

Patient Acknowledgment Form for Pharmacogenomics Services

Do not use this form for BCBS North Dakota members, North Dakota Medicaid or Medicare beneficiaries – they require payer-specific notices.
 All blanks on this form are required to be filled in prior to test(s) commencing.
 When this form is completed with all required information, fax form to (605) 333-5222.

Signing of this form allows Sanford to bill you directly for testing indicated below if it is not paid for by your insurance.

Patient Name (Printed)	E Number	Date of Service	Place of Service
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Check the test(s) below that is/are to be done:

- | | |
|---|--|
| <input type="checkbox"/> CYP2C9 and VKORC1 for warfarin (CPTs 81227 and 81355) | <input type="checkbox"/> SLCO1B1 for Statins (CPT 81328) |
| <input type="checkbox"/> CYP2C19 for Plavix and antidepressants, where applicable (CPT 81225) | <input type="checkbox"/> TPMT for Thiopurine drugs (CPT 81335) |
| <input type="checkbox"/> CYP2D6 for opioids or antidepressants, where applicable (CPT 81226) | <input type="checkbox"/> DPYD for Fluoropyrimidine drugs (CPT 81232) |
| <input type="checkbox"/> CYP3A5 for Tacrolimus (CPT 81231) | |

Dr. _____ or his/her designee has asked that I have the testing done as checked above.

I understand and agree:

- My health insurance policy has limited or no coverage for this testing.
- This limitation is not because of a decision by Sanford Health. It is because of the limits of my policy.
- The estimated charges for this testing are \$199.00, regardless of how many single genes are ordered.
- To have the testing indicated done even if my insurance company will not pay for part of the test or the entire test.

By signing this acknowledgment:

- I agree to pay for the amount that is not paid for by my insurance.

Signature of patient	Insurance ID Number from Patient Insurance Card	Date
Authorized patient representative signature (where applicable)		Date
Physician or Clinic Representative (printed)	Phone Number	Date

Why is my provider ordering this testing?

We all differ in terms of how our bodies respond to drugs. In our bodies, we differ in how drugs are:

- | | |
|---------------|--|
| • Absorbed | • Eliminated (removed) from our bodies |
| • Distributed | • Metabolized |

Most drugs are broken down (metabolized) in our bodies by our liver. The parts of the liver that metabolize drugs are called "enzymes." Enzymes are made from the genes in our body. We inherit different genes from our mothers and our fathers. By testing the genes for our drug metabolizing enzymes and other proteins impacting drug response, doctors can gain insight into how a patient might respond to a specific drug before the drug is given. This type of testing works very well for about two dozen drugs. Sanford Imagenetics tests the eight enzyme genes for response to specific drugs as indicated above under the tests section.

The results given from any or all of the tests listed above will help Sanford providers to select and prescribe the safest drugs for our patients. These tests are part of the covered services under the Sanford Health Plan; however these services are subject to:

- Co-insurance
- Deductible requirement