

**TEST REQUISITION FORM**
Required field

<b>Sample collection date</b> (not applicable for telehealth orders)		<b>REQUIRED</b>
<b>I. Patient information</b> (may attach patient demographics sheet)		
Name		
Date of birth	Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip
Contact phone #		
Location of sample collection (check only one): <input type="checkbox"/> Medical Office <input type="checkbox"/> Long Term Care Unit <input type="checkbox"/> Skilled Nursing Unit <input type="checkbox"/> Patient's Home <input type="checkbox"/> Inpatient Hospital		
Patient email address		
<b>II. Payment information</b>		
Payment option <input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Client bill		
Attach a copy (front and back) of insurance card(s)		
Primary insurance		
Subscriber ID	Group ID	
<b>III. Clinician information</b>		
Check box if Telehealth order: <input type="checkbox"/> Report delivery method: <input type="checkbox"/> Portal <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Healthcare provider		
NPI#	Practice focus <input type="checkbox"/> Psych <input type="checkbox"/> Primary Care <input type="checkbox"/> Geriatric <input type="checkbox"/> Other _____	
Provider email		
Practice name		
Practice address		
City/State/Zip		
Phone/Fax		
Primary contact		
<b>IV. Healthcare provider authorization</b>		
By my signature below, I, the healthcare provider, authorize performance of NeuroIDgenetix 902 and indicate that the purpose of the test(s), the procedures, the benefits and risks involved have been explained to the patient and patient informed consent has been obtained in accordance with state and local laws. I attest that this patient has a diagnosis for which pharmacologic therapy is reasonable and necessary, and that the drug or drugs that I intend to prescribe are reasonable and necessary for the treatment of this patient's diagnosis. I have made an initial personalized decision for this patient based on the patient's non-genetic factors. I have a record of what drug(s) is/are being considered and for what indication(s) to ensure the test(s) performed is reasonable and necessary. The test results will be utilized by me to determine a dose change to the patient's current medication and/or prescribe a new medication. I have informed the patient that Castle Biosciences, Inc. may be an out-of-network provider under their insurance plan and that I do not have any financial interest in Castle Biosciences, Inc.		
<b>Healthcare provider signature</b> _____		
<b>Healthcare provider printed name</b> _____		
<b>Date</b> _____		

<b>V. Patient healthcare information</b> (as recorded in medical record)		
<b>REQUIRED ICD-10 CODE</b> Please provide up to four codes that apply. At least one ICD-10 code <b>MUST</b> be entered below (see back of this page for codes):		
Select <b>ALL</b> applicable medications you are considering for new treatment and/or dosage change for this patient (see back of this page for additional information):		
<b>SSRI</b> <input type="checkbox"/> citalopram (Celexa®) <input type="checkbox"/> escitalopram (Lexapro®) <input type="checkbox"/> fluvoxamine (Luvox®) <input type="checkbox"/> paroxetine (Paxil®) <input type="checkbox"/> sertraline (Zoloft®) <b>TCA</b> <input type="checkbox"/> amitriptyline (Elavil®) <input type="checkbox"/> clomipramine (Anafranil®) <input type="checkbox"/> desipramine (Norpramin®) <input type="checkbox"/> doxepin (Silenor®) <input type="checkbox"/> imipramine (Tofranil™) <input type="checkbox"/> nortriptyline (Pamelor™) <b>SNRI/Other</b> <input type="checkbox"/> venlafaxine (Effexor®) <input type="checkbox"/> vortioxetine (Trintellix®) <b>Anticonvulsant/Benzodiazepine</b> <input type="checkbox"/> clobazam (Onfi®) <input type="checkbox"/> fosphenytoin (Cerebyx®) <input type="checkbox"/> phenytoin (Dilantin®)	<b>Antipsychotics</b> <input type="checkbox"/> aripiprazole (Abilify®) <input type="checkbox"/> brexpiprazole (Rexulti®) <input type="checkbox"/> clozapine (Clozaril®) <input type="checkbox"/> iloperidone (Fanapt®) <input type="checkbox"/> perphenazine (Trilafon®) <input type="checkbox"/> risperidone (Risperdal®) <input type="checkbox"/> thioridazine (Mellaril®) <b>Stimulant/Non-stimulant</b> <input type="checkbox"/> amphetamine (Adderall®) <input type="checkbox"/> atomoxetine (Strattera®) <b>NSAID/Opioid</b> <input type="checkbox"/> celecoxib (Celebrex®) <input type="checkbox"/> codeine <input type="checkbox"/> flurbiprofen (Ansaid®) <input type="checkbox"/> hydrocodone (Hysingla®) <input type="checkbox"/> ibuprofen (Advil®, Motrin®) <input type="checkbox"/> meloxicam (Mobic®) <input type="checkbox"/> piroxicam (Feldene®) <input type="checkbox"/> tramadol (Ultram®)	
<b>CURRENT PRESCRIPTION MEDICATIONS</b> Please attach list or notate below all current psychiatric and non-psychiatric prescription medications:		
<b>LIFESTYLE FACTORS</b> <b>OTC &amp; herbal medications / environmental factors &amp; dietary supplements</b> Check if the patient regularly takes or uses any of the items below:		
<input type="checkbox"/> Alcoholic beverages <input type="checkbox"/> Broccoli <input type="checkbox"/> Brussels sprouts <input type="checkbox"/> Char-grilled meat <input type="checkbox"/> Cimetidine <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> Ginseng	<input type="checkbox"/> Goldenseal <input type="checkbox"/> Grapefruit juice <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Naproxen <input type="checkbox"/> Omeprazole <input type="checkbox"/> Quercetin <input type="checkbox"/> St. John's wort	<input type="checkbox"/> Starfruit (carambola) <input type="checkbox"/> Tobacco (smoking) <input type="checkbox"/> Other (list): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

**Drugs with actionable gene-drug interactions\***

Please record ICD-10 codes and drugs under consideration in Section V on page 1.

Diagnosis	ICD-10 codes	Drugs with actionable gene-drug interactions
<b>Depression</b>	F32.1 Major depressive disorder, single episode, moderate F32.2 Major depressive disorder, single episode, severe without psychotic features F32.3 Major depressive disorder, single episode, severe with psychotic features F32.4 Major depressive disorder, single episode, in partial remission F33.1 Major depressive disorder, recurrent, moderate F33.2 Major depressive disorder, recurrent severe without psychotic features F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms F33.41 Major depressive disorder, recurrent, in partial remission	amitriptyline (Elavil®) aripiprazole (Abilify®) brexpiprazole (Rexulti®) citalopram (Celexa®) desipramine (Norpramin®) doxepin (Silenor®) escitalopram (Lexapro®) fluvoxamine (Luvox®) imipramine (Tofranil™) nortriptyline (Pamelor™) paroxetine (Paxil®) sertraline (Zoloft®) venlafaxine (Effexor®) vortioxetine (Trintellix®)
<b>Anxiety</b>	F40.11 Social phobia, generalized F41.0 Panic disorder [episodic paroxysmal anxiety] F41.1 Generalized anxiety disorder F41.3 Other mixed anxiety disorders F41.8 Other specified anxiety disorders F43.11 Post-traumatic stress disorder, acute F43.12 Post-traumatic stress disorder, chronic F60.5 Obsessive-compulsive personality disorder	citalopram (Celexa®) clomipramine (Anafranil®) escitalopram (Lexapro®) fluvoxamine (Luvox®) paroxetine (Paxil®) sertraline (Zoloft®) venlafaxine (Effexor®)
<b>Schizophrenia/ Psychosis</b>	F20.0 Paranoid schizophrenia F20.1 Disorganized schizophrenia F20.2 Catatonic schizophrenia F20.3 Undifferentiated schizophrenia F20.5 Residual schizophrenia F20.81 Schizophreniform disorder F20.89 Other schizophrenia	aripiprazole (Abilify®) brexpiprazole (Rexulti®) clozapine (Clozaril®) iloperidone (Fanapt®) perphenazine (Trilafon®) risperidone (Risperdal®) thioridazine (Mellaril®)
<b>Bipolar</b>	F31.0 Bipolar disorder, current episode hypomanic F31.11 Bipolar disorder, current episode manic without psychotic features, mild F31.12 Bipolar disorder, current episode manic without psychotic features, moderate F31.13 Bipolar disorder, current episode manic without psychotic features, severe F31.2 Bipolar disorder, current episode manic severe with psychotic features F31.31 Bipolar disorder, current episode depressed, mild F31.32 Bipolar disorder, current episode depressed, moderate F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features F31.61 Bipolar disorder, current episode mixed, mild F31.62 Bipolar disorder, current episode mixed, moderate F31.63 Bipolar disorder, current episode mixed, severe, without psychotic features F31.64 Bipolar disorder, current episode mixed, severe, with psychotic features F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic F31.73 Bipolar disorder, in partial remission, most recent episode manic F31.75 Bipolar disorder, in partial remission, most recent episode depressed F31.77 Bipolar disorder, in partial remission, most recent episode mixed	aripiprazole (Abilify®) citalopram (Celexa®) clozapine (Clozaril®) escitalopram (Lexapro®) fluvoxamine (Luvox®) iloperidone (Fanapt®) paroxetine (Paxil®) risperidone (Risperdal®) sertraline (Zoloft®) venlafaxine (Effexor®) vortioxetine (Trintellix®)
<b>ADHD</b>	F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type F90.1 Attention-deficit hyperactivity disorder, predominantly hyperactive type F90.2 Attention-deficit hyperactivity disorder, combined type F90.8 Attention-deficit hyperactivity disorder, other type	amphetamine (Adderall®) atomoxetine (Strattera®)
<b>Seizure</b>	G40.201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	clobazam (Onfi®) fosphenytoin (Cerebyx®) phenytoin (Dilantin®)
<b>Pain (Migraine, Arthritis, Musculoskeletal, Neuropathic)</b>	G43.001 Migraine without aura, not intractable, with status migrainosus G43.701 Chronic migraine without aura, not intractable, with status migrainosus G43.711 Chronic migraine without aura, intractable, with status migrainosus M15.0 Primary generalized (osteo) arthritis M54.51 Vertebrogenic low back pain E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy	celecoxib (Celebrex®) codeine flurbiprofen (Ansaïd®) hydrocodone (Hysingla®) ibuprofen (Advil®, Motrin®) meloxicam (Mobic®) piroxicam (Feldene®) tramadol (Ultram®)

\*Drug list derived from FDA Table of Pharmacogenetic Associations and Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines

**MEDICATIONS INCLUDED ON THE IDGENETIX TEST REPORT**

 The IDgenetix test report includes over 120 medications. Information on the report is updated regularly based on published literature. The complete IDgenetix Medication List is available at: [castlebiosciences.com](https://castlebiosciences.com).