Dynix Diagnostix, Inc.
2260 N US Hwy 1
Fort Pierre, FL 34946
Phone: 844-514-8158
Fax: 2722-324-6330

DRUG METABOLISM TEST REQUISITION

PATIENT INFORMATION (OR AFFIX PATIENT STICKER)

Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

DOB (MM/DD/YY): _____ Gender: ☐ M ☐ F

Patient ID # (optional): _____

CLIENT / ORDERING PROVIDER

Medical Professional Name: _____

Account / Facility: _____

Address: _____

City, State, Zip: _____

Email Address: _____

SPECIMEN INFORMATION

Date of Collection (MM/DD/YY): _____

Time of Collection: _____

Specimen Type: ☑ Buccal Swab

ORDERING PHYSICIAN'S SIGNATURE

Signature _____

NPI # _____

ICD10 Code(s) _____

DRUG METABOLISM - CONDITIONS AND PHARMACEUTICAL CLASSES

(FOR A COMPLETE PHARMACEUTICAL DRUG & CORRESPONDING GENE LIST - SEE ATTACHED LIST)

☐ **Cardiology** (All)
- ☐ Antiarrhythmics
- ☐ Anticoagulants
- ☐ Antidiabetics
- ☐ Antihypertensives
- ☐ Platelet Aggregation Inhibitors
- ☐ Statins
- ☐ Thrombophilia

☐ **Oncology** (All)
- ☐ Antidepressants
- ☐ Chemotherapeutics
- ☐ Corticosteroids
- ☐ Immunosuppressants
- ☐ NSAIDs
- ☐ Opioids

☐ **Pain Management** (All)
- ☐ Antidepressants
- ☐ Antiepileptics
- ☐ Benzodiazepines
- ☐ General Anesthetics
- ☐ Muscle Relaxants
- ☐ NSAIDs
- ☐ Opioids

☐ **Mental Health** (All)
- ☐ ADHDs
- ☐ Antidepressants
- ☐ Antiepileptics
- ☐ Antipsychotics

☐ **Other** (All)
- ☐ CFTR
- ☐ Hepatitis, antivirals
- ☐ HIV/AIDS
- ☐ Immunosuppressants
- ☐ Proton Pump Inhibitors

BILLING INFORMATION

☐ **Bill Ordering Institution**

☐ **Bill Insurance** *(Please provide a legible photocopy of the front & back of the insurance card)*

Name of Insured: _____ Insurance Company: _____

Relation to Patient: _____ Insurance Address: _____

Member Social Security #: _____ Insurance City, State, Zip: _____

Member Group #: _____ Insurance Phone: _____

Member Policy #: _____ Authorization #: _____

FOR OFFICE USE ONLY:

Rec'd Date: _____

Processed By: _____

Extra Specimens Sent: ☐ Yes ☐ No

ACCESSION LABEL

Affix Label Here

SPECIMEN STATUS:

☐ Accepted

☐ On Hold

☐ Rejected

Issue Report Attached: ☐ Yes ☐ No