

Genelex Corporation, 3101 Western Ave., Suite 100, Seattle, WA 98121 · Phone 877.431.4362 · Fax 206.219.4000 · CAP# 1073709 · CLIA# 50D0980559 · NPI# 1760523856

More than 75% of patients have genetic variations that affect how they process most commonly prescribed medications. Testing reliably identifies patients at risk for drug toxicity and treatment failures due to genetic variations. This information is particularly important for patients taking multiple medications, or those who have a history of adverse drug reactions or treatment failures, especially if they are over 65. Interpretive software included with each test displays potentially safer alternatives and/or predicted changes in medication exposure for dosage adjustment. Insurance coverage for testing varies by plan; Medicare Advantage covers in many instances, and traditional Medicare covers testing in some select cases as outlined in LCDs.

INSTRUCTIONS:

Please complete this form and return it to:

Patient

Patient's Name

DOB

Date of Prescription

Phone

Tests & Services

PANELS:

Polypharmacy (useful for all specialties):

YouScript Polypharmacy (CYP2D6, CYP2C9, CYP2C19, CYP3A4, and CYP3A5)

YouScript Polypharmacy Basic (CYP2D6, CYP2C9, CYP2C19)

Cardiology:

YouScript Cardio (CYP2D6, CYP2C9, CYP2C19, CYP3A4, CYP3A5, VKORC1, F2/Factor II, F5/Factor V Leiden, MTHFR, and SLC01B1)

Thrombosis (F2/Factor II, F5/Factor V Leiden, MTHFR)

Warfarin (Coumadin) (CYP2C9, VKORC1)

Psychiatric:

YouScript Psychotropic (CYP2D6, CYP2C19, CYP1A2, HTR2A, and SLC6A4/5-HTT)

YouScript Psychotropic Plus (CYP2D6, CYP2C19, CYP3A4, ADRA2A, CYP1A2, CYP2B6, COMT, GRIK4, HTR2A, HTR2C, MTHFR, and SLC6A4/5-HTT)

YouScript ADHD (CYP2D6, COMT, ADRA2A)

Pain:

YouScript Analgesic (CYP2D6, CYP2C9, CYP3A4, CYP3A5, CYP2B6, COMT, and OPRM1)

INDIVIDUAL TESTS:

STAT Clopidogrel (Plavix) CYP2C19*

ADRA2A

HLA-B*15:02

COMT

HLA-B*57:01

CYP1A2

HLA-B*58:01

CYP2B6

HTR2A

CYP2C9

HTR2C

CYP2C19

IFNL3 (IL28B)

CYP2D6

MTHFR

CYP3A4

NAT2

CYP3A5

OPRM1

DPYD (DPD)

SLC6A4 (5-HTT)

F2 (Factor II)

SLC01B1

F5 (Factor V) Leiden

TPMT

GRIK4

UGT1A1

HLA-A*31:01

VKORC1

Diagnosis Codes: Please indicate all diagnosis codes for which the patient is currently receiving medication:

Physician Information

By signing, I confirm that: I ordered these test(s); ordered test(s) are medically necessary; I understand the benefits/limitations of the test(s) ordered; and I have conveyed the required information to the patient and obtained consent. I also authorize Genelex to provide copies of the test results to the patient and/or their authorized caregivers at the patient's request. **For Medicare Patients excluding Medicare Advantage, please review the Medicare Limited Coverage Decision at http://bit.ly/LCD_ICD10 before making test selection. If criteria are not met, or if any other tests are ordered, ABN form must be completed, signed and sent with sample by the sample collector.**

X

Physician Signature

Facility Name

Physician Name

NPI#

Address

Phone

Fax

For online access to patient's test results and YouScript interpretive software, please indicate an email address you would like to use for your YouScript login. We will set up a YouScript Account for you and send you a temporary password once processed.

Email Address: _____