FAX: **636-614-0299**

PHARMACOGENETIC REQUISITION

PATIENT INFORMATION:

_____ _____ _____ ____/____/____ _____ ☐F ☐M
last name first name mi DOB SSN gender

_____ _____ _____ _____ _____ _____
address 1 address 2 city state zip phone

RACE/ETHNIC IDENTIFICATION:

[ ] African American [ ] Caucasian [ ] Hispanic/Latino [ ] Other _____
[ ] Asian [ ] Hawaiian/Pacific Island [ ] Native American

PRESCRIBED MEDICATIONS: Indicating a medication is not mandatory

Medications

_____

_____

[ ] Patient Reports No Medications [ ] Medication List Attached

ORDER :

☑ Highline Comprehensive

Genes Tested: CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4-3A5, ANKK1, APOE, COMT, FACTOR II-V, GRIK4, MTHFR, OPRM1, SLCO1B1, UGT2B15, VKORC1, ADRA2A

MEDICAL NECESSITY

Specifically, the tests ordered herein are medically necessary for this particular patient, given the patient's clinical condition, because the tests assist in the:
(Must check at least one box, but may check more than one box)

☐	Determination of efficacy of existing medications	☐	Assessment of potential adverse drug reaction based on one or more of the patient's attributes
☐	Assessment of patient's past adverse drug reaction		Other: _____

Healthcare Provider Information

	HCP Name	NPI # (Required)	License #		HCP Name	NPI # (Required)	License #
☐				☐			
☐				☐			

Office Contact Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

PROVIDER ACKNOWLEDGEMENT:

I hereby authorize EBM Medical and Highline Labs to perform the pharmacogenetic panels indicated above. I also understand and hereby acknowledge that the tests ordered herein are medically necessary for this particular patient, given the patient's clinical condition, and need for medical management which has been recorded in the patient's file.

PROVIDER SIGNATURE: _____ DATE: _____

highlineLABS

Samples will ship to Highline Labs at 5900 Northwoods Business Parkway Suite K, Charlotte NC 28269 and be processed by Highline as the primary or reference laboratory for an outreach program.

PH: 866.799.9619