STONE | CLINICAL LABORATORIES

Stone Genomics

Information highlighted in GREEN is required

Client Name: ______________________ Provider: ☐ ______________________ ☐ ______________________

Account Number: ______________________ ☐ ______________________ ☐ ______________________

1. Patient Demographics (attach a copy of patient demographics & insurance info.)

Patient Medical Record Number: ______________

Last Name: ______________ First Name: ______________ D.O.B: ______________ Gender: ☐ M ☐ F

Patient Street Address: ______________ City: ______________ State: ____ Zip: ______

Race: ☐ African American/Black Asian ☐ Caucasian/White ☐ E. Indian ☐ Hispanic/ Latino ☐ Jewish-Ashkenazi ☐ Jewish-Sephardic ☐ Native American Indian/Alaskan ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ Unknown ☐ Patient does not wish to answer this question

Bill to: ☐ Insurance ☐ My Account ☐ Workers Comp ☐ Self Pay (Patient's signature required for Self Pay): ______________

Insurance Co: ______________ Insurance ID#: ______________ Group #: ______________

Insurance Address: ______________ City: ______________ State: ____ Zip: ______

2. Specimen Collection Information

Specimen Collector: ______________ Date Collected: ______________ Time Collected: ______________ AM PM

3. Panels

Order Code	Commonly Used ICD-10 Codes	Genes
☐ 500000 - Stone Comprehensive PGx Panel	☐ I25.110 - Athscl heart disease of native cor artery with unstable ang pctrs ☐ I24.9 - Acute ischemic heart disease, unspecified ☐ F31.30 - Bipolar disorder, current episode depressed, mild or moderate severity, unspecified ☐ F33.0 - Major depressive disorder, recurrent, mild ☐ F33.1 - Major depressive disorder, recurrent, moderate ☐ F33.9 - Major depressive disorder, recurrent, unspecified ☐ Z13.79 - Encounter for other screening for generic and chromosomal anomalies ☐ Other: ______________ ______________ ☐ Other: ______________ ______________	**Comprehensive:** APOE, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, MTHFR, Factor II, Factor V, OPRM1, SLCO1B1, VKORC1
☐ 510030 - Stone Psychiatry PGx Panel		**Psychiatry:** CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP1A2, OPRM1, COMT, MTHFR

Consent to Testing: The specimen that accompanies this form is mine. I have not adulterated the specimen in any way. I consent to Stone Clinical Laboratories' (Stone) performance of the testing ordered by my provider.

Financial/Insurance Authorization: I hearby assign my insurance/health benefits (if any) to Stone, and authorize that all payments made pursuant to my insurance/health plan for this testing be made directly to Stone. I authorize my provider and Stone to release to my insurance/health plan all information necessary for my insurance/healthy plan to adjudicate any claims for payment of the testing ordered on this form or to appeal any denial of such payment or reimbursement. I further authorize Stone to appeal on my behalf any denial of reimbursement by my insurance/healthy plan for the testing ordered by my provider on this form.

Patient Signature: ______________________ Date: ______________

Provider Signature Attestation: I am a licensed medical professional. I acknowledge that the test requested herein is medically necessary and the patient is eligible for the test. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer. Note: Tests not ordered by the physician who is treating the beneficiary are not reimbursable. Order codes are updated but CPT Codes are not impacted.

Provider's Signature: ______________________ Date: ______________

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Internal Use Only: Date: ________ Initials: _____ Shipper Packed Correctly: ___________