LifeKit™ Requisition Form

L0000x	L0000x
Name:_____	Name:_____
DOB: / /	DOB: / /

Provider Information

Account Name

Ordering Provider NPI#

Street Address

City State Zip

Phone # Fax#

Patient Information L0000x

Name (Last, First, MI) Gender: ◯ Male ◯ Female

Date of Birth (MM/DD/YY)

Street Address ◯ No Address Change

City State Zip

Patient Phone Number

Date/Time Collected:

Date: / /

Time: ◯ AM ◯ PM

Diagnosis Code(s): ICD-10's

Billing Information

Bill to: ◯ Insurance ◯ Patient ◯ Client ◯ Medicare/Medicaid ◯ No Changes

If Client, just place Client name in Insurance Name

Insurance Name (Please attach copy of insurance card/information) Policy & Group #s

Subscriber Name Subscriber DOB

Relationship to Subscriber: ◯ Self ◯ Spouse ◯ Dependent Secondary Insurance ◯ Yes ◯ No

Attach all of secondary insurance information to this requisition.

Current/Intended Medications:

Attach list of Current Medications when available. Required for Prescript ◯ No Medications

Warfarin-Specific Info: ◯ Amiodarone Use ◯ Nicotine Use Weight Target INR

Disease State:

Liver Disease? ◯ Yes ◯ No

Renal Disease? ◯ Yes ◯ No

LifeKit Testing Panels

◯ **PreScript** - Drug/Gene & Drug/Drug Analysis - CYP2D6, CYP2C9, CYP2C19, CYP1A2, CYP3A4/3A5, SLC6A4, OPRM1, VKORC1, SL01B1, Factor II, Factor V, MTHFR, COMT

◯ **Predict** - Identifies Individual Risk for Opioid Addiction - HTR2A, 5-HTTLPR, COMT, DRD1, DRD2, DRD4, DAT1, DBH, MTHFR, OPRK1, MUOR, GAL, DOR, ABCC1

Specimen Requirements for LifeKit Panels and Single Gene Ordering: 4 Buccal Swabs. Please also complete associated Medical Necessity Form and the Informed Consent for Molecular Genetic Testing Form (required)."

◯ **HCV Confirmation/Quantification** ◯ **HCV Genotyping** ***Specimen Requirements for HCV Testing: 2 Plasma Preparation Tubes.***

Genetic Testing Reference/Single Gene Ordering

Gene Target	Description
◯ CYP2D6	Metabolizes 25% of all drugs including tamoxifen, many antidepressants, antipsychotics, betablockers, and opioids.
◯ CYP2C9	Metabolizes approximately 10% of all drugs including warfarin, phenytoin, non-steroidal antiinflammatory drugs (NSAIDs), and sulfonylureas.
◯ CYP2C19	Metabolizes approximately 10-15% of all drugs including clopidogrel, citalopram, diazepam, and proton pump inhibitors.
◯ CYP1A2	Metabolizes many medications including clozapine, olanzapine, theophylline, and caffeine.
◯ CYP3A4/3A5	Metabolizes approximately 50% of medications including many statins, benzodiazepines, antibiotics, and antipsychotics.
◯ SLC6A4	Is a serotonin transporter; associated with efficacy of SSRI antidepressants.
◯ OPRM1	Is the Mu opioid receptor; associated with the analgesic efficacy of morphine, hydromorphone, oxymorphone, and other opioid agonists.
◯ VKORC1	Is the enzyme inhibited by warfarin; associated with warfarin sensitivity and dose requirement.
◯ SLC01B1	Is a protein that transports statins into the liver; associated with myopathy risk.
◯ Factor II	Is prothrombin; variant associated with increased risk of thrombosis.
◯ Factor V (Leiden)	Is clotting factor V; variant indicates nearly 10-fold increased thrombotic risk for males and females, and suggests avoidance of estrogen-based oral contraceptives for females.
◯ MTHFR	Is an enzyme involved in folate metabolism; variant is a risk factor for atherosclerotic heart disease, venous thrombosis, and low L-methylfolate levels.
◯ COMT	Is a brain enzyme that degrades dopamine and norepinephrine; associated with efficacy of stimulant therapies.

Patient Signature_____ (if required by state)

Qualified Healthcare Provider Signature _____ (required)

I have explained the limitations and possible impact of DNA testing to the patient or legal guardian.

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