified (E78.5)			
Mental and Behavioral Disorders	F01-F99	Mental Disorders of Known Physiological Conditions (F01-F09)	Unspecified Dementia with/without behavioral disturbance (F03.90-F03.91)
		Mental and Behavioral Disorders Due to Psychoactive Substance Abuse (F10-F19)	Alcohol Abuse (F10.1)*
			Opioid Abuse (F11.1)*
			Bipolar disorder, current episode depressed, mild or moderate severity (F31.30-F31.32)
		Mood Disorders (F30-F39)	Major depressive disorder, recurrent, severe with psychotic symptoms (F33.0-F33.3)
			Major depressive disorder, recurrent, in remission (F33.40-F33.42)
		Major depressive disorder, recurrent, unspecified (F33.9)	
Diseases of the Nervous System	G00-G99	Inflammatory Diseases of Central Nervous System (G00-G09)	Bacterial meningitis, not elsewhere classified (G00)*
		Other Degenerative Diseases of the Nervous System (G30-G32)	Alzheimer's Disease (G30)
		Demyelinating Diseases of the Central Nervous System (G35-G37)	Multiple Sclerosis (G35)
Diseases of Circulatory System	I00-I99	Hypertensive Diseases (I10-I15)	Essential (primary) hypertension (I10)
		Ischemic Heart Diseases (I20-I25)	Unstable angina (I20.0)
			Angina pectoris with documented spasm (I20.1)
			Other forms of angina pectoris (I20.8)
			Angina pectoris, unspecified (I20.9)
			ST Elevation (STEMI) and non-ST-elevation (NSTEMI) myocardial infarction (I21)*
			Other forms of acute ischemic heart disease (I24.8)
			Atherosclerosis of coronary artery bypass graft (s) and coronary artery of transplanted heart with angina pectoris (I25.7)*
		Pulmonary Heart Diseases and Diseases of Pulmonary Circulation (I26-I28)	Pulmonary embolism (I26)*
		Other Forms of Heart Disease (I30-I52)	Chronic atrial fibrillation (I48.2)
Unspecified atrial fibrillation (I48.91)			
Diseases of Arteries, Arterioles and Capillaries (I70-I79)	Atherosclerosis (I70)*		
Diseases of Respiratory System	J00-J99	Acute Upper Respiratory Infections (J00-J06)	Acute pharyngitis, unspecified (J02.9)
		Other Acute Lower Respiratory Infections (J20-J22)	Acute bronchitis, unspecified (J20.9)
Symptoms, Signs and Abnormal Clinical and Laboratory Findings Not Elsewhere Classified	R00-R99	Involving Circulatory and Respiratory (R00-R09)	Tachycardia, unspecified (R00.0)
			Bradycardia, unspecified (R00.1)
			Elevated blood-pressure reading without diagnosis of hypertension (R03.0)
		Involving the Digestive System and Abdomen (R10-R19)	Chest pain, unspecified (R07.9)*
			Acute abdomen (R10.0)
			Generalized abdominal Pain (R10.84)
Unspecified Abdominal Pain (R10.9)			