



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

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

MOLECULAR DIAGNOSTICS TESTING OPTIONS

Pulmonary Genomics Test Please select the Panel to be tested. Please attach patient Medication List.

Pulmonary Arterial Hypertension

BMPR2, ENG, ACVRL1, SMAD9 (4 genes)

Cystic Lung Disease

SERPINA1, TSC1, TSC2, EFEMP2, ELN, FBLN5, FLCN, LTBP4 (8 genes)

Lung Disorders Comprehensive

CFTR, SERPINA1, PHOX2B, RET, BMPR2, ENG, SCNN1A, SCNN1B, SCNN1G, TSC1, TSC2, FBN1, NAF1, NF1, ABCA3, ACVRL1, AP3B1, ASCL1, BDNF, BLOC1S3, BLOC1S6, CCDC39, CCDC40, DNAAF1, DNAAF2, DNAH11, DNAH5, DNAI1, DNAI2, DNAL1, DTNBP1, EDN3, EFEMP2, ELN, FBLN5, FLCN, GDNF, HPS1, HPS3, HPS4, HPS5, HPS6, LTBP4, MUC5B, NME8, RSPH4A, RSPH9, SFTPA1, SFTPA2, SFTPB, SFTPC, SMAD9, TERC, TERT (54 genes)

Pulmonary Personal/Family History Questionnaire Please complete Questionnaire

PATIENT'S PERSONAL HISTORY (Hx)

Table with columns: Clinical Details, Personal Hx, Age at Dx. Rows include Mosaicism, Consanguinity, Bone Marrow Transplant, Organ Transplant, Known Chromosomal Gain/Loss, and Known Gene Gain/Loss.

FAMILY HISTORY

Table with columns: Relationship, Maternal, Paternal, Cancer Site(s), Age at Dx. Rows for various family relationships.

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.

- C34.10 Upper lobe unspecified bronchus or lung
C34.80 Overlapping sites of unspecified bronchus or lung
E84.0 Cystic fibrosis with pulmonary manifestation
G47.33 Obstructive sleep apnea (adult) (pediatric)
I26.99 Other pulmonary embolism without acute cor pulmonale
I27.0 Primary pulmonary hypertension
J20.0 Acute bronchitis due to Mycoplasma pneumoniae
J20.2 Acute bronchitis due to streptococcus
J20.4 Acute bronchitis due to parainfluenza virus
J20.5 Acute bronchitis due to respiratory syncytial virus
J44.1 Obstructive chronic bronchitis, with (acute) exacerbation
J45.23 Mild Intermittent Asthma with status asthmaticus
J45.31 Mild Persistent Asthma with acute exacerbation
J45.40 Moderate persistent Asthma
J45.32 Mild Persistent Asthma with status asthmaticus
J45.52 Severe persistent Asthma with status asthmaticus
J45.50 Severe persistent Asthma
J44.9 Chronic obstructive pulmonary disease, unspecified
J90 Pleural effusion, not elsewhere classified
J81.0 Acute pulmonary edema
J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.10 Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.20 Acute/Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21 Acute/Chronic respiratory failure with hypoxia
J96.22 Acute/Chronic respiratory failure with hypercapnia
R06.2 Wheezing
R09.89 Other specified symptoms and signs involving the circulatory and respiratory systems
R05 Cough
R07.1 Chest pain on breathing
R22.2 Localized swelling, mass and lump, trunk (chest mass) (localized swelling of chest)
Other

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

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