

GENETIC PHARMACOLOGY SERVICE REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

PATIENT INFORMATION

Patient Name: _____, _____, _____
Last First MI

Address: _____

Home Phone: _____

MR# _____ Date of Birth ____/____/____

Gender: Male Female

ETHNIC/RACIAL BACKGROUND (Choose All)

European American (White) African-American (Black)

Native American or Alaskan Asian-American

Pacific Islander Ashkenazi Jewish ancestry

Latino-Hispanic _____
(specify country/region of origin)

Other _____
(specify country/region of origin)

BILLING INFORMATION (Choose ONE method of payment)

REFERRING INSTITUTION

Institution: _____

Address: _____

City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: _____

Fax: _____

Email: _____

COMMERCIAL INSURANCE*

Insurance can only be billed if requested at the time of service.

Policy Holder Name: _____

Gender: _____ Date of Birth ____/____/____

Authorization Number: _____

Insurance ID Number: _____

Insurance Name: _____

Insurance Address: _____

City/State/Zip: _____

Insurance Phone Number: _____

*** PLEASE NOTE:**

- We will not bill Medicaid, Medicaid HMO, or Medicare except for the following: Cincinnati Children's Patients, Cincinnati Children's Providers, or Designated Regional Counties.
- If you have questions, please call 1-866-450-4198 for complete details.

SAMPLE/SPECIMEN INFORMATION

Each test requires 2 mL of whole blood in EDTA tube or 2 cytobrushes.
Send to address at top of page.

Specimen Date: ____/____/____ Time: _____

Specimen Amount: _____

DRAWN BY: _____

*Phlebotomist must initial tube of specimen to confirm sample identity

REFERRING PHYSICIAN

Physician Name (print): _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Genetic Counselor/Lab Contact Name: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

_____ Date: ____/____/____

Referring Physician Signature (REQUIRED)

Patient signed completed ABN

Medical Necessity Regulations: At the government's request, the Molecular Genetics Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid programs, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient, and (4) not for screening purposes.

INDICATION FOR TESTING

Indication for drug prescription (or ICD-9 Code): _____

GPS TESTS AVAILABLE (Please choose ONE)

✓	Test Name	Bill	Relevant Drugs
	Psychiatry Pharmacogenetics Expanded Panel	PG5	22 drugs (see below for inclusions)
	Opioid CYP2D6 Pharmacogenetics Panel	PG3	Codeine; Tramadol; Hydrocodone; Oxycodone
	TPMT Genotype Analysis	PG8	6-mercaptopurine; 6-thioguanine; azathioprine
	Individual Drug(s)		Specify order below *
	Genotyping Only		Specify order below **

Drugs included on Pharmacogenetics Psychiatry Expanded Panel

amitriptyline	aripiprazole	atomoxetine	citalopram	clomipramine	desipramine	doxepin	escitalopram
fluoxetine	fluvoxamine	haloperidol	imipramine	maprotiline	nortriptyline	olanzapine	paroxetine
perphenazine	risperidone	sertraline	thioridazine	trimipramine	venlafaxine		

INDIVIDUAL DRUGS FOR PHARMACOGENETIC TESTING*

Specify order here

✓	Drug Name	Brand Name	Bill
	6-mercaptopurine	Purinethol	PG8
	6-thioguanine		PG8
	azathioprine	Imuran	PG8
	phenytoin	Dilantin, Phenytek	PG2
	tamoxifen		PG3
	warfarin	Coumadin	PG10

GENOTYPING ONLY**

Specify order here

✓	Test Name	Bill
	CYP2C19	PG11
	CYP2C9	PG12
	CYP2D6	PG13
	CYP2D6/CYP2C19	PG15

GENE TEST FOR MEDICINES: PATIENT/PARENT INFORMATION

Throughout this document, references to “You” and “Your” may stand for either an adult patient or for the parents or legal guardians of a pediatric patient.

WHAT ARE GENES?

Genes are pieces of DNA that we inherit from our parents. Genes provide the instructions to make our bodies look and work as they do.

WHAT DO GENES HAVE TO DO WITH MEDICINE?

Some genes affect the way medicines work in the body. When comparing a group of people, there can be slight differences in each gene's structure. These differences can affect how people react to medicine.

1. Some gene differences might make it harder for the body to get rid of some medicines. This means that usual doses of the medicine could give some people unexpected side effects.
2. Some gene differences can cause the body to use up a medicine too fast. This means that normal doses won't work as well and the person may need higher doses.
3. Some gene differences won't let certain medicines work in the body at all. This means a different medicine may work better.

WHAT IS THE GENE TEST CALLED?

The gene test being considered for you is called a pharmacogenetic test. It is easier to call it a PG test.

IS THE PG TEST REQUIRED?

Most PG tests are optional. A few new medicines are designed for people with certain cancers or infectious diseases. A PG test of a tumor or a person's blood may be needed to know if a medicine will work. Most times you can be treated with standard medicine doses without this PG test. Make sure you understand why your doctor is recommending a PG test for you.

WHAT DO YOU NEED FOR THE PG TEST?

About ½ teaspoon of your blood is needed for the PG test. It is also possible to do the test on scrapings from the inside of your cheek. Special brushes are needed to obtain the cheek scrapings.

WHY DO YOU WANT TO DO A PG TEST?

A PG test can be done before or after a medicine is given to you.

- **Before a medicine is given:**
A PG test may help your doctor choose the medicine and dose that will work best for you.
- **After a medicine is given:**
A PG test may help the doctor understand why you are having problems with a medicine. The test may also help your doctor decide if a different dose or different medicine should be tried.

WHAT ARE THE POTENTIAL BENEFITS OF A PG TEST?

- The test may improve the chances that the medicine will help you as intended.
- The test may lower the chance of severe side effects from the medicine.
- The PG test for the medicine may only need to be done once in a lifetime. The test looks at common gene differences. If the common gene differences are found in your blood, then the test will not need to be repeated.
- The gene tested today may be important for medicines that you need in the future.

WHAT ARE SOME OF THE LIMITATIONS OF THE PG TEST?

- The test only looks at common gene differences. This means if the test does not find any of the common gene differences, you could still have one or more rare gene differences. The test will not detect rare gene differences. Some of these rare differences might affect how you react to the medicine.
- Gene differences are only one of many factors that can affect how you react to medicine. A few examples of other factors are your age, weight, other medicines and illnesses. Your doctor will need to consider these factors along with the PG test results.

IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT THE PG TEST?

In the future, some of these common gene differences may be found to be associated with other medical conditions.

The test results may be important for other family members. Biologic brothers, sisters and parents may have one or more of the same tested genes in common.

HOW MUCH DOES THE PG TEST COST?

The cost of the PG test depends on many factors. Insurance companies usually cover the costs of genetic tests that are used to guide medical management. Insurance companies vary in their coverage policies. It is wise to ask them directly whether or not they will cover the cost of PG testing.

HOW LONG DOES IT TAKE TO GET THE TEST RESULTS?

Test results will be ready in 2 business days.

HOW WILL I LEARN ABOUT THE TEST RESULTS?

The doctor or nurse will discuss the test results. The doctor will receive a report from the laboratory. The report will describe how your doctor can adjust your medicine based on your test results.

WILL THE GENE RESULT BE IN THE MEDICAL RECORDS?

Yes. Cincinnati Children's strictly follows HIPAA guidelines to protect medical information.

WHAT WILL HAPPEN TO MY SAMPLE?

Your DNA from the blood sample may be stored for up to two years in case future tests are needed. Neither your sample nor DNA will be used for research purposes.