

#### **TEST REQUISITION FORM**

#### Order online at portal.oneome.com

Include completed form with your sample or fax back to (833) 962-6158

PATIENT INFORMATION	SPECIMEN INFORMATION
First name Last name	Label each tube with the patient's full name, date of birth, and collection date. Specimen requirements and shipping guidelines are available at https://oneome.com/sample-requirements.
Sex Date of birth	Specimen type O Buccal O Blood O Send buccal kit to patient
Patient ID/MRN Phone	Sample collection date Barcode/Sample ID
Email	BILLING INFORMATION
	Select one billing option and complete all information required in order to prevent a delay in the release of test results.
Ethnicity <ul> <li>American Indian or Alaska Native</li> <li>Ashkenazi Jewish</li> <li>Native Hawaiian or Other Pacific</li> </ul>	O OPTION 1: PATIENT SELF-PAY OneOme will contact patient using email and phone provided.
O Black / Sub-Saharan African / African American       Islander         O Central / South Asian       O Near / Middle Eastern	O OPTION 2: INSTITUTIONAL BILLING OneOme will send invoice to institution at email address provided.
O East Asian O First Nation / Inuit / Metis Street address	O OPTION 3: INSURANCE BILLING (U.S. ONLY) CONFIRMATION
City	<ul> <li>I've included a copy of both sides of my patient's insurance cards (please indicate primary insurance if submitting multiple)</li> <li>I've completed a letter of medical necessity (form on page 2)</li> </ul>
State Zip code Country	INSURANCE INFORMATION Policy holder name
	Patient relation to policy holder
PRACTICE INFORMATION	O Self O Spouse O Child O Other
PRACTICE INFORMATION	O Self O Spouse O Child O Other REASON FOR TESTING
	REASON FOR TESTING
Institution name	REASON FOR TESTING
Institution name	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay
Institution name Street address City	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient O Outpatient
Institution name Street address	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay
Institution name  Street address  City  State Zip code Country  Country	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay OInpatient Discharge date
Institution name Street address City	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient Discharge date O OPTION 4: OTHER BILLING
Institution name  Street address  City  State Zip code Country  Phone Fax (for results)	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay OInpatient Discharge date
Institution name  Street address  City  State Zip code Country  Country	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient Discharge date O OPTION 4: OTHER BILLING
Institution name	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient Discharge date O OPTION 4: OTHER BILLING
Institution name  Street address  City  State Zip code Country  Phone Fax (for results)	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient Discharge date O OPTION 4: OTHER BILLING Authorization/Voucher # DISCHARGE Authorization/Voucher # DISCHARGE Authorization/Voucher # DISCHARGE Authorization/Voucher # DISCHARGE AUTHORIZATION By completing this order, I certify that I am the ordering provider, I am authorized
Institution name   Institution name  Street address  City  City  State Zip code Country  Phone Fax (for results)  Ordering provider name  Ordering provider NPI #  City	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient O Inpatient O OPTION 4: OTHER BILLING Authorization/Voucher # DISCHARGENEE COLLECTED IN A HOSPITAL DISCHAR
Institution name	REASON FOR TESTING         ICD-10 codes (provide in order of relevance)         I         IF SAMPLE WAS COLLECTED IN A HOSPITAL         Type of stay         Inpatient         O Inpatient         O Discharge date         O OPTION 4: OTHER BILLING         Authorization/Voucher #         Discharge to order this test, or I am authorized under applicable state law to order this test. I further certify that I have received the OneOme informed consent (https://oneome.com/informed-consent/), conveyed all required information to the patient (or legal guardian), and have obtained his or her consent for this test order. The patient has further been informed and hereby
Institution name   Institution name  Street address  City  City  State Zip code Country  Phone Fax (for results)  Ordering provider name  Ordering provider NPI #  City	REASON FOR TESTING  ICD-10 codes (provide in order of relevance)  IF SAMPLE WAS COLLECTED IN A HOSPITAL  Type of stay O Inpatient O Outpatient Discharge date O OPTION 4: OTHER BILLING Authorization/Voucher #  DISCHOUSE AUTHORIZATION  By completing this order, I certify that I am the ordering provider, I am authorized by an ordering provider to order this test, or I am authorized under applicable state law to order this test. I further certify that I have received the OneOme informed consent (https://oneome.com/informed-consent/), conveyed all required information to the patient (or legal guardian), and have obtained his or her consent for this test order. The patient has further been informed and hereby authorizes OneOme and its designees to release information concerning testing to their insurers in order to process and/or appeal claims on behalf of the patient. For
Institution name   Institution name  Street address  City  City  State Zip code Country  Phone Fax (for results)  Ordering provider name  Ordering provider NPI #  City	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient O Outpatient Discharge date O OPTION 4: OTHER BILLING Authorization/Voucher # DISCOMPOSED AND AND AND AND AND AND AND AND AND AN
Institution name Street address City City State Zip code Country Phone Fax (for results) Ordering provider name Ordering provider NPI # Cordering provider email (for report access) CITEST REQUESTED	REASON FOR TESTING  ICD-10 codes (provide in order of relevance)  IF SAMPLE WAS COLLECTED IN A HOSPITAL  Type of stay O Inpatient O Outpatient Discharge date O OPTION 4: OTHER BILLING Authorization/Voucher #  DUBLECTED IN A HOSPITAL  By completing this order, I certify that I am the ordering provider, I am authorized by an ordering provider to order this test, or I am authorized under applicable state law to order this test. I further certify that I have received the OneOme informed consent (https://oneome.com/informed-consent/), conveyed all required information to the patient (or legal guardian), and have obtained his or her consent for this test order. The patient has further been informed and hereby authorizes OneOme and its designees to release information to OneOme for
Institution name  Street address  City  State Zip code Country  Phone Fax (for results)  Ordering provider name  Ordering provider NPI #  Ordering provider email (for report access)	REASON FOR TESTING ICD-10 codes (provide in order of relevance) IF SAMPLE WAS COLLECTED IN A HOSPITAL Type of stay O Inpatient O Outpatient Discharge date O OPTION 4: OTHER BILLING Authorization/Voucher # DISCOMPOSED AND AND AND AND AND AND AND AND AND AN

© 2023 OneOme, LLC. All rights reserved

(833) 962-6158 (fax)

Today's Date \_\_\_\_\_

To Whom It May Concern:

I am writing on behalf of my patient, \_\_\_\_\_\_\_\_, to document the medical necessity of pharmacogenomic testing to obtain information related to this patient's genetics, which may help me make more informed treatment decisions. An individual's DNA can affect how they respond to medications. Imprecise medication can lead to delay of treatment, re-hospitalization, adverse events, and increased mortality. The IQVIA Institute for Human Data Science indicates that over 4 billion prescriptions are filled each year.1 However, not all medications are effective for all people. In fact, response rates for many medications are only between 50-75%.2

This testing will be performed by OneOme (NPI 1669836227) a CAP-accredited3, CLIA-certified4 laboratory specializing in pharmacogenomic testing located at 807 Broadway St. NE, Suite 100, Minneapolis, MN 55413. In order for me to provide the most informed and affordable medical care possible, the requested pharmacogenomic testing is medically necessary for my patient.

The primary reason(s) for my request:

	The patient has a history of medication failure.	
	The patient is starting a new medication, with no previous history.	
	The patient has a new diagnosis, with no pharmacological treatment history to treat that diagnosis.	
	The patient has a history of, or is currently experiencing, adverse side effects from his/her current medication(s).	
	The patient is on multiple medications, raising the risk for adverse drug reactions.	
	The patient has not complied with his/her current medication regimen due to adverse drug reactions.	
	Dosing increases on current medications have had a sub-therapeutic response.	
	The patient is taking a medication with pharmacogenetic biomarkers in the FDA labeling.	
The test results are necessary to help me:		
	make more informed decisions about which medications to prescribe and/or avoid for this patient, or make more informed decisions concerning dosing for current medication(s). identify possible alternative medications which may be subject to less impact from genetic variability and yield more consistent results for this patient than he/she is currently experiencing. identify the predicted severity of any potential gene-drug interactions.	
	manage this patient's cardiovascular or thrombotic risk.	
Right	etter is being sent to explain the clinical value of this testing service and to request payment in full for the test. The OneOme® Med® test provides valuable information for physicians to use. nmary, pharmacogenomic testing is medically necessary for this patient's medical condition.	
Pleas	e contact me if any additional information is required to ensure the prompt approval of pharmacogenomic testing.	

Sincerely,

Provider name:
Practice name:
Practice address:
Practice phone number:

<sup>&</sup>lt;sup>1</sup> http://www.imshealth.com/en/thought-leadership/quintilesims-institute/reports/medicines-use-and-spending-in-the-us-review-of-2016-outlook-to-2021 <sup>2</sup> Spear BB, Heath-Chiozzi M, Huff J: *Trends Mol. Med.*7, 201-204 (2001).

<sup>&</sup>lt;sup>3</sup> College of American Pathologists – License number: 9432670 4Clinical Laboratory Improvement Amendments – License number: 24D2109855

# Guide to Pharmacogenomics (PGx): Getting Started with RightMed<sup>®</sup> Tests



Pharmacogenomics, or PGx, is the study of how a person's genes impact how they may process medications. The RightMed test uses the patient's DNA to provide insight into how they may process certain medications, so you can make more informed prescribing decisions.

#### OUR PGx TEST IS DESIGNED TO IDENTIFY AND HELP PATIENTS WHO MAY HAVE GENE-DRUG INTERACTIONS WITH HIGH ADR RISK

Your patients may be associated with higher risk because they:

- Have **polypharmacy with PGx-indicated medications** (*Psychology, Cardiology, Oncology, GI, or Pain Management*)
- Are on medications that have actionable PGx recommendations on FDA labels, in FDA Table of PGx associations or clinical guidelines such as CPIC
- Recently started taking PGx medications
- Have a **high likelihood** of having a current major **gene-drug interaction** or existing drug-drug interaction for their regimen
- Are taking PGx medications with a **risk of adverse events** due to a certain phenotype

## Clinical Testimonial

"I used PGx for a patient that I was having difficulty finding the right med for her anxiety, depression and ADHD. We tried PGx and it was very helpful in guiding my decision making and gave the parents confidence too. She is doing so much better now. I now recommend it to all my complicated patients or patients that are nervous about starting therapy."

> - Kim, Primary Care Nurse Practitioner, Western Michigan



(844) 663-6635

support@OneOme.com

© 2023 ONEOME and RIGHTMED are registered trademarks of OneOme, LLC in the United States and other countries. All Rights Reserved.

## Personalizing Medications with PGx

Co-founded by the Mayo Clinic, OneOme is a market leader in precision medicine, providing PGx solutions.

#### Common PGx-Guided Medications

Allopurinol	Voriconazole
Amitriptyline	Vortioxetine
Aripiprazole	Ondansetron
Atomoxetine*	Oxcarbazepine
Brivaracetam*	Paroxetine
Carbamazepine	Phenytoin
Carvedilol	PPIs
Citalopram	Lansoprazole,
Clomipramine	Omeprazole
Clopidogrel	Dexlansoprazole
Codeine	Pantoprazole
Desipramine	Risperidone
Doxepin	Sertraline
Escitalopram	Statins
Fluvoxamine	Atorvastatin
Imipramine	Fluvastatin
Metoprolol	Lovastatin
Nortriptyline	Pitavastatin
NSAIDS	Pravastatin
Celecoxib,	Rosuvastatin
Flurbiprofen	Simvastatin
Ibuprofen	Tramadol
Meloxicam	Trimipramine
Piroxicam	Venlafaxine

Make personalized medication decisions with the help of the RightMed test. Covering 100+ medications, this PGx test analyzes a patient's DNA and provides insights to assist you when you are selecting medications for that patient.

The results may help you:

- Optimize patient care
- Increase prescribing efficiency
- Minimize the risk of side effects
- Reduce medication trial and error
- Improve economic efficiency of healthcare system
- Improve medication adherence

View Educational Webinars, including condition-specific case-studies at **OneOme.com/education** 

OneOme's Medical Affairs team, a group of physicians and pharmacists, are happy to discuss test results or schedule a webinar for your whole team.



### \* Will be added to RightMed test reports in 2023. Results may vary. Medical decisions for your patients are to be based upon their condition and your medical judgment. OneOme does not recommend or endorse any particular course of treatment or medical choice.



(844) 663-6635

support@OneOme.com