

29580 Northwestern Hwy, STE 120  
 Southfield, MI 48034  
 Phone: 248 301 6917  
 Fax: 248 301 6805  
 support@nwlabs.com



PATIENT INFORMATION <input type="checkbox"/> Demographics Attached				PROVIDER INFORMATION					
<b>FIRST NAME:</b>									
<b>LAST NAME:</b>									
<b>DOB:</b>		<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
<b>ADDRESS:</b>									
<b>CITY:</b>		<b>STATE:</b>						<b>ZIP:</b>	
<b>EMAIL:</b>		<b>PHONE:</b>							
ANCESTRY				SPECIMEN INFORMATION					
<input type="checkbox"/> African American		<input type="checkbox"/> Hispanic		<input type="checkbox"/> East Asian		<b>DATE OF COLLECTION:</b>			
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> South Asian					
<input type="checkbox"/> Native American		<input type="checkbox"/> North African		<input type="checkbox"/> Other		<b>TIME:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM			
				<b>SPECIMEN TYPE:</b> <input type="checkbox"/> Buccal Swab		<b>COLLECTOR:</b>			
				<input type="checkbox"/> Other:					
INSURANCE INFORMATION									
<input type="checkbox"/> Insurance		<input type="checkbox"/> Client Bill			<input type="checkbox"/> Self-Pay				
<b>CARRIER:</b>		<b>GROUP #:</b>			<b>POLICY #:</b>				
<b>NAME OF INSURED:</b>		<b>DOB OF INSURED:</b>			<b>RELATIONSHIP:</b>				
<i>*Please attach a copy of the insurance card &amp; other demographics</i>									
TEST SELECTION									
<b>Current RX or Considering RX:</b> Please put a check mark next to the medications you want to order a test on in either Current RX indicating that you are currently prescribing the medication or Considering RX if you are evaluating the medication for the patient.  <b>ICD10:</b> Please put the diagnosis code that is the reason for the current/considered RX.				<b>Provider Notes:</b> Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating a current RX for avoidance, please indicate the adverse reaction.  <b>Dosage, Avoidance or Selection:</b> Please select D for Dosage, A for Avoidance or S for selection, you may be evaluating this for all 3 reasons or just one, please indicate which.					
PGX INSTRUMENT PANEL:	CYP2C19 APOE	CYP2D6 CYP2C9	COMT CYP3A4	CYP2B6 CYP1A2	CYP3A5 SLC01B1	F2 F5	MTHFR VKORC1		
<b>81418 SUB-PANEL:</b>	CYP2D6	CYP2C19	CYP1A2	APOE	COMT	CYP3A4			
To ensure that <b>medical necessity</b> requirements are met, <b>at least one medication and corresponding diagnosis (ICD-10) code must be selected</b> from the options below. An additional area is included for any other medications, diagnoses, or notes not listed in the table for comprehensive documentation of the patient's care.									
PHYSICIAN AUTHORIZATION									
I, the undersigned healthcare provider, acknowledge that when ordering a PGX panel through North West Labs, located at 29580 Northwestern Hwy., Suite 120, Southfield, MI 48034 (NPI: 1568994879, Tax ID: 813538903) I understand and agree to the following terms: In some or all instances PGX panels and their associated tests will be forwarded to PCR Labs of America (1464 E Whitestone Blvd, Ste 2401, Cedar Park, TX 78613; Phone: (512) 456-0071; Fax: (512) 456-0072) for processing and analysis. I attest that I am the ordering physician and treating clinician for the patient identified on this requisition. I confirm that the medical necessity for each test ordered is documented in the patient's record, and I will provide supporting documentation within 72 hours when requested. I attest that all tests ordered are medically necessary, individualized to the patient's condition, clinically appropriate in frequency, and will guide patient care decisions. I have attached all prescribed medications, over-the-counter drugs, and herbal products that may impact test results. I certify that all information provided, including ICD-10 codes, is accurate and complies with applicable payer medical necessity policies. I confirm that the patient (or their legal guardian) has provided informed consent for this genetic test, and a record of this consent is maintained or attached. I authorize the laboratory to bill the patient and/or their insurance for the ordered tests. I acknowledge that testing will be performed in compliance with all applicable healthcare regulations, including HIPAA and CLIA, as required.									
PHYSICIAN SIGNATURE: _____				DATE: _____					
PATIENT AUTHORIZATION									
I voluntarily consent to the collection and testing of my specimen and authorize the laboratory to perform the ordered test and release my test results to the ordering clinician. If I have provided my insurance information, I authorize performing lab to bill my insurance directly, receive payment on my behalf, and act as my designated representative to appeal any denial of health benefits. I understand that I am responsible for any amounts not covered by my insurance, including deductibles, copayments, and coinsurance, and for forwarding any payments I may receive from my insurer to performing lab for services rendered. I confirm that I have an ongoing provider-patient relationship with the ordering provider and that test results will be used in the provision of my healthcare.									
You understand that "de-identified" means removal of direct identifiers (e.g., name, medical record number, social security number) so that your identity cannot reasonably be determined. Personal identifiers will be replaced with a unique code. Unless you authorize otherwise, your sample will be destroyed within thirty (30) days of test completion and will not be used for any other purpose. Granting or withholding this authorization is optional and will not affect your testing or results.									
<b>Database Participation:</b> You acknowledge that de-identified medical and genetic information may be shared with scientists, health care providers, or databases to advance understanding of human health and disease. No personal identifying information will be shared. While the risk of re-identification is low, it may increase if you have made genetic or medical data publicly available.									
<b>Research Participation:</b> If you consent to both database and research participation, NWL may share your de-identified sample and raw data for research purposes, including test development, drug discovery, validation studies, clinical trials, and scientific publications. Your provider, or you directly, if necessary, may be contacted regarding research findings. You acknowledge that any resulting discoveries, tests, or products will be owned by PCHS and its collaborators and may have commercial value. You and your heirs will not receive compensation for such value.									
PATIENT SIGNATURE: _____				DATE: _____					

# MEDICATIONS & ICD-10 CODES REQUIRED FOR PHARMACOGENOMIC TESTING

(Select all that apply)

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating the current RX for avoidance, please indicate an adverse reaction. ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition should also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

Note - CPT code 81418 will be billed for the following tests: (CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2). All other CPT codes associated with additional tests will be billed separately.

## CYP2D6

TRICYCLIC ANTIDEPRESSANTS	ADRENERGIC AGENTS	ANTICHOLINERGICS	ANTIPSYCHOTICS (CONT)
<input type="checkbox"/> <b>Amitriptyline (Elavil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Clomipramine (Anafranil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F60.5 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Desipramine (Norpramin)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Doxepin (Silenor)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> G47.09 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Imipramine (Tofranil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Nortriptyline (Pamelor, Aventyl)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Trimipramine (Surmontil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Carvedilol (Coreg)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> I50.1 <input type="checkbox"/> I50.40 <input type="checkbox"/> I50.9 <input type="checkbox"/> I50.20 <input type="checkbox"/> I50.89 <input type="checkbox"/> I10 <input type="checkbox"/> I50.30 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Lofexidine (Lucemyra)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F11.23 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>SSRI's</b> <input type="checkbox"/> <b>Citalopram (Celexa)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F33.3 <input type="checkbox"/> F32.4 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Escitalopram (Lexapro)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F41.1 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.3 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Fluvoxamine (Luvox)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F60.5 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Paroxetine (Paxil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F33.2 <input type="checkbox"/> F41.0 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.3 <input type="checkbox"/> F41.1 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.41 <input type="checkbox"/> F43.11 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.9 <input type="checkbox"/> F43.12 <input type="checkbox"/> F32.9 <input type="checkbox"/> F40.01 <input type="checkbox"/> F32.81 <input type="checkbox"/> F33.1 <input type="checkbox"/> F40.11 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Sertraline (Zoloft)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F33.1 <input type="checkbox"/> F40.11 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.2 <input type="checkbox"/> F41.0 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.3 <input type="checkbox"/> F43.11 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.41 <input type="checkbox"/> F43.12 <input type="checkbox"/> F32.81 <input type="checkbox"/> F33.9 <input type="checkbox"/> F60.5 <input type="checkbox"/> F32.9 <input type="checkbox"/> F40.01 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Venlafaxine (Effexor)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F32.9 <input type="checkbox"/> F33.41 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.1 <input type="checkbox"/> F33.9 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.2 <input type="checkbox"/> F33.3 <input type="checkbox"/> F32.4 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>VMAT2 INHIBITORS</b> <input type="checkbox"/> <b>Deutetrabenazine (Austedo)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G10 <input type="checkbox"/> G24.01 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Tetrabenazine (Nitoman, Xenazine)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G10 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Valbenazine (Ingrezza)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G24.01 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Tolterodine (Detrol)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N32.81 <input type="checkbox"/> N39.41 <input type="checkbox"/> N39.46 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>CHOLINERGIC AGENTS</b> <input type="checkbox"/> <b>Cevimeline (Evoxac)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> M35.00 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>ANTINEOPLASTICS/ONCOLOGY</b> <input type="checkbox"/> <b>Gefitinib (Iressa)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C34.90 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Tamoxifen (Soltamox, Nolvadex)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C50.919 <input type="checkbox"/> C50.929 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>ANTIARRHYTHMICS</b> <input type="checkbox"/> <b>Propafenone (Rythmol)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> I48.0 <input type="checkbox"/> I48.11 <input type="checkbox"/> I48.19 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>ANTIEMETICS/PROKINETICS</b> <input type="checkbox"/> <b>Meclizine (Antivert)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> T75.3XXA <input type="checkbox"/> T75.3XXS <input type="checkbox"/> T75.3XXD <input type="checkbox"/> R11.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Metoclopramide (Reglan, Metozolv)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> R11.2 <input type="checkbox"/> K21.00 <input type="checkbox"/> K21.9 <input type="checkbox"/> K31.84 <input type="checkbox"/> K21.01 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Ondansetron (Zofran)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> R11.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Tropisetron (Navoban)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> R11.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>ENZYME INHIBITORS</b> <input type="checkbox"/> <b>Eliglustat (Cerdelga)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> E75.22 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>ANTIPSYCHOTICS</b> <input type="checkbox"/> <b>Aripiprazole (Abilify)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F33.1 <input type="checkbox"/> F31.4 <input type="checkbox"/> F20.1 <input type="checkbox"/> F33.2 <input type="checkbox"/> F31.5 <input type="checkbox"/> F20.2 <input type="checkbox"/> F33.3 <input type="checkbox"/> F31.61 <input type="checkbox"/> F20.3 <input type="checkbox"/> F33.41 <input type="checkbox"/> F31.62 <input type="checkbox"/> F20.5 <input type="checkbox"/> F33.9 <input type="checkbox"/> F31.63 <input type="checkbox"/> F20.81 <input type="checkbox"/> F31.0 <input type="checkbox"/> F31.64 <input type="checkbox"/> F20.89 <input type="checkbox"/> F31.11 <input type="checkbox"/> F31.71 <input type="checkbox"/> F32.1 <input type="checkbox"/> F31.12 <input type="checkbox"/> F31.73 <input type="checkbox"/> F32.2 <input type="checkbox"/> F31.13 <input type="checkbox"/> F31.75 <input type="checkbox"/> F32.3 <input type="checkbox"/> F31.2 <input type="checkbox"/> F31.77 <input type="checkbox"/> F32.4 <input type="checkbox"/> F31.31 <input type="checkbox"/> F84.0 <input type="checkbox"/> F32.9 <input type="checkbox"/> F31.32 <input type="checkbox"/> F95.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Pimozide (Orap)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F95.2 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Aripiprazole Lauroxil (Aristrada)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.3 <input type="checkbox"/> F20.89 <input type="checkbox"/> F20.1 <input type="checkbox"/> F20.5 <input type="checkbox"/> F20.81 <input type="checkbox"/> F20.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Brexpiprazole (Rexulti)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.89 <input type="checkbox"/> F33.1 <input type="checkbox"/> F20.1 <input type="checkbox"/> F32.1 <input type="checkbox"/> F33.2 <input type="checkbox"/> F20.2 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.3 <input type="checkbox"/> F20.3 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.41 <input type="checkbox"/> F20.5 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.9 <input type="checkbox"/> F20.81 <input type="checkbox"/> F32.9 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Clozapine (Clozaril, Versacloz, FazaClo ODT)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.3 <input type="checkbox"/> F20.89 <input type="checkbox"/> F20.1 <input type="checkbox"/> F20.5 <input type="checkbox"/> R45.851 <input type="checkbox"/> F20.2 <input type="checkbox"/> F20.81 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Iliperidone (Fanapt)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.3 <input type="checkbox"/> F20.89 <input type="checkbox"/> F20.1 <input type="checkbox"/> F20.5 <input type="checkbox"/> F20.81 <input type="checkbox"/> F20.2 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Perphenazine (Trilafon, Etrafon, Triafil, Triptafen)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.3 <input type="checkbox"/> F20.89 <input type="checkbox"/> F20.1 <input type="checkbox"/> F20.5 <input type="checkbox"/> R11.2 <input type="checkbox"/> F20.2 <input type="checkbox"/> F20.81 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Thioridazine (Mellaril)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F20.0 <input type="checkbox"/> F20.2 <input type="checkbox"/> F20.5 <input type="checkbox"/> F20.1 <input type="checkbox"/> F20.3 <input type="checkbox"/> F20.81 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Codeine (Nelx AC, VroxeX CB, BroveX CBX, EndaCof-AC)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G89.11 <input type="checkbox"/> G89.29 <input type="checkbox"/> G89.18 <input type="checkbox"/> R52 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Hydrocodone (Vicodin, Loratab, Lorcet-HD, Hycodan, Vicoprofen)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G89.11 <input type="checkbox"/> G89.29 <input type="checkbox"/> G89.18 <input type="checkbox"/> R52 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Oliceridine (Olinvyk)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G89.11 <input type="checkbox"/> G89.18 <input type="checkbox"/> R52 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Tramadol (Ultram)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> G89.11 <input type="checkbox"/> G89.29 <input type="checkbox"/> G89.18 <input type="checkbox"/> R52 <input type="checkbox"/> Other: _____

Note- CPT code 81418 will be billed for the following tests: (CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2). All other CPT codes associated with additional tests will be billed separately.

## CYP2C19

### ANTICONVULSANTS

- ☐ **Brivaracetam (Briviact)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ G40.101 ☐ G40.119 ☐ G40.211  
☐ G40.109 ☐ G40.201 ☐ G40.219  
☐ G40.111 ☐ G40.209  
☐ Other: \_\_\_\_\_
- ☐ **Clobazam (Onfi)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ G40.811 ☐ G40.813  
☐ G40.812 ☐ G40.814  
☐ Other: \_\_\_\_\_

### SNRIS & OTHER SEROTONERGIC AGENTS

- ☐ **Flibanserin (Addyi)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F52.0 ☐ Other: \_\_\_\_\_

### ANTIPLATELETS

- ☐ **Clopidogrel (Plavix)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ I20.0 ☐ I21.4 ☐ I69.30  
☐ I21.01 ☐ I21.A1 ☐ Z86.73  
☐ I21.02 ☐ I21.A9 ☐ Z98.61  
☐ I21.09 ☐ I22.0 ☐ Z98.62  
☐ I21.11 ☐ I22.1 ☐ I21.B  
☐ I21.19 ☐ I22.2 ☐ I25.2  
☐ I21.29 ☐ I22.8  
☐ Other: \_\_\_\_\_

### ANTINEOPLASTICS/ONCOLOGY

- ☐ **Belzutifan (Welireg)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ C25.4 ☐ C67.3 ☐ D13.7  
☐ C64.1 ☐ C67.4 ☐ D18.02  
☐ C64.2 ☐ C67.5 ☐ D32.0  
☐ C65.1 ☐ C67.6 ☐ D32.1  
☐ C65.2 ☐ C67.7 ☐ D33.0  
☐ C66.1 ☐ C67.8 ☐ D33.1  
☐ C66.2 ☐ C68.0 ☐ D33.3  
☐ C67.0 ☐ C68.1 ☐ D33.4  
☐ C67.1 ☐ C68.8 ☐ D33.7  
☐ C67.2 ☐ C7A.093  
☐ Other: \_\_\_\_\_

### TRICYCLIC ANTIDEPRESSANTS

- ☐ **Amitriptyline (Elavil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_
- ☐ **Clomipramine (Anafranil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F60.5 ☐ Other: \_\_\_\_\_
- ☐ **Desipramine (Norpramin)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_
- ☐ **Doxepin (Silenor)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ G47.09  
☐ F32.4 ☐ F33.3  
☐ Other: \_\_\_\_\_
- ☐ **Imipramine (Tofranil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_
- ☐ **Nortriptyline (Pamelor, Aventyl)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_
- ☐ **Trimipramine (Surmontil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_

### SSRI's

- ☐ **Citalopram (Celexa)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F33.3  
☐ F32.4 ☐ Other: \_\_\_\_\_
- ☐ **Escitalopram (Lexapro)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F32.9 ☐ F33.41  
☐ F32.2 ☐ F33.1 ☐ F33.9  
☐ F32.3 ☐ F33.2 ☐ F41.1  
☐ F32.4 ☐ F33.3  
☐ Other: \_\_\_\_\_
- ☐ **Fluvoxamine (Luvox)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F60.5 ☐ Other: \_\_\_\_\_
- ☐ **Paroxetine (Paxil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F33.2 ☐ F41.0  
☐ F32.2 ☐ F33.3 ☐ F41.1  
☐ F32.3 ☐ F33.41 ☐ F43.11  
☐ F32.4 ☐ F33.9 ☐ F43.12  
☐ F32.9 ☐ F40.01 ☐ F32.81  
☐ F33.1 ☐ F40.11  
☐ Other: \_\_\_\_\_
- ☐ **Sertraline (Zoloft)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F33.1 ☐ F40.11  
☐ F32.2 ☐ F33.2 ☐ F41.0  
☐ F32.3 ☐ F33.3 ☐ F43.11  
☐ F32.4 ☐ F33.41 ☐ F43.12  
☐ F32.81 ☐ F33.9 ☐ F60.5  
☐ F32.9 ☐ F40.01  
☐ Other: \_\_\_\_\_

### PROTON PUMP INHIBITORS (PPIs)

- ☐ **Dexlansoprazole (Dexilant)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ E16.4 ☐ K21.9 ☐ K26.6  
☐ E31.20 ☐ K22.10 ☐ K26.7  
☐ K21.00 ☐ K22.11 ☐ K26.9  
☐ K21.01 ☐ K25.9  
☐ Other: \_\_\_\_\_
- ☐ **Lansoprazole (Prevacid)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ E16.4 ☐ K21.9 ☐ K26.6  
☐ E31.20 ☐ K22.10 ☐ K26.7  
☐ K21.00 ☐ K22.11 ☐ K26.9  
☐ K21.01 ☐ K25.9  
☐ Other: \_\_\_\_\_
- ☐ **Omeprazole (Prilosec)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ E16.4 ☐ K21.9 ☐ K26.6  
☐ E31.20 ☐ K22.10 ☐ K26.7  
☐ K21.00 ☐ K22.11 ☐ K26.9  
☐ K21.01 ☐ K25.9  
☐ Other: \_\_\_\_\_
- ☐ **Pantoprazole (Protonix)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ E16.4 ☐ K21.9 ☐ K26.6  
☐ E31.20 ☐ K22.10 ☐ K26.7  
☐ K21.00 ☐ K22.11 ☐ K26.9  
☐ K21.01 ☐ K25.9  
☐ Other: \_\_\_\_\_

### IMMUNOSUPPRESSANTS

- ☐ **Abrocitinib (Cibinqo)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ L20.89 ☐ Other: \_\_\_\_\_

### CARDIOVASCULAR AGENTS

- ☐ **Mavacamten (Camzyos)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ I42.1 ☐ Other: \_\_\_\_\_

## CYP2C9

### ANTICONVULSANTS

- ☐ **Fosphenytoin (Cerebyx)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ G40.201 ☐ G40.309 ☐ G40.411  
☐ G40.209 ☐ G40.311 ☐ G40.419  
☐ G40.211 ☐ G40.319 ☐ Z48.811  
☐ G40.219 ☐ G40.401 ☐ G40.409  
☐ G40.301 ☐ Other: \_\_\_\_\_
- ☐ **Phenytoin (Dilantin, Phenytek)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ G40.201 ☐ G40.309 ☐ G40.411  
☐ G40.209 ☐ G40.311 ☐ G40.419  
☐ G40.211 ☐ G40.319 ☐ Z48.811  
☐ G40.219 ☐ G40.401 ☐ G40.409  
☐ G40.301 ☐ Other: \_\_\_\_\_

### NSAIDs

- ☐ **Celecoxib (Celebrex)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_
- ☐ **Flurbiprofen (Ansaid)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_
- ☐ **Ibuprofen (Advil, Motrin, Nurofen)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_
- ☐ **Lornoxicam (Xefo)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_

### NSAIDs (CONT)

- ☐ **Meloxicam (Mobic, Vivlodex)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_
- ☐ **Piroxicam (Feldene)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_
- ☐ **Tenoxicam (Tilcotil)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ M06.8A ☐ M19.09 ☐ M19.29  
☐ Other: \_\_\_\_\_

### ANTIEMETICS/PROKINETICS

- ☐ **Dronabinol (Marinol, Syndros)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ Other: \_\_\_\_\_

### ANTINEOPLASTICS/ONCOLOGY

- ☐ **Erdafitinib (Balversa)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ Other: \_\_\_\_\_
- ☐ **Antidiabetic Agents**  
☐ **Nateglinide (Starlix)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ T38.3X5A ☐ Other: \_\_\_\_\_
- ☐ **Immunosuppressants**  
☐ **Siponimod (Mayzent)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ Other: \_\_\_\_\_

### STATINS

- ☐ **Fluvastatin (Lescol)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ E11.8 ☐ E78.1 ☐ Z86.73  
☐ E11.9 ☐ E78.2 ☐ Z86.79  
☐ E78.00 ☐ E78.49 ☐ I25.10  
☐ E78.01 ☐ Z86.39  
☐ Other: \_\_\_\_\_

### CYP3A5

### IMMUNOSUPPRESSANTS

- ☐ **Tacrolimus (Prograf, Envarsus XR, Astagraf XL)**  
☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ Z94.0 ☐ Z94.1 ☐ Z94.4  
☐ Other: \_\_\_\_\_

## CYP2B6

### SSRI's

#### ☐ Sertraline (Zoloft)

- ☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ F32.1 ☐ F33.1 ☐ F40.11 ☐ F32.4 ☐ F33.41 ☐ F43.12  
☐ F32.2 ☐ F33.2 ☐ F41.0 ☐ F32.81 ☐ F33.9 ☐ F60.5  
☐ F32.3 ☐ F33.3 ☐ F43.11 ☐ F32.9 ☐ F40.01  
☐ Other: \_\_\_\_\_

### ANTIRETROVIRAL

#### ☐ Efavirenz (Sustiva)

- ☐ Current ☐ Considering ☐ D ☐ A ☐ S  
☐ B20  
☐ Other: \_\_\_\_\_

SLCO1B1			
<p style="text-align: center; margin: 0;"><b>STATINS</b></p> <p><b><input type="checkbox"/> Atorvastatin (Lipitor)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div> <p><b><input type="checkbox"/> Pravastatin (Pravachol)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div>	<p><b><input type="checkbox"/> Lovastatin (Mevacor, Altoprev)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div> <p><b><input type="checkbox"/> Fluvastatin (Lescol)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div>	<p><b><input type="checkbox"/> Pitavastatin (Livalo, Zypitamag)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div> <p><b><input type="checkbox"/> Simvastatin (Zocor)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div>	<p><b><input type="checkbox"/> Rosuvastatin (Crestor)</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Current           <input type="checkbox"/> Considering           <input type="checkbox"/> D           <input type="checkbox"/> A           <input type="checkbox"/> S         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.8           <input type="checkbox"/> E78.1           <input type="checkbox"/> Z86.73         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E11.9           <input type="checkbox"/> E78.2           <input type="checkbox"/> Z86.79         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.00           <input type="checkbox"/> E78.49           <input type="checkbox"/> I25.10         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> E78.01           <input type="checkbox"/> Z86.39         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div>
OTHER MEDICATIONS, NOTES, AND DIAGNOSTIC CODES (ICD-10)			
<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <input type="checkbox"/> Medications Attached         </div>		<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <input type="checkbox"/> ICD-10 Codes &amp; Notes Attached         </div>	

FACTOR II & FACTOR V (DIAGNOSTIC GENES INDEPENDENT OF MEDICATION)											
ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition MUST also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.											
<input type="checkbox"/> I81.0	<input type="checkbox"/> I82.4Z1	<input type="checkbox"/> I82.612	<input type="checkbox"/> I82.0	<input type="checkbox"/> I82.4Z2	<input type="checkbox"/> I82.613	<input type="checkbox"/> I82.1	<input type="checkbox"/> I82.4Z3	<input type="checkbox"/> I82.621	<input type="checkbox"/> I82.210	<input type="checkbox"/> I82.501	<input type="checkbox"/> I82.622
<input type="checkbox"/> I82.211	<input type="checkbox"/> I82.502	<input type="checkbox"/> I82.623	<input type="checkbox"/> I82.220	<input type="checkbox"/> I82.503	<input type="checkbox"/> I82.701	<input type="checkbox"/> I82.221	<input type="checkbox"/> I82.511	<input type="checkbox"/> I82.702	<input type="checkbox"/> I82.290	<input type="checkbox"/> I82.512	<input type="checkbox"/> I82.703
<input type="checkbox"/> I82.291	<input type="checkbox"/> I82.513	<input type="checkbox"/> I82.711	<input type="checkbox"/> I82.3	<input type="checkbox"/> I82.521	<input type="checkbox"/> I82.712	<input type="checkbox"/> I82.401	<input type="checkbox"/> I82.522	<input type="checkbox"/> I82.713	<input type="checkbox"/> I82.402	<input type="checkbox"/> I82.523	<input type="checkbox"/> I82.721
<input type="checkbox"/> I82.403	<input type="checkbox"/> I82.531	<input type="checkbox"/> I82.722	<input type="checkbox"/> I82.411	<input type="checkbox"/> I82.532	<input type="checkbox"/> I82.723	<input type="checkbox"/> I82.412	<input type="checkbox"/> I82.533	<input type="checkbox"/> I82.A11	<input type="checkbox"/> I82.413	<input type="checkbox"/> I82.541	<input type="checkbox"/> I82.A12
<input type="checkbox"/> I82.421	<input type="checkbox"/> I82.542	<input type="checkbox"/> I82.A13	<input type="checkbox"/> I82.422	<input type="checkbox"/> I82.543	<input type="checkbox"/> I82.A21	<input type="checkbox"/> I82.423	<input type="checkbox"/> I82.551	<input type="checkbox"/> I82.A22	<input type="checkbox"/> I82.431	<input type="checkbox"/> I82.552	<input type="checkbox"/> I82.A23
<input type="checkbox"/> I82.432	<input type="checkbox"/> I82.553	<input type="checkbox"/> I82.B11	<input type="checkbox"/> I82.433	<input type="checkbox"/> I82.561	<input type="checkbox"/> I82.B12	<input type="checkbox"/> I82.441	<input type="checkbox"/> I82.562	<input type="checkbox"/> I82.B13	<input type="checkbox"/> I82.442	<input type="checkbox"/> I82.563	<input type="checkbox"/> I82.B21
<input type="checkbox"/> I82.443	<input type="checkbox"/> I82.591	<input type="checkbox"/> I82.B22	<input type="checkbox"/> I82.451	<input type="checkbox"/> I82.592	<input type="checkbox"/> I82.B23	<input type="checkbox"/> I82.452	<input type="checkbox"/> I82.593	<input type="checkbox"/> I82.C11	<input type="checkbox"/> I82.453	<input type="checkbox"/> I82.5Y1	<input type="checkbox"/> I82.C12
<input type="checkbox"/> I82.461	<input type="checkbox"/> I82.5Y2	<input type="checkbox"/> I82.C13	<input type="checkbox"/> I82.462	<input type="checkbox"/> I82.5Y3	<input type="checkbox"/> I82.C21	<input type="checkbox"/> I82.463	<input type="checkbox"/> I82.5Z1	<input type="checkbox"/> I82.C22	<input type="checkbox"/> I82.491	<input type="checkbox"/> I82.5Z2	<input type="checkbox"/> I82.C23
<input type="checkbox"/> I82.492	<input type="checkbox"/> I82.5Z3	<input type="checkbox"/> I82.811	<input type="checkbox"/> I82.493	<input type="checkbox"/> I82.601	<input type="checkbox"/> I82.812	<input type="checkbox"/> I82.4Y1	<input type="checkbox"/> I82.602	<input type="checkbox"/> I82.813	<input type="checkbox"/> I82.4Y2	<input type="checkbox"/> I82.603	<input type="checkbox"/> I82.890
<input type="checkbox"/> I82.4Y3	<input type="checkbox"/> I82.611	<input type="checkbox"/> I82.91									