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**REQUISITION NUMBER** \_\_\_\_\_

Clinic Name \_\_\_\_\_ Requesting Physician \_\_\_\_\_ Today's Date & Time \_\_\_\_\_ Collected By \_\_\_\_\_

**PATIENT INFO** REQUIRED: Enclose a copy of the front and back of patient's insurance card(s), driver's license, and patient demographic.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Ethnicity  African-American  Caucasian  Asian  Hispanic  Other

Have you ever had a Pharmacogenetics test before?  No  If Yes, please attach results.

**PAYMENT INFO**

Must provide a copy of Front & Back of Insurance card.

Medicare  Medicaid  Self Pay  Direct Bill

Insurance → Preauthorization Required?  No  Yes PA# \_\_\_\_\_

**CURRENT MEDICATIONS**

Please list any medications that you are taking below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ICD-10 DIAGNOSIS CODE(S)** Insurance companies require patient specific icd-10 codes to determine medical necessity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORT TYPE**

Select one or more.

STANDARD  DDI Included  Include Psych Risk Factors

**TEST REQUESTED**

- Personalized Medicine Panel**  
*CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, ABCB1, ADRA2A, ANKK1, APOE, COMT, DPYD, DRD2, Factor II, Factor V Leiden, MTHFR, OPRK1, OPRM1, SLC6A4, SLCO1B1, SUL-4A1, TPMT, UGT2B15, VKORC1*
- Specialty Panel**
- Chemo Tox (*DYPD, MTHFR, TPMT, UGT1A1 and CYPs: 2C8 and 2D6*)
  - Cardiology & Thrombophilia (*ABCB1, APOE, Factor II, Factor V Leiden, MTHFR, SLOC1B1, VKORC1 AND CYPs: 3A4, 3A5, 2C9, 2C19 and 2D6*)
  - Pain / Psychiatry (*ABCB1, ADRA2A, ANKK1/DRD2, COMT, MTHFR, OPRM1, SLC6A4, SULT4A1, UGT2, and CYPs: 1A2, 3A4, P3A5, 2B6, 2C9, 2C19 and 2D6*)
- Single Gene Test** \_\_\_\_\_

I request and authorize Alpha Genomix laboratories and/or Consultative Genomics, PLLC to perform the designated test(s) on the DNA sample provided by me, as well as provide clinical reporting for the attached sample.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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 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 laboratories and/or Consultative Genomics, PLLC for any services provided to me by Alpha Genomix laboratories. 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 laboratories a nd/or Consultative Genomics, PLLC will test the personalized Medicine Panel.

**For a comprehensive list of ICD-10 diagnosis codes, visit [www.cms.gov](http://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)			