



6 Industrial Way West
Suite F19
Eatontown, NJ 07724
P: 732-542-3200
F: 866-495-9427
www.yourgotolab.com



Patient Name: _____

DOB: ____ / ____ / ____



Patient Name: _____

DOB: ____ / ____ / ____

Pharmacogenetic Requisition

Physician Information

Patient Information

Patient Name: _____
(Last Name, First Name)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Phone#: _____

Gender: Male Female SS#: _____

Requesting Physician's Signature

X _____

Collection Information

Collection Date: ____ / ____ / ____ Time: ____ am/pm

Collection Site: Office Home ASC Urgent Care Hospital

Billing Information (Please attach copies of all cards, front and back)

PRIMARY Billing Information Attached

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician

Insurance Carrier: _____ Policy/ID #: _____ Group #: _____

SECONDARY

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician (no ins. info needed)

ICD-10 CODE(S): _____

(See list on reverse side for references)

Prescribed Medications (Please list all current medications, attach additional sheets as necessary)

Comments: _____

Pharmacogenomics Panel*

APOE	CYP2C	CYP3A4	F5	MTHFR	VKORC1
ATM	CYP2C19	CYP3A5	GRIK4	OPRM1	
COMT	CYP2C8	CYP4F2	HTR2A	SLCO1B1	
CYP1A2	CYP2C9	DPYD	HTR2C	TPMT	
CYP2B6	CYP2D6	F2	IFNL3	UGT1A1	

***REQUIRED: Two swabs must be submitted.**

Patient Consent: I authorize payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to A2Z Diagnostics, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to A2Z Diagnostics, LLC.

Patient Signature: _____

DIAGNOSIS/ICD-10 CODES

Note: This list is provided in an effort to show some of the more commonly used Diagnosis Codes. Please Mark with a ALL Diagnosis Codes that describe the reason(s) for ordering the test(s).

Mark ()	Diagnosis Code	Diagnosis Description
PGx ICD-10		
	F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
	F31.31	Bipolar disorder, current episode depressed, mild
	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
	F31.60	Bipolar disorder, current episode mixed, unspecified
	F31.61	Bipolar disorder, current episode mixed, mild
	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
	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
	F33.3	Major depressive disorder, recurrent, severe with psychotic
	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
	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
	I25.6	Ischemic cardiomyopathy
	I25.720	Silent myocardial ischemia
	I25.728	Atherosclerosis autologous artery coronary artery bypass grafts with unstable angina pectoris
	I25.760	Atherosclerosis autologous artery coronary artery bypass graft(s) with other forms angina pectoris
	I25.790	Atherosclerosis of bypass graft of coronary artery transplanted heart with unstable angina
	I25.798	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
	I25.810	Atherosclerosis of other coronary artery bypass graft(s) without angina pectoris
	I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
	I25.99	Other forms of chronic ischemic heart disease
	I25.9	Chronic ischemic heart disease, unspecified
	I66.8	Occlusion and stenosis of other cerebral arteries
	Z79.02	Long term (current) use of antithrombotics/antiplatelets

PGx COLLECTION INSTRUCTIONS:

Prepare

Using universal precautions, open both buccal swab packages and apply completed requisition label to sterilization collection pouch.

Collect

Have patient gently rinse mouth with water for 30 seconds prior to sample collection. Remove swab from package. Using moderately FIRM pressure, scrub one side of the swab for 30 seconds in a circular motion on inside of cheek, turn swab to other side and repeat. Repeat this with second swab, totaling 1 minute for EACH swab.

Seal

After collection, place swabs into sterilization collection pouch and close tightly. Place sealed swabs into biohazard bag with provided silica gel packet and close. Place white copy of requisition form and patient paperwork in outer pouch.