



A CLIA Accredited Laboratory
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PLACE 1 BARCODE ON
FORM AND 1 ON SAMPLE
(REQUIRED: NAME/DOB)

CHECKLIST:
Demographics/Medication List
ICD-10 Codes
ABN (Medicare)
Physician & Patient Signatures
Copy of Patient Insurance Card

Cardiac Test Requisition Form

Form fields for patient information: First Name, Last Name, Middle Initial, Clinic Name, Social Security #, Date of Birth, Sex, Ethnicity, Address, City, State, Zip, Phone, Insurance, Name of Insured, Relationship to Patient, Insurance Company/Provider, Member/ID Number, Group Number, Collector Name (Print), Date Collected, Time Collected, Fasting, Specimen Type, Specimen Storage, Specimen Shipping.

MOLECULAR DIAGNOSTICS TESTING OPTIONS
Cardiac Genomics Test Please select the Panel to be tested. Please attach patient Medication List.
Comprehensive Cardiomyopathy NGS
Comprehensive Arrhythmia NGS
Comprehensive Cardiovascular NGS

Cardiac Personal/Family History Questionnaire Please complete Questionnaire
PATIENT'S PERSONAL HISTORY (Hx)
Clinical Details
Personal Hx
Age at Dx

FAMILY HISTORY
Relationship
Maternal
Paternal
Cancer Site(s)
Age at Dx

Clinical Presentation Please indicate any clinical presentations and/or findings that may be relevant to genetic testing:
Behavior
Conditions
Pedigree/Family History
Phenotypes
Physical
Symptoms

Clinical Testing Please indicate any clinical testing results and/or findings that may be relevant to genetic testing:
Karyotype
Vision
Growth Measurements
Imaging
Previous Genetic Testing
Hearing
Biochemical Testing
Pathology Results

ICD-10 DIAGNOSIS CODES: Additional documentation supporting Medical Necessity may be attached.
I11.0 Hypertensive heart disease with heart failure
I21.21 (STEMI) myocardial infarction involving left circumflex coronary artery
I21.4 NSTEMI) myocardial infarction
I22.2 NSTEMI) myocardial infarction
I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.730 Atherosclerosis of nonaortologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750 Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I42.0 Dilated cardiomyopathy
I42.1 Obstructive hypertrophic cardiomyopathy
I42.2 Other hypertrophic cardiomyopathy
I42.3 Endomyocardial (eosinophilic) disease
I42.4 Endocardial fibroelastosis
I42.6 Alcoholic cardiomyopathy
I42.7 Cardiomyopathy due to drug and external agent
I50.21 Acute systolic (congestive) heart failure
I50.22 Chronic systolic (congestive) heart failure
I50.23 Acute on chronic systolic (congestive) heart failure
I50.31 Acute diastolic (congestive) heart failure
I50.32 Chronic diastolic (congestive) heart failure
I50.33 Acute on chronic diastolic (congestive) heart failure
I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
R06.01 Orthopnea
R06.02 Shortness of breath
R06.2 Wheezing
R06.82 Tachypnea, not elsewhere classified
R06.89 Other abnormalities of breathing
Other

Medical Necessity Required for insurance
Patient Informed Consent Patient must consent
Opt In for Research

Provider Name (Print)
Provider NPI #
Clinic Address
Clinic Phone/Fax
Provider Signature
Date
Patient Signature (or Legal Guardian)
Date