



# Prorenata Laboratories, LLC

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Phoenix, Arizona 85044

Laboratory Director: David Lechner CLIA# 03D2147626

## PHYSICIAN'S INFORMATION

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
M.I. \_\_\_\_\_ Gender ☐ F ☐ M DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pt. ID \_\_\_\_\_

## SPECIMEN COLLECTION

## BILLING INFORMATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ ☐ am ☐ pm  
Sample Type \_\_\_\_\_ Collected By (Print) \_\_\_\_\_  
☐ Buccal swab \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Subscriber Member # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
☐ Bill Patient ☐ Bill Client ☐ Bill Insurance

## TEST MENU - Check Boxes

5088 <input type="checkbox"/> AccuCARDIAC Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 SLC01B1 APOE VKORC1 LPA ITGB3
5089 <input type="checkbox"/> AccuPSYCH Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 ANKK1/DRD2 COMT HTR2A HTR2C UGT2B15
5087 <input type="checkbox"/> AccuPAIN Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 CYP2B6 OPRM1
5086 <input type="checkbox"/> AccuCOMPREHENSIVE Panel	CYP2C19 CYP2D6 CYP2C9 CYP3A4 CYP3A5 CYP1A2 CYP2B6 SLC01B1 APOE VKORC1 ANKK1/DRD2 OPRM1 COMT HTR2A HTR2B LPA ITGB3 UGT2B15
5090 <input type="checkbox"/> CYP2C9/VKORC1	CYP2C9 VKORC1
5092 <input type="checkbox"/> CYP2D6	CYP2D6
5091 <input type="checkbox"/> CYP2C19	CYP2C19

## CUSTOM PROFILES/ADDITIONAL GENES

Y435 ☐ CYP2C9 Y445 ☐ CYP3A5 Y455 ☐ CYP2B6 Y469 ☐ APOE Y461 ☐ OPRM1 Y493 ☐ HTR2A Y499 ☐ LPA Y503 ☐ UGT2B15  
Y433 ☐ CYP3A4 Y453 ☐ CYP1A2 Y463 ☐ SLC01B1 Y467 ☐ ANKK1 Y475 ☐ COMT Y495 ☐ HTR2C Y501 ☐ ITGB3 Y465 ☐ VKORC1

INDICATION FOR TESTING/ICD-10 - Common Indications Provided as a Convenience Indication(s) Required. Check all that apply. Add other applicable ICD-10 codes and descriptions in the spaces provided.

### PAIN

- ☐ G89.4 Chronic Pain Syndrome  
☐ G89.29 Other Chronic Pain  
☐ G89.11 Acute Pain Due To Trauma  
☐ R52 Other Acute Pain  
☐ M54.08 Other Symptoms Referable To Back  
☐ R52 Generalized Pain  
☐ M54.5 Lumbago  
☐ M54.2 Cervicalgia  
☐ M54.6 Pain In Thoracic Spine  
☐ M25.50 Pain In Joint Site Unspecified

### CARDIAC

- ☐ I10 Unspecified Essential Hypertension  
☐ I10 Benign Essential Hypertension  
☐ I20.8 - I20.9 Other And Unspecified Angina Pectoris  
☐ I42.7 Secondary Cardiomyopathy Unspecified  
☐ I48.91 Atrial Fibrillation  
☐ I25.10 Coronary Atherosclerosis of Unspecified Type of Vessel Native or Graft  
☐ I70.0 Atherosclerosis of Aorta  
☐ I73.9 Peripheral Vascular Disease Unspecified  
☐ I50.9 Congestive Heart Failure Unspecified  
☐ I21.3 Acute Myocardial Infarction of Unspecified Site Episode of Care Unspecified  
☐ I65.29 Occlusion And Stenosis of Carotid Artery Without Cerebral Infarction

### Add OTHER

### PSYCHIATRIC

- ☐ F41.1 Generalized Anxiety Disorder  
☐ F43.10 - F43.12 Posttraumatic Stress Disorder  
☐ F34.1 Dysthymic Disorder  
☐ E32.9 Depressive Disorder Not Elsewhere Classified  
☐ F33.9 Major Depressive Affective Disorder Recurrent Episode  
☐ T50.905A Unspecified Degree

### GENERAL

- ☐ T50.905A Unspecified Adverse Effect of Unspecified Drug, Medicinal and Biological Substance  
☐ E66.01 Morbid Obesity  
☐ Z79.899 Long-Term (Current) Use of Other Medications  
☐ E11.9 Diabetes Mellitus Without Mention of Complication, Type II or Unspecified Type, Uncontrolled  
☐ I67.1 Cerebral Aneurysm Nonruptured  
☐ M19.90 Osteoarthritis Unspecified Whether Generalized or Localized Involving Unspecified Site  
  
☐ B20 Human Immunodeficiency Virus [HIV] Disease  
☐ C17-C17.9 Malignant Neoplasm of Colon  
☐ C22-C22.9 Malignant Neoplasm of Liver and Intrahepatic Bile Ducts  
☐ C34-C34.92 Malignant Neoplasm of Bronchus and Lung  
☐ Z21 Asymptomatic Human Immunodeficiency Virus [HIV] Infection Status  
☐ Z79.01 Long Term (Current) Use of Anticoagulants  
☐ Z79-Z79.890 Long Term Current Drug Therapy  
☐ Z79.891 Long Term (Current) Use of Opiate Analgesic  
☐ Z79.899 Other Long Term (Current) Drug Therapy

## PATIENT AUTHORIZATION

I authorize the collection of this specimen for the purpose of analytical testing by Prorenata Labs and release of results to my treating physician and staff. I authorize Prorenata Labs and or its designees to obtain insurance and billing information and release of such information as necessary to determine and collect benefits. I understand I am financially responsible for payments should Insurance be denied, partially paid, or co-payments required.

Patient Signature: \_\_\_\_\_ INITIALS \_\_\_\_\_ MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_