

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>SSRI</p> <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®) <p>TCA</p> <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™) <p>SNRI/Other</p> <input type="checkbox"/> venlafaxine (Effexor®)
<input type="checkbox"/> vortioxetine (Trintellix®) <p>Anticonvulsant/Benzodiazepine</p> <input type="checkbox"/> clobazam (Onfi®)
<input type="checkbox"/> fosphenytoin (Cerebyx®)
<input type="checkbox"/> phenytoin (Dilantin®) | <p>Antipsychotics</p> <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®) <p>Stimulant/Non-stimulant</p> <input type="checkbox"/> amphetamine (Adderall®)
<input type="checkbox"/> atomoxetine (Strattera®) <p>NSAID/Opioid</p> <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®) |
|---|---|

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 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	
Depression	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	
	Anxiety	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	
Schizophrenia/ Psychosis	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	
	Bipolar	F31.0	
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		
ADHD	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	
Seizure	G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	clobazam (Onfi®) fosphenytoin (Cerebyx®) phenytoin (Dilantin®)
Pain (Migraine, Arthritis, Musculoskeletal, Neuropathic)	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.