

* Please fax completed form to 602-222-5210 *

Test Requisition Form

SPECIMEN COLLECTION DATE REQUIRED
 (Not applicable for telehealth orders)

I. PATIENT INFORMATION (May attach patient demographics sheet)

Name _____

Date of Birth _____ Sex at birth: Male Female

Address _____

City _____ State _____ ZIP _____

Contact Phone # _____

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:

Healthcare Provider _____

NPI# _____ 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)

Select ALL the medications you are considering for new treatment and/or dosage change for this patient (additional on page 2):

<input type="checkbox"/> amitriptyline	<input type="checkbox"/> desipramine	<input type="checkbox"/> nortriptyline
<input type="checkbox"/> amphetamine	<input type="checkbox"/> doxepin	<input type="checkbox"/> paroxetine
<input type="checkbox"/> aripiprazole	<input type="checkbox"/> escitalopram	<input type="checkbox"/> perphenazine
<input type="checkbox"/> atomoxetine	<input type="checkbox"/> flurbiprofen	<input type="checkbox"/> phenytoin
<input type="checkbox"/> brexpiprazole	<input type="checkbox"/> fluvoxamine	<input type="checkbox"/> piroxicam
<input type="checkbox"/> celecoxib	<input type="checkbox"/> fosphenytoin	<input type="checkbox"/> risperidone
<input type="checkbox"/> citalopram	<input type="checkbox"/> hydrocodone	<input type="checkbox"/> sertraline
<input type="checkbox"/> clobazam	<input type="checkbox"/> ibuprofen	<input type="checkbox"/> thioridazine
<input type="checkbox"/> clomipramine	<input type="checkbox"/> iloperidone	<input type="checkbox"/> tramadol
<input type="checkbox"/> clozapine	<input type="checkbox"/> imipramine	<input type="checkbox"/> venlafaxine
<input type="checkbox"/> codeine	<input type="checkbox"/> meloxicam	<input type="checkbox"/> vortioxetine

Patient's condition appears difficult to treat as evidenced by therapeutic failure of the following current or previous psychiatric medications:

CURRENT PRESCRIPTION MEDICATIONS

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

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

OTC & HERBAL MEDICATIONS/ ENVIRONMENTAL FACTORS & DIETARY SUPPLEMENTS			
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> Naproxen	<input type="checkbox"/> Tobacco (Smoking)
<input type="checkbox"/> Broccoli	<input type="checkbox"/> Ginseng	<input type="checkbox"/> Omeprazole	<input type="checkbox"/> Other (list):
<input type="checkbox"/> Brussels Sprouts	<input type="checkbox"/> Goldenseal	<input type="checkbox"/> Quercetin	
<input type="checkbox"/> Char-grilled Meat	<input type="checkbox"/> Grapefruit Juice	<input type="checkbox"/> St. John's Wort	
<input type="checkbox"/> Cimetidine	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Starfruit (Carambola)	

REQUIRED ICD-10 CODE

PLEASE PROVIDE UP TO FOUR CODES THAT APPLY. At least one ICD-10 code MUST be selected or entered below (see back of this page for codes):

REQUIRED ICD-10 CODE

NeuroIDgenetix

ADDITIONAL NEUROIDGENETIX MEDICATIONS REPORTED

Select ALL the NeuroIDgenetix medications you are considering for new treatment and/or dosage change for this patient (Continued from page 1):

NEUROIDGENETIX MEDICATIONS				
abatacept	cyclophosphamide	guanfacine	methotrexate	quetiapine
adalimumab	desvenlafaxine	haloperidol	methsuximide	rituximab
almotriptan	dexmethylphenidate	hydromorphone	methylphenidate	rizatriptan
alprazolam	dextroamphetamine	hydroxychloroquine	milnacipran	rufinamide
anakinra	diazepam	hydroxyzine	mirtazapine	sulfasalazine
asenapine	diclofenac	indomethacin	morphine	sumatriptan
azathioprine	duloxetine	infliximab	naproxen	tapentadol
buprenorphine	eletriptan	lacosamide	naratriptan	tiagabine
bupropion	eslicarbazepine	lamotrigine	olanzapine	tocilizumab
buspiron	etanercept	leflunomide	oxazepam	tofacitinib
caffeine & ergotamine	ethosuximide	levetiracetam	oxcarbazepine	topiramate
carbamazepine	ethotoin	levomilnacipran	oxycodone	trazodone
cariprazine	ezogabine	lisdexamfetamine	paliperidone	valproate
carisoprodol	felbamate	lithium	pentobarbital	vigabatrin
certolizumab	fentanyl	lorazepam	perampanel	vilazodone
chlordiazepoxide	fluoxetine	loxapine	phenobarbital	ziprasidone
chlorpromazine	frovatriptan	lurasidone	pregabalin	zolmitriptan
clonazepam	gabapentin	mefenamic acid	primidone	zonisamide
clonidine	golimumab	methadone	propranolol	

ICD-10 CODES – The following are listed for convenience. Please record all that apply in section V on page 1.

Code	Description
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
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
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

Code	Description
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
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
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
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
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
M54.5	Low back pain
M79.2	Neuralgia and neuritis, unspecified