youScript
Personalized Prescribing System

Personalized Prescribing Requisition Form

Genelex Corporation, 3101 Western Ave., Suite 100, Seattle, WA 98121 · Phone 877.431.4362 · Fax 206.219.4000 · CAP# 1073709 · CLIA# 50D0980559 · NPI# 1760523856

Patient Information

Complete or attach EHR printout.

Last Name | First Name | MI

Home Phone | Email

Street Address

City | State | Zip

Date of Birth | Collection Date | Sex

Ethnic Background:

☐ African American ☐ Asian ☐ Caucasian

☐ Hispanic ☐ Jewish (Ashkenazi) ☐ Other (Specify):

Insurance Information

Complete or attach copy of insurance card (both sides).

Primary Insurance Company Name

Print Name of Insured as it Appears on Insurance Card

Member/Insured ID# | Group #

Insurance Company Address

City | State | Zip

☐ Workers Compensation (Attach documentation: claim #, injury date, prior authorization).

SSFL

Lab Use Only | Lab # | Rep #

Patient Consent

My signature below indicates I have read and agree to the Patient Consent on the back of this form. (If patient is unable to sign, healthcare provider can write "verbal consent" or "incapable of consent."

Patient Signature: X **Date:**

Physician Order & Authorization

Signature, diagnosis code and test selection required.

Ordered test(s) is/are medically necessary. If I have attached the patient's medication list, I give permission for a qualified Genelex healthcare professional to review and report to me when interaction risks are found.

Physician Signature: X **Diagnosis Code(s):**

New York physicians: By signing, I confirm that I ordered these test(s), understand the benefits/limitations of the test(s) ordered, have conveyed the required information to the patient and obtained consent. I also authorize Genelex to provide copies of the test results to the patient and their authorized caregivers.

PANELS:

☐ YouScript Panel (CYP2D6, CYP2C19, CYP2C9, VKORC1, CYP3A4 and CYP3A5)

Add-on Panels:
☐ Cardiology Panel (Factor II, Factor V, and MTHFR)
☐ Psychiatry Panel (MTHFR and 5HTT/SLC6A4)

RUSH Processing (2 day turn around, no medication list review)
☐ Warfarin STAT (CYP2C9 and VKORC1) ☐ Clopidogrel STAT (CYP2C19)

INDIVIDUAL TESTS:

☐ CYP2D6 (CPT Code: 81226) ☐ CYP2C19 (CPT Code: 81225)
☐ CYP2C9 (CPT Code: 81227) ☐ VKORC1 (CPT Code: 81355)
☐ CYP3A4 (CPT Code: 81401) ☐ CYP3A5 (CPT Code: 81401)
☐ Factor II (CPT Code: 81240) ☐ Factor V (CPT Code: 81241)
☐ MTHFR (CPT Code: 81291) ☐ 5HTT/SLC6A4 (CPT Code: 81479)

Insurance billing is not available for the following tests.
Prepayment is required (call for rates).
☐ CYP1A2 (CPT Code: 81479) ☐ NAT2 (CPT Code: 81479)
☐ DPD (CPT Code: 81400) ☐ HLA-B*5701 (CPT Code: 81381)

Physician Information

Physician Name (please check one):

☐ JoAnna VanVleet, DO NPI# 1154535292

JoAnna VanVleet, DO
Facility Name

1555 SW St. Lucie West Blvd Ste 201 | Port St. Lucie | FL | 34986
Address | City | State | Zip

772-878-7216 | 1-772-878-7218
Phone | Fax

drvanvleet@gmail.com
Email

Patient Consent

I consent to the collection of specimens from myself (or individual who lacks capacity for consent) for the purpose of DNA testing. I understand that the YouScript® test helps healthcare providers identify the safest, most effective medications and which ones to avoid. I understand this is done with a combination of genetic testing that determines how the body metabolizes the majority of medications, patented software that predicts how genetics, other drugs and herbals alter drug levels, and guidance from clinical professionals. These genetic tests identify whether an individual is a normal (no genetic variants observed), intermediate, poor or a rapid metabolizer of drugs based on the genetic variants observed. These tests are not designed to identify certain rare genetic variants and I may want to have genetic counseling prior to signing this consent. No tests other than those authorized by my doctor shall be done. I authorize Genelex to store my specimen for up to 60 days in case additional testing is necessary.

I understand that: while DNA testing is highly accurate and widely accepted, as in all testing there is a possibility of delay or error; prescription drug regimens should never be altered without consulting a prescribing medical professional; Genelex may use reference laboratories; Genelex may contact me to obtain additional specimens for testing; Genelex maintains patient privacy according to HIPAA; Genelex may provide de-identified information to accrediting agencies and use de-identified specimens for internal test quality assurance purposes. I agree to relinquish Genelex, and its representatives, from liability for injury that may arise from collecting and testing these specimens and from any effects or actions that the results of these tests may have on me or any other individual. My signature indicates I have been given the opportunity to ask questions and agree to have my test results sent to the ordering physician or facility.

Patient Profile

Please complete the below or attach a print-out of the patient's electronic health record to aid us in providing a more comprehensive Personalized Prescribing Report.

Current Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Allergies:

Alternate Medications Being Considered:

Medication	Dose	Frequency	Medication	Dose	Frequency

Failed Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Adverse Effects:

☐ Altered mental status	☐ Depression	☐ Falling	☐ Hypotension	☐ Palpitations	☐ Tardive dyskinesia
☐ Appetite loss	☐ Diarrhea	☐ Fatigue	☐ Insomnia	☐ Persistent cough	☐ Urinary problems
☐ Bleeding	☐ Difficulty walking	☐ Headaches	☐ Memory loss	☐ Sexual side effects	☐ Vision changes
☐ Chest pain	☐ Dizziness	☐ Hearing changes	☐ Nausea/vomiting	☐ Shortness of breath	☐ Weight gain
☐ Constipation	☐ EPS	☐ Heartburn	☐ Pain - uncontrolled	☐ Swelling feet	☐ Weight loss

Medical Conditions:

☐ ADD	☐ Bowel disorder	☐ Diabetes	☐ Infection (active)	☐ Pain - acute	☐ Sexual dysfunction
☐ Alzheimer's	☐ Cancer	☐ Eating disorder	☐ Kidney disease	☐ Pain - chronic	☐ Stroke
☐ Asthma	☐ Cholesterol elevated	☐ Emphysema	☐ Liver disease	☐ Peptic ulcer	☐ Thyroid disease
☐ Atrial fibrillation	☐ Congestive heart failure	☐ GERD	☐ Myocardial infarction	☐ Schizophrenia	☐ Urinary disorder
☐ Bipolar disorder	☐ Depression	☐ Hypertension	☐ Osteoporosis	☐ Seizures	☐ Arthritis

Comments: