HELICE
GENOMIC SCIENCES, INC.

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Received on (MMDDYYYY): _____

☐ Call ☐ Email Your Accession # _____

PHARMACOGENOMICS PLUS REQUISITION FORM

PATIENT INFORMATION

Last Name	First Name	MI

Date of Birth	Gender	Email Address
	☐ M ☐ F	

Address	Home Number Mobile Number

Today's Date	Collection Date

Ethnicity ☐ African American ☐ Ashkenazi ☐ Asian ☐ Caucasian ☐ Hispanic
☐ Other (please specify) _____

REFERRING PHYSICIAN INFORMATION

Physician's Name:

License Number:

Specialty:

Affiliated Hospital:

Address:

Contact Number:

Email Address:

SEND REPORT TO

SERVICE MENU

01 ☐ **PGxOne™ Plus** - comprehensive report with specific sections driven by patient's diagnosis codes and current medications

CLINICAL INFORMATION (Attach clinical notes and current medication list)

CIRCLE ALL DIAGNOSIS CODES THAT APPLY (USE ADDITIONAL BLANKS IF NEEDED)

Medication Metabolis
- ❑ T50.905A_____ Meds adv. Effect, Initial
- ❑ Z79.02_____ Long term use of meds

Endocrine
- ❑ E03.9_____ Hypothyroidism NOS
- ❑ E11.9_____ Type II Diabetes
- ❑ E78.5_____ Hyperlipedemia,Unsp.

Pain
- ❑ G89.11_____ Acute pain due to trauma
- ❑ G89.21_____ Chronic pain due to trauma

Mental/ Behavioral
- ❑ F31._____ Bipolar disorder, Unsp.
- ❑ F33.9_____ Major depressive, recurrent
- ❑ F31.9_____ Bipolar disorder, Unsp.
- ❑ F31.60_____ Bipolar/mix current, Unsp.
- ❑ F32.9_____ Depression
- ❑ F41.9_____ Anxiety, Unsp.
- ❑ F90.9_____ ADHD, Unsp.
- ❑ G47.00_____ Insomnia

Cardiovascular
- ❑ I10_____ Essential Hypertension
- ❑ I20.9_____ Angina Pectoris, Unsp.
- ❑ I21.3_____ Acute STEMI, Unsp.
- ❑ I24.1_____ Dressler's Syndrome
- ❑ I25._____ Atherosclerosis
- ❑ I48.91_____ Atrial Fibrillation, Unsp
- ❑ I65.1_____ Occlusion and Stenosis of other basilar arteries
- ❑ I82.91_____ Chronic Embolism & Thrombosis of Unspecifried Vein
- ❑ I63._____ Cerebral Infarction

Other _____ Other _____ Other _____ Other _____ Other _____

SPECIMEN INFORMATION

- ❑ Blood (purple top vacutainer)
- ❑ Buccal Swabs
- ❑ Saliva
- ❑ Oral Rinse
- ❑ gDNA Concentration: _____

SIGNATURE

X _____

Signature over Printed Name

❑ **I confirm documented medical necessity for this test in the patient's file.**

COMMENTS

NOTES

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PHARMACOGENOMICS REQUISITION FORM

√	CHECKLIST OF ITEMS TO INCLUDE WITH PATIENT SAMPLE
	Physician's Signature
	Patient's Signature
	Patient Demographics/Insurance Information
	Medications List
	Patient History/Physical
	Patient Office Notes/Progress Notes
	Medical Necessity Has Been Documented in Patient Notes

ABOUT HELICE

Helice Genomic Sciences, Inc. a platform that connects physicians and individuals to global genomics laboratories and provides them a portfolio of the latest genomics-based tests and assays to arm them with powerful and actionable options for navigating the right medical care for the patient's individual needs.

For more information, go to **www.helicegenomics.com** or send us an email at **info@helicegenomics.com**.