

Received on (MMDDYYYY): \_\_\_\_\_

Call  Email Your Accession # \_\_\_\_\_

# WELLNESS SCREENING REQUISITION FORM

## PATIENT INFORMATION

Last Name		First Name	MI
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email Address	
Address		Home Number	Mobile Number
Today's Date		Collection Date	
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Ashkenazi <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (please specify) _____			

## REFERRING PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_  
 License Number: \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 Affiliated Hospital: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## SEND REPORT TO

## SERVICE MENU SELECT A TEST. WHEN APPLICABLE, ALSO SELECT NUMBER OF GENES.

<input type="checkbox"/> <b>01</b> ArtheroGxOne™ (84 genes)	<input type="checkbox"/> <b>06</b> Reflex to PCxCardio™	<input type="checkbox"/> <b>08</b> Ventricular arrhythmia & sudden death without structural heart disease (53 genes)	<input type="checkbox"/> <b>13</b> Arrhythmogenic cardiomyopathy (17 genes)	<input type="checkbox"/> <b>18</b> J wave Syndrome (23 genes)
<input type="checkbox"/> <b>02</b> CardioGxOne™ (213 genes)	<input type="checkbox"/> <b>07</b> Reflex to PCxCardio™	<input type="checkbox"/> <b>09</b> Hypertrophic cardiomyopathy: <input type="checkbox"/> 16 genes <input type="checkbox"/> 90 genes	<input type="checkbox"/> <b>14</b> Noonan, Leopard, Costello (12 genes)	<input type="checkbox"/> <b>19</b> Atrial fibrillation (38 genes)
<input type="checkbox"/> <b>03</b> PGxCardio™ (213 genes)		<input type="checkbox"/> <b>10</b> Dilated cardiomyopathy (81 genes)	<input type="checkbox"/> <b>15</b> Long QT Syndrome (24 genes)	<input type="checkbox"/> <b>20</b> Aortic vascular diseases (30 genes)
CardioGxOne™ Subpanels:		<input type="checkbox"/> <b>11</b> Restrictive cardiomyopathy (20 genes)	<input type="checkbox"/> <b>16</b> Short QT Syndrome (7 genes)	<input type="checkbox"/> <b>21</b> Congenital heart diseases (39 genes)
<input type="checkbox"/> <b>04</b> Cardiomyopathies (149 genes)		<input type="checkbox"/> <b>12</b> Left ventricular non-compaction (36 genes)	<input type="checkbox"/> <b>17</b> Brugada Syndrome (23 genes)	<input type="checkbox"/> <b>22</b> Skeletal myopathies (46 genes)
<input type="checkbox"/> <b>05</b> Arrhythmias (141 genes)				<input type="checkbox"/> <b>23</b> Other _____

## CLINICAL INFORMATION (Attach clinical notes and current medication list)

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

<b>Cardio Related</b> <input type="checkbox"/> <b>Z82.41</b> Family History of Cardiac Death <input type="checkbox"/> <b>Z84.81</b> Family History of Carrier of Genetic Disease <input type="checkbox"/> <b>Z72.0</b> Tobacco Use <input type="checkbox"/> <b>Z31.5</b> Encounter for Genetic Counseling <input type="checkbox"/> <b>R01.1</b> Cardiac Murmur Unspecified <input type="checkbox"/> <b>E78.9</b> Hyperlipidemia <input type="checkbox"/> <b>I10</b> Essential Hypertension <input type="checkbox"/> <b>R55</b> Syncope and Collapse  Other _____ Other _____ Other _____ Other _____ Other _____	<input type="checkbox"/> <b>Z01.810</b> Encounter for Pre-procedural Cardiac Examination <input type="checkbox"/> <b>Z31.5</b> Encounter for Genetic Counseling  <b>Dyslipidemias</b> <input type="checkbox"/> <b>E78.5</b> Hyperlipidemia Unsp. <input type="checkbox"/> <b>E78.0</b> Familial Hypercholesterolemia <input type="checkbox"/> <b>E88.81</b> Metabolic Syndrome <input type="checkbox"/> <b>E78.1</b> Pure Hyperglyceridemia <input type="checkbox"/> <b>E78.2</b> Mixed Hyperlipidemia <input type="checkbox"/> <b>I24.8</b> Coronary insufficiency	<b>Cardiopathies</b> <input type="checkbox"/> <b>I42.2</b> Hypertrophic Cardiomyopathy <input type="checkbox"/> <b>I42.0</b> Dilated Cardiomyopathy <input type="checkbox"/> <b>I42.5</b> Restrictive Cardiomyopathy <input type="checkbox"/> <b>I34.1</b> Mitral Valve Prolapse <input type="checkbox"/> <b>I71.01</b> Dissection of Thoracic Aorta, no rupture <input type="checkbox"/> <b>I71.2</b> Thoracic Aortic Aneurysm, no rupture <input type="checkbox"/> <b>Q24.9</b> Congenital Malformation of Heart, Unspecified	<input type="checkbox"/> <b>Q87.1</b> Noonan's Syndrome <input type="checkbox"/> <b>Q87.40</b> Marfan's Syndrome  <b>Arrhythmias</b> <input type="checkbox"/> <b>R94.31</b> Abnormal Electrocardiogram <input type="checkbox"/> <b>I45.81</b> Long QT Syndrome <input type="checkbox"/> <b>I49.9</b> Short QT Syndrome <input type="checkbox"/> <b>Q24.8</b> Brugada Syndrome
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## SPECIMEN INFORMATION

Blood (purple top vacutainer)  Saliva  
 gDNA Concentration \_\_\_\_\_

## SIGNATURE

**X**  
 Signature over Printed Name  
 I confirm documented medical necessity for this test in the patient's file.

COMMENTS

## NOTES



## WELLNESS SCREENING 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](http://www.helicegenomics.com) or send us an email at [info@helicegenomics.com](mailto:info@helicegenomics.com).