



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: _____
 Patient Phone Number: _____
 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: Commercial Medicare Medicaid Client Bill 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: _____

3. Panels The following commonly used diagnosis codes are listed as a convenience only. Ordering physicians should use ICD-10 codes that best describe the reason for performing tests, whether or not that code is listed below.

Order Code	Genes	ICD-10 Codes
<input type="checkbox"/> 500000 - Comprehensive PGx Panel ATTACH MEDICATION LIST	Comprehensive: CYP1A2; CYP2C9; CYP2C19; CYP2D6; CYP3A4; CYP3A5; F2; F5; MTHFR; OPRM1; SLC01B1; VKORC1; UGT2B15; HTR2A; HTR2C; ANNK1; ABCG2; GRIK4; LPA; COMT; BDNF; ADRA2A; CYP2B6	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: _____ Other: _____ Other: _____
<input type="checkbox"/> 510030 - Psychiatry PGx Panel ATTACH MEDICATION LIST	Psychiatry: CYP1A2; CYP2C9; CYP2C19; CYP2D6; CYP3A4; CYP3A5; UGT2B15; HTR2A; HTR2C; ANNK1; GRIK4; COMT; BDNF; ADRA2A; CYP2B6	(Continued from above)

Consent to Testing: I agree that I am voluntarily submitting this sample for analysis. I authorize my physician to release the sample and any other necessary records as requested by Stone Clinical Laboratories and for Stone to release the results of the DNA test to the ordering physician. I understand that while DNA testing is highly accurate, as in all laboratory testing, there is a possibility of delay or error. I also agree and understand that DNA testing is for informational purposes and prescription drug regimens should never be altered without consulting a physician.

Financial/Insurance Authorization: I hereby 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: _____