DRUG METABOLISM TEST REQUISITION

Failure to complete all required fields may delay results. Please call **417-319-1047** *with questions.*

Completed requisition may be emailed to **info@dynamicdnalabs.com**, faxed to **417-319-7142**, or included with the sample when returned to the lab.

Sample Information

Collection Date:	Collection Time:	Sample Collected By:	Sample Type:	Accession Number:
			Buccal Swab	

Physician Information

Physician Name:	Physician NPI#:	Practice Name:		
Practice Address:	**City:**	**State:**	**Zip:**	**Phone:**

Ordering Physician/Authorizing Medical Professional Signature: I hereby authorize testing for this Patient. I have provided information regarding genetic testing, and the Patient has given consent for testing to be performed. I attest that the ICD-10 Diagnosis Codes provided are accurate and supported by Patient records. I attest that these tests are medically necessary. I hereby authorize Dynamic DNA Laboratories to send this Patient's test results to the Patient's third party payer, if needed, to appeal a denial of reimbursement prior to attempts to obtain reimbursement without the release of Patient results. I understand that each test panel may include a combination of CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP1A2, CYP2B6, OPRM1, SLCO1B1, ANKK1, COMT, UGT2B15 VKORC1, ApoE, Factor V, Factor II, and MTHFR.

X

Patient Information

Last Name:	First Name:	DOB:	Ethnicity:	Gender:	MRN:

Address:	City:	State:	Zip:

Email:	Phone:

Consent Signature: I authorize the pharmacogenetic testing to be performed on my submitted sample. I understand that each test panel may include a combination of CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP1A2, CYP2B6, OPRM1, SLCO1B1, ANKK1, COMT, UGT2B15, VKORC1, ApoE, Factor V, Factor II, and MTHFR. I acknowledge the benefits, risks, and limitations of this testing as described to me. I understand that my sample may be used for confidential training, quality control, and validation purposes. I am aware that results from this test are for informational purposes only and that I should not quit taking or alter any current medication that I am taking without first consulting a qualified healthcare provider. I understand that this DNA test pertains only to drug metabolism and cardiovascular risk and that no other genetic information will be provided to me.

X

Test Request

Check the box beside the desired panel(s).

- ☐ **Dynamic PGx** (comprehensive) - $299
- ☐ **Pain Management** - $199
- ☐ **Cardiovascular** - $199
- ☐ **Psychiatric** - $199

List of Current Medications

Please list names of your current medications. If insufficient space, attach a list.

Sample Submission Instructions

1. Complete this requisition form in full.
2. Write patient's name and DOB on the sample envelope in ink.
3. Carefully follow "Instruction Card" for collection of DNA.
4. If not hand delivered or picked up by DDNA Labs, place sample envelope and requisition in the pre-postaged mailer and place in a USPS mail box.

Reporting of Results

Your results will be delivered to yourself and your physician through an online, HIPAA compliant Patient Portal. Once we receive your requisition form, you will receive an email with a username and password to log in and access your results. Reports will always be accessible via this portal to both you and your physician.

Informed Consent Information

Submission of a requisition for any test listed constitutes acknowledgement that the consumer agrees that:

1) Each genetic panel may include a combination of the following tests: CYP2D6, CYP2C19, CYP2C9, VKORC1, CYP3A4/3A5, CYP1A2, CYP2B6, OPRM1, SLCO1B1, ANKK1, COMT, UGT2B15 ApoE, Factor II, Factor V, and MTHFR.
2) These DNA results may:
   a. Indicate whether the consumer is a carrier for a certain condition
   b. Predict whether another family member is a carrier of a certain condition
   c. Diagnose whether the consumer has a condition, or is at increased risk for developing that condition.
   d. Predict whether another family has, or is at increased risk for developing a condition.
   e. Provide undetermined results due to technical limitations or familial genetic patterns.
3) This DNA test pertains only to drug metabolism and cardiovascular risk factors; it will not detect all causative gene mutations.
4) DNA testing usually provides precise information; however, several sources of error are possible. These include, but are not limited to, clinical misdiagnosis of the condition, sample misidentification, and inaccurate information regarding familial relationships.
5) The significance of a positive or a negative test result, based on the patient's family history, have been explained to the Patient.
6) DDNA is authorized to perform high-complexity testing under the Clinical Laboratory Improvement Amendments (CLIA). The results are not intended to be used as the sole means for clinical diagnosis or care decisions.
7) DDNA recommends genetic counseling for the consumer prior to, as wellas after, genetic testing.
8) The requested DNA test may contain additional Quality Control (QC) markers that are reviewed and the data retained regarding specific genetic locations. These QC markers may be used for specific QC steps of the testing process. In addition, de-identified, extracted DNA may be used as blinded validation or specimen for research and development. No additional results beyond the genetic test requested and the QC markers will be interpreted on this sample. Once testing and QC are completed, the sample will be destroyed.
9) Samples will be stored and destroyed within our accreditation timelines.
10) No Clinical Research or Publications will be conducted on patient data/samples.