



Pharmacogenomics (PGx) Medical Records Documentation

Fields denoted with an asterisk (*) are required. All other fields are preferred. Medical records documentation should support the medical necessity of a PGx test.

Clinic Information

Clinic Name*: _____

Patient Information

Patient's Name*: _____ DOB*: _____

Weight (lbs)*: _____ Height*: _____ ft _____ in BP*: _____ Pulse*: _____

Chief Complaint*: _____

Medications Information

➤ Current Medications/Dosage (Check if Attached)*

➤ Time Spent on Current Medications/Dosage*

➤ Conditions being Treated*

➤ Signs and Symptoms of Conditions (Subjective and Objective)*

➤ Have the Current Medications/Dosage Failed to Treat the Conditions?*

Yes No

If Yes, potential medications to attempt: _____

If No, then this test is not medically necessary.

➤ Select the Potential Medications associated with Qitek Labs' Pharmacogenomics Panel below.*

If the potential medication is not listed, then this test is not medically necessary.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Acenocoumarol | <input type="checkbox"/> Dronabinol | <input type="checkbox"/> Lornoxicam | <input type="checkbox"/> Quinidine |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Drospirenone/Ethinyl Estradiol | <input type="checkbox"/> Lusutrombopag | <input type="checkbox"/> Quinine Sulfate |
| <input type="checkbox"/> Amoxapine | <input type="checkbox"/> Duloxetine | <input type="checkbox"/> Meclizine | <input type="checkbox"/> Rabeprazole |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Efavirenz | <input type="checkbox"/> Meloxicam | <input type="checkbox"/> Rimegepant |
| <input type="checkbox"/> Arformoterol | <input type="checkbox"/> Elagolix | <input type="checkbox"/> Methadone | <input type="checkbox"/> Risperidone |
| <input type="checkbox"/> Aripiprazole | <input type="checkbox"/> Eliglustat | <input type="checkbox"/> Metoclopramide | <input type="checkbox"/> Rivaroxaban |
| <input type="checkbox"/> Aripiprazole Lauroxil | <input type="checkbox"/> Ertrombopag | <input type="checkbox"/> Metoprolol | <input type="checkbox"/> Rosuvastatin |
| <input type="checkbox"/> Atomoxetine | <input type="checkbox"/> Erdafitinib | <input type="checkbox"/> Mirabegron | <input type="checkbox"/> Rucaparib |
| <input type="checkbox"/> Brexpiprazole | <input type="checkbox"/> Escitalopram | <input type="checkbox"/> Mirtazapine | <input type="checkbox"/> Sertraline |
| <input type="checkbox"/> Brivaracetam | <input type="checkbox"/> Esomeprazole | <input type="checkbox"/> Modafinil | <input type="checkbox"/> Simvastatin |
| <input type="checkbox"/> Bupropion | <input type="checkbox"/> Fesoterodine | <input type="checkbox"/> Nebivolol | <input type="checkbox"/> Siponimod |
| <input type="checkbox"/> Cariprazine | <input type="checkbox"/> Flecainide | <input type="checkbox"/> Nefazodone | <input type="checkbox"/> Tacrolimus |
| <input type="checkbox"/> Carisoprodol | <input type="checkbox"/> Flibanserin | <input type="checkbox"/> Nevirapine | <input type="checkbox"/> Tamoxifen |
| <input type="checkbox"/> Carvedilol | <input type="checkbox"/> Fluoxetine | <input type="checkbox"/> Nortriptyline | <input type="checkbox"/> Tamsulosin |
| <input type="checkbox"/> Celecoxib | <input type="checkbox"/> Flurbiprofen | <input type="checkbox"/> Oliceridine | <input type="checkbox"/> Tenoxicam |
| <input type="checkbox"/> Cevimeline | <input type="checkbox"/> Fluvoxamine | <input type="checkbox"/> Omeprazole | <input type="checkbox"/> Tetrabenazine |
| <input type="checkbox"/> Citalopram | <input type="checkbox"/> Formoterol | <input type="checkbox"/> Ondansetron | <input type="checkbox"/> Thioridazine |
| <input type="checkbox"/> Clobazam | <input type="checkbox"/> Fosphenytoin | <input type="checkbox"/> Osprelifem | <input type="checkbox"/> Ticagrelor |
| <input type="checkbox"/> Clomioramine | <input type="checkbox"/> Galantamine | <input type="checkbox"/> Paliperidone | <input type="checkbox"/> Timolol |
| <input type="checkbox"/> Clopidogrel | <input type="checkbox"/> Gefitinib | <input type="checkbox"/> Palonosetron | <input type="checkbox"/> Tolterodine |
| <input type="checkbox"/> Clozapine | <input type="checkbox"/> Haloperidol | <input type="checkbox"/> Pantoprazole | <input type="checkbox"/> Tramadol |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Paroxetine | <input type="checkbox"/> Trimipramine |
| <input type="checkbox"/> Darifenacin | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Perphenazine | <input type="checkbox"/> Tropisetron |



- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Desipramine | <input type="checkbox"/> Iloperidone | <input type="checkbox"/> Phenvtoin | <input type="checkbox"/> Umeclidinium |
| <input type="checkbox"/> Desvenlafaxine | <input type="checkbox"/> Imipramine | <input type="checkbox"/> Pimozide | <input type="checkbox"/> Ubadacitinib |
| <input type="checkbox"/> Deutetrabenazine | <input type="checkbox"/> Labetalol | <input type="checkbox"/> Piroxicam | <input type="checkbox"/> Valbenazine |
| <input type="checkbox"/> Dexlansoprazole | <input type="checkbox"/> Lacosamide | <input type="checkbox"/> Pitolisant | <input type="checkbox"/> Venlafaxine |
| <input type="checkbox"/> Dextromethorphan/Quinidine | <input type="checkbox"/> Lansoprazole | <input type="checkbox"/> Prasugrel | <input type="checkbox"/> Voriconazole |
| <input type="checkbox"/> Diazepam | <input type="checkbox"/> Lesinurad | <input type="checkbox"/> Propafenone | <input type="checkbox"/> Vortioxetine |
| <input type="checkbox"/> Donepezil | <input type="checkbox"/> L-methvfolate | <input type="checkbox"/> Propranolol | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Doxepin | <input type="checkbox"/> Lofexidine | <input type="checkbox"/> Protriptyline | <input type="checkbox"/> Zuclopthixol |

➤ Plan of Action for Test Results*

Patient and Family History

➤ Personal History of Conditions (Check if Attached)

➤ Additional Personal History (Check if Attached)

➤ Family History (Check if Attached)

➤ Other Support Laboratory Test Results (Check if Attached)

Clinical Notes

➤ Progress Notes (Check if Attached)

➤ Consultation Notes (Check if Attached)

➤ Other Treatment Notes (Check if Attached)

Attestation Statement

By signing below, the ordering provider confirms that the test ordered is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom, syndrome, or disorder, and confirms that the ordering provider:

- is the treating clinician who is responsible for the pharmacologic management of the patient’s condition
- is considering or has already prescribed a pharmacologic treatment with actionable gene-drug interactions
- understands the actionability of the ordered test
- will use the results in the management of the patient’s medical conditions
- will follow up with the patient once the results are received to render additional treatment decision based on the test results
- certifies under penalties of perjury that all local and national CMS coverage guidelines and/or federal screening coverage guidelines of the ordered test have been met

By signing below, I attest that the medical record entry for this patient accurately reflects signature/notations that I made in my capacity as the ordering provider when I treated/diagnosed the above listed patient. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Provider Signature (wet ink)*

Provider Name/Credentials*

Date*