Laboratory Request

CHABADO GENOMICS
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All Shaded Areas Must Be Completed

SPECIMEN INFORMATION
/ / DATE COLLECTED _____ TIME COLLECTED
Temperature read within 4 minutes and is in range of 32.2 - 37.3°C (90-100°F)
☐ YES ☐ NO If NO: Actual Temp _____

SPECIMEN ID NUMBER

Patient Information

Patient Last Name

Patient First Name, Middle Initial

Gender ☐ M ☐ F

☐ **Uninsured Patient**

Patient Social Security Number ___ – ___ – ____

Date of Birth / /

Date of Injury / /
If Workers' Comp

Billing Information

BILL TO: ☐ Insurance ☐ Medicaid ☐ Self-Pay ☐ Medicare* #:_____

** When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.*

PRIMARY INSURANCE *(Attach front & back copy of card)*
Responsible Party/Policy Holder | Relation
I.D. or Policy # | Group #

SECONDARY INSURANCE *(Attach front & back copy of card)*
Responsible Party/Policy Holder | Relation
I.D. or Policy # | Group #

Practice Information

Requesting Provider _____

Diagnostic Code(s)

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

UROGENITAL HEALTH

☐ Routine Women's Health Panel
(Thin-Prep, Swab, Urine)

- ThinPrep Pap Test with High Risk HPV
  - ○ **Reflex** to 16, 18/45 gentotyping if HPV+
- Chlamydia-CT (U)
- Gonorrhea-NG (U)
- HSV 1/2 (U)
- Trichamonas - *Check One* (TP or S)
  - ☐ Screening ☐ Confirmatory

*Refer to guidelines on back

☐ Vaginitis Panel
(Swab)

- Bacterial Vaginitis - 5 targets (S)
- Trichamonas - *Check One* (S)
  - ☐ Screening ☐ Confirmatory
- Candida-3 Targets (S)
- Mycoplasma (S)
  (Mycoplasma Genitalium, Mycoplasma Hominis, Ureaplasma Genitalium, Ureaplasma Urealyticum)

☐ Prenatal Panel
(Thin-Prep, Swab, Urine)

- ThinPrep Pap Test with High Risk HPV
  - ○ **Reflex** to 16, 18/45 gentotyping if HPV+
- Group B Streptococcus-GBS (S)
- Chlamydia-CT (U)
- Gonorrhea-NG (U)
- HSV 1/2 (U)

*Refer to guidelines on back

☐ Routine Men's Health Panel
(Urine)

- Chlamydia-CT (U)
- Gonorrhea-NG (U)
- HSV 1/2 (U)

TOXICOLOGY TESTING

☐ COMPREHENSIVE ORAL TOXICOLOGY PANEL

- Anti-Convulsants
- Antidepressants
- Barbiturates
- Benzodiazepines
- Illicit Drugs
- Opiates
- Opioid Antagonists
- Opioids
- Sedatives
- SNRI
- SSRI
- Stimulants
- Other Drugs _____

☐ COMPREHENSIVE URINE TOXICOLOGY PANEL

- Amphetamines LC/MS
- Antidepressants
- Illicit Drugs
- ISE
- Opiates
- Sedatives
- Synthetic Opioids
- Urine Drug Adulteration
- Other Drugs _____

PATIENT'S PRESCRIBED MEDICATIONS

Medication list attached. *Indicating a medication in this section DOES NOT constitute a test request. An inconsistent result may be recorded on a report if a complete medication list is not provided.*

☐ Adderall	☐ Butrans	☐ Cyclobenzaprine	☐ Fioricet	☐ Hydrocodone/APAP	☐ Methylphenidate	☐ Oxycodone	☐ Tapentadol
☐ Alprazolam	☐ Carisoprodol	☐ Demerol	☐ Fiorinal	☐ Hydromorphone	☐ Morphine	☐ Oxymorphone	☐ Temazepam
☐ Amitriptyline	☐ Citalopram	☐ Diazepam	☐ Flexeril	☐ Lorazepam	☐ MSIR	☐ Paroxetine	☐ Tramadol
☐ Aripiprazole	☐ Clonazepam	☐ Duloxetine	☐ Fluoxetine	☐ Lyrica	☐ Naltrexone	☐ Pregabalin	☐ Venlafaxine
☐ Buprenorphine	☐ Clozapine	☐ Duragesic	☐ Gabapentin	☐ Meperidine	☐ Neurontin	☐ Quetiapine	☐ Vicodin
☐ Bupropion	☐ Codeine	☐ Fentanyl	☐ Haloperidol	☐ Methadone	☐ Nortriptyline	☐ Suboxone	☐ Zolpidem

Additional Medications: _____

PHARMACOGENOMICS (PGx) TESTING

☐ COMPREHENSIVE PANEL *(buccal swab)* *Please provide list of patient medications

CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP2B6, CYP1A2, VKORC1, OPRM1, COMT, DRD2/ANKK1, SLCO1B1, APOE, Factor II, Factor V, MTHFR

- **MENTAL/ PSYCHOTROPIC PANEL**
  CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP2B6, CYP1A2, COMT, DRD2/ ANKK1, ABCB1
- **CARDIOVASCULAR PANEL**
  CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP1A2, VKORC1, SLCO1B1, APOE, Factor II, Factor V, MTHFR
- **PAIN MANAGEMENT PANEL**
  CYP2D6, CYP2C19, CYP2C9, CYP3A4, CYP3A5, CYP2B6, OPRM1, COMT
- **THROMBOTIC RISK ASSESMENT PANEL**
  APOE, Factor II, Factor V, MTHFR

INFECTIOUS DISEASE TEST

☐ **RESPIRATORY PATHOGENS PANEL** Qualitative PCR

☐ **GASTROINTESTINAL (GI) PANEL** Qualitative PCR

For Laboratory Use Only

I authorize the above ordered laboratory test(s).

Physician Signature: _____ Date: _____

AFFIXED LABEL

CHABADO GENOMICS COPY - WHITE / PHYSICIAN COPY - YELLOW