



PGx Requisition Form

Practice Information

2773 Marshall Drive, Suite D, Tifton, Georgia 31793

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SAMPLE COLLECTION DATE & TIME

PATIENT INFORMATION IMPORTANT - Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

Patient First Name	Patient Last Name	Patient Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Patient Street, City, State & Zip		Height	Height
Patient Phone Number	Patient Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

PATIENT INSURANCE INFORMATION - Attach patient demographics and copy of insurance card

Commercial Carrier Self-Pay Medicare/Medicaid Worker's Compensation DOI: _____

Primary Insurance	Social Security Number
Primary Insurance ID#	Primary Insurance Group
Name Of Person Insured	Date of Birth of Insured

PATIENT CONSENT AUTHORIZATION

By my signature below I voluntarily consent to the collection and testing of my specimen and the release of the testing results to the ordering physician/facility, however such results shall be used solely for clinical diagnostic/treatment purposes only and shall not be used for any forensic purposes related to my employment or other legal or administrative purposes. The specimen identified by this form is my own, is fresh, and is unadulterated. I authorize Luminus Diagnostics to bill my insurance directly for services I receive and acknowledge that Luminus Diagnostics may be an out-of-network provider with my insurance. I am aware that in some instances my insurer may send payment directly to me. In such instances I agree to endorse the check and forward it to Luminus Diagnostics within 30 days. Failure to do so may result in my account being turned over for collection and the delinquency reported to credit rating agencies. If the self-pay box is checked I agree to be financially responsible for the laboratory fees incurred with regards to the above ordered tests.

Print Patient Name	Patient Signature	Date
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PROVIDER SECTION

<input type="checkbox"/> AMPLIS REPORT Depression Medication Guidance with Blood Brain Barrier Analysis for Genetic Variance PANEL INCLUDES: ABCB1, ABCG1, ANKK1, FACTOR II, FACTOR V, MTHFR, OPRM1, SLCO1B1, UGT1A1, VKORC1, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, CYP4F2	<input type="checkbox"/> Comprehensive Panel PANEL INCLUDES THE FOLLOWING GENES: ANKK1, COMT, FACTOR II, FACTOR V, MTHFR, OPRM1, SLCO1B1, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, VKORC1	<input type="checkbox"/> Cardiac Panel PANEL INCLUDES THE FOLLOWING GENES: FACTOR II, FACTOR V, MTHFR, SLCO1B1, VKORC1, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5	<input type="checkbox"/> Psychiatry Panel PANEL INCLUDES THE FOLLOWING GENES: ANKK1, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, MTHFR
<input type="checkbox"/> Pain Management Panel PANEL INCLUDES THE FOLLOWING GENES: ANKK1, COMT, OPRM1, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5	<input type="checkbox"/> PeriOperative Panel PANEL INCLUDES THE FOLLOWING GENES: FACTOR II, FACTOR V, MTHFR, OPRM1, CYP2C9, CYP2C19, CYP2D6, VKORC1		

PATIENT CLINICAL AND LIFESTYLE HISTORY

Foods and other lifestyle habits can have an effect on certain medications. If you know your patient is a significant consumer of the following, indicate below:

<input type="checkbox"/> Acidic Foods	<input type="checkbox"/> Fermented Foods/Sauces	<input type="checkbox"/> Foods High in Protein Content	<input type="checkbox"/> Tonic Water
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Foods Containing Licorice	<input type="checkbox"/> Foods High in Sodium	
<input type="checkbox"/> Caffeine	<input type="checkbox"/> Foods Containing Milk	<input type="checkbox"/> Grapefruit Juice	
<input type="checkbox"/> Cranberry	<input type="checkbox"/> Foods High in Calcium	<input type="checkbox"/> Leafy Greens	
<input type="checkbox"/> Chamomile Teas	<input type="checkbox"/> Foods High in Fat	<input type="checkbox"/> Marijuana	Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Chocolate	<input type="checkbox"/> Foods High in Iron	<input type="checkbox"/> Smoking	Breastfeeding <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Enteral Feeding	<input type="checkbox"/> Foods High in Potassium	<input type="checkbox"/> Tobacco	DUE DATE (if applicable) ___ / ___ / ___

DIAGNOSIS INFORMATION / ICD-10 CODE(S)

REQUIRED: Ordering Provider should report ICD-10 code(s) that best describe the reason for performing the test.

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PROVIDER AUTHORIZATION

The ordering authorized Health Care Provider understands and hereby acknowledges that (a) the tests ordered are medically necessary for this particular patient, given the patient's clinical condition, and have been recorded in the patient's clinical file and the Health Care Provider is responsible for assigning and providing specific ICD-10 code(s) to support the medical necessity of any and all laboratory tests; and (b) the Health Care Provider must make a determination that medical necessity exists each time a specimen is submitted.

PROVIDER INFORMATION

Authorizing Provider Name	Authorizing Provider NPI#
Authorizing Provider Signature	Date

Common ICD-10 Codes

The provided ICD-10 codes are for informational purposes only and the listed codes are not all-inclusive. The diagnosis may be for reasons other than those listed that support medical necessity of the service. This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. The ultimate responsibility for correct coding belongs to the ordering physician. Only those conditions supported by the medical record documentation should be reported.

GENERAL

F41.1	Generalized anxiety disorder
F90.2	Attention-deficit hyperactivity disorder, combined type
G60.9	Hereditary and idiopathic neuropathy, unspecified
G71.8	Other primary disorders of muscles
G89.4	Chronic pain syndrome
G89.11	Acute pain due to trauma
G89.21	Chronic pain due to trauma
K92.2	Gastrointestinal hemorrhage, unspecified
Z79.899	Other long term (current) drug therapy
N14.1	Nephropathy induced by other drugs, medicaments and biologicals
N14.2	Nephropathy induced by unspecified drugs, medicaments and biologicals
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T40.2X5A	Adverse effect of other opioids, initial encounter
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter
Z13.79	Encounter for other screening for genetic and chromosomal anomalies

CARDIOVASCULAR

I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery

CARDIOVASCULAR (CONTINUED)

I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.8	Occlusion and stenosis of other cerebral arteries
Z79.02	Long term (current) use of antithrombotics/antiplatelets

MENTAL HEALTH

F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
G10	Huntington's disease