

**TEST REQUISITION FORM**

\* Required field

**Sample collection date** (not applicable for telehealth orders) **REQUIRED**

**I. Patient information** (may attach patient demographics sheet)

Name \*

Date of birth \* Sex at birth \*  Male  Female

Address \*

City \* State \* Zip \*

Contact phone # \*

Location of sample collection \* (check only one):  Medical Office  Long Term Care Unit  Skilled Nursing Unit  Patient's Home  Inpatient Hospital

Patient email address

**II. Payment information**

Payment option \*  
 Medicare  Private insurance  Medicaid  Self-Pay  Client bill

Attach a copy (front and back) of insurance card(s) \*

Primary insurance

Subscriber ID Group ID

**III. Clinician information**

Check box if Telehealth order:  Report delivery method:  Portal  Fax  Email

Healthcare provider \*

NPI# \* Practice focus \*  Psych  Primary Care  Geriatric  Other \_\_\_\_\_

Provider email

Practice name \*

Practice address \*

City/State/Zip \*

Phone/Fax \*

Primary contact

**IV. Healthcare provider authorization**

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.

**Healthcare provider signature \***

\_\_\_\_\_

**Healthcare provider printed name \***

\_\_\_\_\_

**Date \***

\_\_\_\_\_

**V. Patient healthcare information** (as recorded in medical record)

**REQUIRED ICD-10 CODE \***  
 Please provide up to four codes that apply. At least one ICD-10 code **MUST** be entered below (see back of this page for codes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Select **ALL** applicable medications you are considering for new treatment and/or dosage change for this patient (see back of this page for additional information): \*

- |   |   |
|---|---|
| <p><b>SSRI</b></p> <input type="checkbox"/> citalopram (Celexa®)<br><input type="checkbox"/> escitalopram (Lexapro®)<br><input type="checkbox"/> fluvoxamine (Luvox®)<br><input type="checkbox"/> paroxetine (Paxil®)<br><input type="checkbox"/> sertraline (Zoloft®) <p><b>TCA</b></p> <input type="checkbox"/> amitriptyline (Elavil®)<br><input type="checkbox"/> clomipramine (Anafranil®)<br><input type="checkbox"/> desipramine (Norpramin®)<br><input type="checkbox"/> doxepin (Silenor®)<br><input type="checkbox"/> imipramine (Tofranil™)<br><input type="checkbox"/> nortriptyline (Pamelor™) <p><b>SNRI/Other</b></p> <input type="checkbox"/> venlafaxine (Effexor®)<br><input type="checkbox"/> vortioxetine (Trintellix®) <p><b>Anticonvulsant/Benzodiazepine</b></p> <input type="checkbox"/> clobazam (Onfi®)<br><input type="checkbox"/> fosphenytoin (Cerebyx®)<br><input type="checkbox"/> phenytoin (Dilantin®) | <p><b>Antipsychotics</b></p> <input type="checkbox"/> aripiprazole (Abilify®)<br><input type="checkbox"/> brexpiprazole (Rexulti®)<br><input type="checkbox"/> clozapine (Clozaril®)<br><input type="checkbox"/> iloperidone (Fanapt®)<br><input type="checkbox"/> perphenazine (Trilafon®)<br><input type="checkbox"/> risperidone (Risperdal®)<br><input type="checkbox"/> thioridazine (Mellaril®) <p><b>Stimulant/Non-stimulant</b></p> <input type="checkbox"/> amphetamine (Adderall®)<br><input type="checkbox"/> atomoxetine (Strattera®) <p><b>NSAID/Opioid</b></p> <input type="checkbox"/> celecoxib (Celebrex®)<br><input type="checkbox"/> codeine<br><input type="checkbox"/> flurbiprofen (Ansaid®)<br><input type="checkbox"/> hydrocodone (Hysingla®)<br><input type="checkbox"/> ibuprofen (Advil®, Motrin®)<br><input type="checkbox"/> meloxicam (Mobic®)<br><input type="checkbox"/> piroxicam (Feldene®)<br><input type="checkbox"/> tramadol (Ultram®) |
|---|---|

**CURRENT PRESCRIPTION MEDICATIONS**

Please attach list or notate below all current psychiatric and non-psychiatric prescription medications:

\_\_\_\_\_

**LIFESTYLE FACTORS**

**OTC & herbal medications / environmental factors & dietary supplements**

Check if the patient regularly takes or uses any of the items below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcoholic beverages | <input type="checkbox"/> Goldenseal       | <input type="checkbox"/> Starfruit (carambola) |
| <input type="checkbox"/> Broccoli            | <input type="checkbox"/> Grapefruit juice | <input type="checkbox"/> Tobacco (smoking)     |
| <input type="checkbox"/> Brussels sprouts    | <input type="checkbox"/> Ibuprofen        | <input type="checkbox"/> Other (list):         |
| <input type="checkbox"/> Char-grilled meat   | <input type="checkbox"/> Naproxen         | _____  |
| <input type="checkbox"/> Cimetidine          | <input type="checkbox"/> Omeprazole       |  |
| <input type="checkbox"/> Diphenhydramine     | <input type="checkbox"/> Quercetin        |  |
| <input type="checkbox"/> Ginseng             | <input type="checkbox"/> St. John's wort  |  |

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

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

Diagnosis	ICD-10 codes	Drugs with actionable drug-gene interactions	
<b>Depression</b>	F32.1	Major depressive disorder, single episode, moderate	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®)
	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	
	<b>Anxiety</b>	F40.11	
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		
<b>Schizophrenia/ Psychosis</b>	F20.0	Paranoid schizophrenia	aripiprazole (Abilify®) brexpiprazole (Rexulti®) clozapine (Clozaril®) iloperidone (Fanapt®) perphenazine (Trilafon®) risperidone (Risperdal®) thioridazine (Mellaril®)
	F20.1	Disorganized schizophrenia	
	F20.2	Catatonic schizophrenia	
	F20.3	Undifferentiated schizophrenia	
	F20.5	Residual schizophrenia	
	F20.81	Schizophreniform disorder	
	F20.89	Other schizophrenia	
<b>Bipolar</b>	F31.0	Bipolar disorder, current episode hypomanic	aripiprazole (Abilify®) citalopram (Celexa®) clozapine (Clozaril®) escitalopram (Lexapro®) fluvoxamine (Luvox®) iloperidone (Fanapt®) paroxetine (Paxil®) risperidone (Risperdal®) sertraline (Zoloft®) venlafaxine (Effexor®) vortioxetine (Trintellix®)
	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		
<b>ADHD</b>	F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type	amphetamine (Adderall®) atomoxetine (Strattera®)
	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	
<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	celecoxib (Celebrex®) codeine flurbiprofen (Ansaid®) hydrocodone (Hysingla®) ibuprofen (Advil®, Motrin®) meloxicam (Mobic®) piroxicam (Feldene®) tramadol (Ultram®)
	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	

\*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](http://castlebiosciences.com).