



LABORATORY USE ONLY:	DATE RECEIVED: _____	ACCESSION NO: _____	SPECIMEN ID: _____
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PATIENT INFORMATION (REQUIRED)

First Name: _____ MI: _____
 Last Name: _____
 Gender: Male Female Height (IN): _____ Weight (LB): _____
 DOB (mm/dd/yy): _____ Age: _____
 Primary Ethnicity: African Asian Caucasian Hispanic Jewish (Ashkenazi)
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Patient ID / MRN (optional): _____
 Current Medications: _____

ORDERING PHYSICIAN INFORMATION (REQUIRED)

First Name: _____ MI: _____
 Last Name: _____ NPI #: _____
 Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Direct Office Contact (Required): _____
 Phone: _____
 Email (for notification of results): _____

ADDITIONAL RESULTS RECIPIENT (REQUIRED)

Health Care Professional Name: _____
 Phone: _____
 Fax: _____
 Email (for notification of results): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

PATIENT PAYMENT OPTIONS (REQUIRED)

OPTION 1: CREDIT CARD (Pathway Genomics will contact you for additional information)
 OPTION 2: INVOICE PRACTICE / INSTITUTIONAL BILL / FACILITY BILL
 OPTION 3: BILL INSURANCE (attach front and back copy of insurance card)
 Insurance Company Name: _____
 Policy Number / Member ID: _____

I understand that if I have enrolled in an FSA/HSA or other medical spending account with my employer or my insurance carrier, that the provision on coordination of benefits in my coverage policy may result in an automatic deduction of out of pocket costs directly from that fund by the carrier or my employer. I understand that Pathway Genomics Corporation is in no way responsible or liable for that deduction, and will not reverse it, refund it or otherwise reimburse me for those amounts. I also understand that it is my responsibility to contact my insurance carrier or employer in advance of services regarding coordination of benefits issues that may impact such an account.

▶ Patient Initials: _____

Patient Acknowledgment and Authorization for Insurance Billing and Report Release: I acknowledge that I have provided accurate and true information to the best of my knowledge. **If I have provided my insurance information** for direct insurance/3rd party billing: I hereby authorize my insurance benefits to be paid directly to Pathway Genomics (Pathway) and authorize Pathway to release medical information concerning my testing, including upon request my genetic testing results, to my insurer and any business associate of insurer (TPB, TPA, etc.). I authorize Pathway to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that Pathway will not charge me for the difference between the amount billed to my insurer and the amount allowed by insurer; and that I am responsible for any amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. **I understand that I am legally responsible for sending Pathway Genomics Corporation any money received from my health insurance company for performance of this genetic test.**

▶ Patient Signature: _____ Date: _____

SPECIMEN INFORMATION (REQUIRED)

Date / Time of Collection: _____
 Collected and Registered By: _____
 Specimen Type: Saliva Blood (preferred)

TEST(S) REQUESTED – ICD-10 CODES (REQUIRED)

General Health, Wellness, and Nutrigenetics

Comprehensive PathwayFit® (Test Code: 1503)
 Diet Guidelines (choose one) Standard Gluten-free Vegetarian

Healthy Weight DNA Insight® (Test Code: 1534)
 Diet Guidelines (choose one) Standard Gluten-free Vegetarian

Healthy Woman DNA Insight® (Test Code: 1524)
 Diet Guidelines (choose one) Pregnancy and Lactation Standard Gluten-free Vegetarian

ICD-10 Codes – PROVIDE ALL THAT APPLY

E11.9 Type 2 diabetes mellitus without complications

E78.2 Mixed hyperlipidemia

E66.9 Obesity, unspecified

E78.5 Hyperlipidemia, unspecified

OTHERS: _____

Cardiac

Cardiac DNA Insight® (Test Code: 1710)

Cardiac Healthy Weight DNA Insight® (Test Code: 1688)
 Diet Guidelines (choose one) Standard Gluten-free Vegetarian

ICD-10 Codes – PROVIDE ALL THAT APPLY

E11.9 Type 2 diabetes mellitus without complications

E78.5 Hyperlipidemia, unspecified

E78.0 Pure hypercholesterolemia

OTHERS: _____

Pharmacogenomics

Pain Medication DNA Insight® (Test Code: 1273)

ICD-10 Codes – PROVIDE ALL THAT APPLY

G89.4 Chronic pain syndrome

Z79.899 Other long term (current) drug therapy

M25.50 Pain in unspecified joint

OTHERS: _____

Mental Health DNA Insight® (Test Code: 1467)

ICD-10 Codes – PROVIDE ALL THAT APPLY

F41.9 Anxiety disorder, unspecified

F32.9 Major depressive disorder, single episode, unspecified

F34.1 Dysthymic disorder

OTHERS: _____

Carrier Screening

Carrier Status DNA Insight® (Test Code: 1682)

ICD-10 Codes – PROVIDE ALL THAT APPLY

Z84.81 Family history of carrier of genetic disease

Z13.71 Encounter for nonprocreative screening for genetic disease carrier status

Z13.89 Encounter for screening for other disorder

OTHERS: _____

ORDERING HEALTH CARE PROFESSIONAL (SIGNATURE REQUIRED)

Informed Consent and Statement of Medical Necessity: I affirm that I am legally authorized to order laboratory tests OR that I am an authorized representative of a health care professional legally authorized to order laboratory tests; and hereby order the tests requested above, which includes any collection device necessary to obtain the samples for testing. I hereby confirm that the test(s) are medically necessary for the treatment and/or plan of care for the patient, and that the information supplied on this form is accurate to the best of my knowledge. I further hereby confirm that the information has been supplied about genetic testing and that an appropriate Pathway Genomics informed consent has been signed by the patient and is on file with a copy returned to Pathway Genomics.

Did patient opt-out for the use of their sample for research purposes in the consent?

Yes No

▶ Signature: _____ Date: _____

ICD-10 Codes Required

PLEASE ENTER ALL RELEVANT DIAGNOSES

CARDIAC DNA INSIGHT®

ICD10 Code	Description
R10.13	Epigastric pain
R10.9	Unspecified abdominal pain
D68.311	Acquired hemophilia
I48.91	Unspecified atrial fibrillation
I10	Essential (primary) hypertension
Z68.34	Body mass index (BMI) 34.0-34.9, adult
K59.00	Constipation, unspecified
E11.9	Type 2 diabetes mellitus without complications
Z84.81	Family history of carrier of genetic disease
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
M72.9	Fibroblastic disorder, unspecified
Z15.89	Genetic susceptibility to other disease
I20.0	Unstable angina
Z79.899	Other long term (current) drug therapy
E78.2	Mixed hyperlipidemia
M79.7	Fibromyalgia
E66.9	Obesity, unspecified
I20.9	Angina pectoris, unspecified
E78.5	Hyperlipidemia, unspecified
K59.09	Other constipation
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
R53.1	Weakness
G93.3	Postviral fatigue syndrome
R53.83	Other fatigue
R53.81	Other malaise
E66.3	Overweight
M25.50	Pain in unspecified joint
I73.9	Peripheral vascular disease, unspecified
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
Z13.220	Encounter for screening for lipid disorders
E03.9	Hypothyroidism, unspecified
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
E88.9	Metabolic disorder, unspecified
E63.9	Nutritional deficiency, unspecified
E55.9	Vitamin D deficiency, unspecified

HEALTHY WOMAN DNA INSIGHT®

ICD10 Code	Description
Z68.26	Body mass index (BMI) 26.0-26.9, adult
E66.3	Overweight

CARDIAC HEALTHY WEIGHT DNA INSIGHT®

ICD10 Code	Description
Z71.3	Dietary counseling and surveillance
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
K21.9	Gastro-esophageal reflux disease without esophagitis
N95.1	Menopausal and female climacteric states
Z83.3	Family history of diabetes mellitus
R94.5	Abnormal results of liver function studies
E66.9	Obesity, unspecified
R53.83	Other fatigue
E29.1	Testicular hypofunction
E66.3	Overweight
E06.9	Thyroiditis, unspecified
E23.7	Disorder of pituitary gland, unspecified
E23.3	Hypothalamic dysfunction, not elsewhere classified
I10	Essential (primary) hypertension

CARRIER STATUS DNA INSIGHT®

ICD10 Code	Description
Z84.81	Family history of carrier of genetic disease
N46.9	Male infertility, unspecified
N97.9	Female infertility, unspecified
O35.2XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.89	Encounter for screening for other disorder

PAIN MEDICATION DNA INSIGHT®

ICD10 Code	Description
G89.4	Chronic pain syndrome
G89.29	Other chronic pain
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.899	Other long term (current) drug therapy

MENTAL HEALTH DNA INSIGHT®

ICD10 Code	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter

HEALTHY WEIGHT DNA INSIGHT®

ICD10 Code	Description
R63.5	Abnormal weight gain
F41.9	Anxiety disorder, unspecified
E78.2	Mixed hyperlipidemia
E66.9	Obesity, unspecified
F43.0	Acute stress reaction
E53.8	Deficiency of other specified B group vitamins
R53.83	Other fatigue
R53.81	Other malaise
E66.3	Overweight
K21.0	Gastro-esophageal reflux disease with esophagitis
N91.5	Oligomenorrhea, unspecified
E55.9	Vitamin D deficiency, unspecified

PATHWAYFIT®

ICD10 Code	Description
E56.9	Vitamin deficiency, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.4	Other hyperlipidemia
E88.89	Other specified metabolic disorders
E78.89	Other lipoprotein metabolism disorders
E78.81	Lipoid dermatoarthritis
E88.9	Metabolic disorder, unspecified
E80.3	Defects of catalase and peroxidase
C96.6	Unifocal Langerhans-cell histiocytosis
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis

THE PATIENT'S CHART NOTES SHOULD SUPPORT THE ICD-10 CODES MARKED OR PROVIDED BY YOUR OFFICE. THE DIAGNOSTIC CODE (ICD-10) INFORMATION PROVIDED HEREIN IS FOR INSURANCE INFORMATION PURPOSES ONLY AND DOES NOT GUARANTEE INSURANCE COVERAGE FOR ANY GENETIC TEST, NOR IS IT INTENDED TO BE A DEFINITIVE LIST OF DIAGNOSIS CODES THAT MAY BE APPLICABLE FOR ANY INDIVIDUAL PATIENT.