



# DRUG METABOLISM TEST REQUISITION

Failure to complete all required fields may delay results. Completed requisition may be emailed to [info@dynamicdnalabs.com](mailto:info@dynamicdnalabs.com), faxed to 417-319-7142, or included with the sample when returned/shipped to Dynamic DNA Laboratories at 2144 E. Republic Road Suite B204 Springfield, MO 65804

## Sample Information

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

## Physician Information

Physician Name:	Physician NPI#:	Practice Name:	Fax Number:
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:			

**Patient Consent Signature:** I authorize the release of my medical information (including genetic test results) for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to Dynamic DNA Laboratories on my behalf. I also acknowledge that I will be liable for payment of deductible, co-payment and/or co-insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize Dynamic DNA Laboratories to appeal insurance claims on my behalf. I acknowledge the benefits, risks, and limitations of this testing as described to me by a qualified healthcare provider. I understand that my sample may be used for confidential training, quality control, and validation purposes.

**X**

<b>Test Requested - Check one box below for desired panel based on Patient's medical needs:</b>  <b>Comprehensive (All Panels) - \$299</b> <b>Pain Management - \$199</b> <b>Cardiovascular - \$199</b> <b>Mental Health - \$199</b> <b>ADHD- \$199      Diabetes-\$199</b>	<b>List of Current Medications</b>  <b>Please list names of your current medications. If insufficient space, attach a list.</b>							
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<b>Sample Submission Instructions</b> 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 a poly mailer or envelope and mail back to DDNA.	<b>Reporting of Results</b>  Your results will be delivered the signing physician through our online, HIPAA Compliant patient portal. An email with a username and password will be sent to the Physician on file for access to this Portal. Faxed Reports can also be requested.
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## Informed Consent Information

<b>Submission of a requisition for any test listed constitutes acknowledgement that the consumer agrees that:</b>	
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) 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. 6) DDNA recommends genetic counseling for the patient prior to, as well as after, genetic testing 7) 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 specimen for test 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. 8) Samples will be stored and destroyed within our accreditation timelines. 9) No clinical research or publications will be conducted on patient data/samples by DDNA.