



A CLIA Accredited Laboratory  
(844) 837-4780 | info@tesisbiosciences.com

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

PGx 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 details, Collector Name, Date/Time Collected, Fasting status, Specimen Type, Storage, and Shipping options.

MOLECULAR DIAGNOSTICS TESTING OPTIONS

Pharmacogenomics Test (PGx) Please select the Panel to be tested. Please attach patient Medication List.

- PGx Comprehensive Profile (APOE, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, FACTORII, FACTORV, MTHFR, OPRM1, SLCO1B1, VKORC1, TPMT)
PGx Cardiac Profile (APOE, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, FACTORII, FACTORV, MTHFR, OPRM1, SLCO1B1, VKORC1)
PGx Pain Profile (COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, OPRM1, SLCO1B1)
PGx Psychiatric Profile (COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, MTHFR, OPRM1, SLCO1B1, VKORC1)

PGx Test Rationale The PGx test was ordered for the patient for the following reason(s): Note: At least one selection is required; check all that apply

- Patient's condition appears difficult to treat as evidenced by therapeutic failure of previous medication trials
Patient has demonstrated sensitivity or lack of symptom relief with recommended medication dosage
Patient is on multiple medications for his/her condition which increases the risk for adverse drug reactions
Patient has been noncompliant with the medication treatment regimen due to adverse drug reactions
Patient is experiencing unpleasant or intolerable side effects on their current medication regimen
Patient has a history of medication sensitivity and/or adverse drug reactions
Patient is suspected of abusing and/or diverting with current medication(s)
Initial onset of condition in patient with no pharmacological treatment history for condition
Other diagnostic or medical reason not noted above

PGx Test Application The PGx test result will be utilized by me to determine: Note: At least one selection is required; check all that apply

- Medications to avoid in order to decrease the risk of side effects that could lead to noncompliance or treatment discontinuation by the patient
Dosing changes required to decrease side effects the patient is experiencing on current medication(s)
Medications to avoid to decrease or eliminate the risk of serious adverse events known to occur with certain medications or classes of medications used to treat the patient's condition
Dosing the changes required to reduce the risk of an adverse event(s) occurring or recurring with the medication selected to treat the patient.
Medication which could be utilized to increase the likelihood of achieving a therapeutic response
Dosing changes required to optimize therapeutic response on current medication(s)
Important metabolic interactions resulting from the concomitant use of other prescription medication(s)
Important metabolic interactions resulting from the concomitant use of other OTC or herbal medication(s)

ICD-10 DIAGNOSIS CODES: Additional documentation supporting Medical Necessity may be attached.

- C18.9 Malignant neoplasm of colon, unspecified
C91.00 Acute lymphoblastic leukemia not having achieved remission
D84.89 Other immunodeficiencies
D84.9 Immunodeficiency, unspecified
E78.00 Pure hypercholesterolemia, unspecified
E78.1 Pure hyperglyceridemia
E78.2 Mixed hyperlipidemia
F11.23 Opioid dependence with withdrawal
F31.9 Bipolar disorder, unspecified
F32.9 Major depressive disorder, single episode, unspecified
F33.9 Major depressive disorder, recurrent, unspecified
F41.0 Panic disorder [episodic paroxysmal anxiety]
F43.11 Post-traumatic stress disorder, acute
F43.12 Post-traumatic stress disorder, chronic
F60.5 Obsessive-compulsive personality disorder
I50.89 Other heart failure
I50.9 Heart failure, unspecified
I51.3 Intracardiac thrombosis, not elsewhere classified
K51.919 Ulcerative colitis, unspecified with unspecified complications
N32.81\* Overactive bladder
N39.0 Urinary tract infection, site not specified
T41.0X5A Adverse effect of inhaled anesthetics, initial encounter
T41.1X5A Adverse effect of intravenous anesthetics, initial encounter
T82.818D Embolism due to vascular prosthetic devices, implants and grafts, subsequent encounter
T82.867A Thrombosis due to cardiac prosthetic devices, implants and grafts, initial encounter
Z20.6 Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z21 Asymptomatic human immunodeficiency virus [HIV] infection status
Z79.01 Long term (current) use of anticoagulants
Z79.02 Long term (current) use of antithrombotics/antiplatelets
Z86.39 Personal history of other endocrine, nutritional and metabolic disease
Z86.79 Personal history of other diseases of the circulatory system
Z95.2 Presence of prosthetic heart valve
Z95.4 Presence of other heart-valve replacement
Z98.61 Coronary angioplasty status
Other

Medical Necessity Required for insurance, Patient Informed Consent, and Opt In for Research sections with checkboxes and explanatory text.

Provider information fields: Provider Name (Print), Provider NPI #, Clinic Address, Clinic Phone/Fax, Provider Signature, Date, Patient Signature (or Legal Guardian), Date.