



ADVANTA ANALYTICAL LABORATORIES PGx TEST REQUEST FORM

Advanta Analytical Laboratories
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P 903.805.9955 F. 903.839.2494
CLIA #: 45D2063134
Website: www.aalabs.com

INSTRUCTIONS

1. Please **PRINT CLEARLY** to ensure proper processing.
2. Provide all primary/secondary insurance information; or attach copies of patient insurance cards (front and back) on a separate sheet appended to this form.
3. Once available, test results can be retrieved through your Advanta Physician Portal. Please email results@aalabs.com for other delivery options.

PATIENT INFORMATION *(required)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	PATIENT ACCOUNT NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> Male <input type="checkbox"/> Female
COLLECTION DATE	DATE OF BIRTH	GENDER		

RACE/ETHNIC IDENTIFICATION

African - American Asian Caucasian Hispanic Jewish - Ashkenazi Jewish - Sephardic Native American Other: _____

PATIENT INSURANCE INFORMATION

Where applicable, please include a photocopy of insurance card(s) (both sides). For Self Pay, please include a photocopy of a valid driver's license and phone number.

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

Medicare Medicaid Insurance Self Pay Institution Information Attached

PGx – COAGULATION SYSTEM

TEST ORDERED:	Pharmacogenetic Testing for the purpose of detecting the presence of CYP2C19 polymorphisms
OBJECTIVE:	Evaluate imbalances in the coagulation system for the purpose of aiding in the choice of clopidogrel versus alternative antiplatelet agents, or in decisions on the optimal dosing for clopidogrel or alternative antiplatelet agents
CURRENT MEDICATIONS: <i>Please list or attach</i>	<input type="checkbox"/> Plavix <input type="checkbox"/> Clopidogrel
ICD-10:	<input type="checkbox"/> Z79.02 (Required)

PGx – TRICYCLIC ANTIDEPRESSANTS

TEST ORDERED:	Pharmacogenetic Testing for the purpose of detecting the presence of CYP2D6 polymorphisms
OBJECTIVE:	Predict individual response to medical treatment and/or dosing for Amitriptyline: Amitriptyline (Vanatrip, Elavil, Endep)
CURRENT MEDICATIONS: <i>Please list or attach</i>	<input type="checkbox"/> Amitriptyline
ICD-10:	

PHYSICIAN AUTHORIZATION / ICD-10 CODE(S) *(required)*

I hereby authorize testing for this patient. The result of this genetic test will have a direct impact on this patient's treatment and management. This knowledge will help avoid harmful and costly adverse drug events, optimize drug dose and increase chances of treatment success. As such, the recommended pharmacogenetic testing for this patient is medically necessary.

SELECT ICD-10 FROM OPTIONS OR ENTER ABOVE (Attach Chart Notes if available)

PHYSICIAN NAME AND SIGNATURE

PATIENT CONSENT

REIMBURSEMENT: Advanta Analytical Laboratories (AAL) will make every reasonable effort to obtain reimbursement for the ordered tests above. I hereby authorize AAL to release to Medicare and/or any insurance carrier providing medical benefits to me and any health plan to which I am a member any and all medical or other information necessary for claims processing. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignments. I understand that if my insurance company pays me directly for the services provided by AAL that I am responsible for forwarding such payment to AAL. I understand that I am responsible for deductibles/co-payments as required by my plan.

INFORMED CONSENT OF GENETIC INFORMATION: I hereby authorize follow-up of any testing requested to be performed to verify the outcome and/or accuracy of testing. I authorize the specimens taken from me to be retained by Advanta Analytical Laboratories for testing validation and test development and/or quality control/quality assurance purposes. I authorize tissue samples taken from me to be made available to educational institutions, other physicians and/or scientists and companies engaged in research. I understand that samples may be used in or lead to the development of medical products, processes or other items and such products may be used for commercial purposes. I specifically understand and consent to such uses and understand and agree that I will not receive any compensation for such uses nor will I have any financial, property, ownership, licensing or other interest in any products, processes, intellectual property or other outcomes which may result from research utilizing my tissue sample.

PATIENT NAME *(please print)*

PATIENT SIGNATURE

DATE

XXXXXX

XXXXXX

DIAGNOSIS ICD-10 CODES

ICD-10 CODE	PGx– COAGULATION SYSTEM
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
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
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
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
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

ICD-10 CODE	PGx – TRICYCLIC ANTIDEPRESSANTS
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
F32.9	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

** Required secondary diagnosis for Plavix PGx testing*

Z79.02 Long term (current) use of antithrombotics/antiplatelets

GENETIC TESTING REFERENCE

NOTE: The summaries below are meant for basic informational purposes only. It is not intended to serve as medical advice, substitute for a doctor's appointment or to be used for diagnosing or treating a disease.

GENE PANEL	PANEL DESCRIPTION
CYP2C19	The Cytochrome P450 2C19 (CYP2C19) is involved in the metabolism of 10% of clinically important medications including various Psychotropics, Anti-convulsants and Proton Pump Inhibitors (PPIs), among others. This enzyme is highly polymorphic and more than 30 different variant alleles have been identified. The CYP2C19 assay identifies some common variants that are associated variability in CYP2C19 enzyme activity, which has important pharmacological and toxicological implications for antidepressants and some benzodiazepines.
CYP2D6	The Cytochrome P450 2D6 (CYP2D6) is involved in the metabolism of 25% of clinically important medications including various Psychotropics, Analgesics, and Beta-blockers, among others. This enzyme is highly polymorphic and more than 100 different variant alleles have been identified. The CYP2D6 assay identifies some common variants that are associated variability in CYP2D6 enzyme activity, which has important pharmacological and toxicological implications for antidepressants and antipsychotics.

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