Clinic/Facility Name: _____

Account #: _____

Address: _____

_____

Provider Name: _____

NPI #: _____

PLACE BARCODE LABEL HERE

TOP RANK DIAGNOSTIC LAB

22875 Savi Ranch Pkwy , Unit B
Yorba Linda , CA 92887
CLIA ID : 05D2184501

PHARMACOGENOMICS (PGx) REQUISITION FORM

1 PATIENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ State: ___

Zip Code: _____ Phone #: _____ Email: _____ Gender: ◯M ◯F

Race: ◯White/Caucasian ◯Asian ◯American Indian/Native Alaskan ◯B l a c k /African American ◯Native Hawaiian/Pacific Islander ◯Multi-Race ◯Other ◯Prefer not to Answer

Ethnicity: ◯Hispanic or Latino ◯ Not Latino or Hispanic

2 INSURANCE INFORMATION

Billing Method: ◯Insurance ◯Cash Pay ◯ Institutional Bill

Insurance Name: _____ M e m b e r ID #: _____ Group #: _____

Policy Holder Name: _____ Policy Holder DOB: _____ Relationship to Patient: _____

3 SPECIMEN INFORMATION

Specimen Type: ◯ Buccal swab Collection Date: _____ Time: _____ ◯AM ◯PM

***Patient should have no food or beverage at least 30 minutes prior to specimen collection as this may result in interference which can produce inaccurate results.**

4 PGx GENE PANELS

Single Genes (Check All That Applies)

_____	CYP3A4	_____	CYP3A5	_____	CYP2B6	_____	CYP2C19	_____	CYP2C9
_____	CYP2D6	_____	Factor II	_____	Factor 5	_____	MTHFR	_____	SLCO1B1
				_____	VKORC1				

5 ICD-10 DIAGNOSIS CODE(S)

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

PLEASE CONTINUE TO THE REVERSE SIDE TO COMPLETE ADDITIONAL INFORMATION

6 PATIENT MEDICAL RECORDS AND PHYSICIAN NOTES

Medical Records (Face Sheet) including current medications (list or print and enclose):

Physician Notes:

7 PATIENT MEDICATION INFORMATION

List **ALL** relevant medications that have **failed or are currently failing** to work for this patient and identify which medications you are considering for **augmentation or new treatment (A)**, and/or **dosage change (D).**

A	D	RELEVANT MEDICATIONS
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Physician Signature: _____ Date: _____