

# HereditGene® Order Form

Clinical Genomics Center  
600 South Medical Center Drive  
St. George, UT 84790  
Email: [genomics@imail.org](mailto:genomics@imail.org)  
Questions? Call (435) 251-5780



<b>Patient Information: (REQUIRED)</b>			
Last Name		First Name	
Patient ID/MRN		Date of Birth ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address 1		City	State      Zip Code
Phone Number (    )	Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
<b>Clinic Information:</b>			
<b>Ordering Physician</b>	NPI	Clinic Name	Clinic Phone
Fax	Email	Clinic Address	
<b>Collection Information:</b>			
Date & Time Collected /      /      :		Collected By (print)	Initial
<b>Billing Information:</b> (Enclose a copy of the front and back of patient's insurance card(s) and patient demographic)			
Billing Method: <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other			
Primary Insurance		Policy #	Group #
Insured Name	Relation to Insured	Insured Date of Birth	
Claims Address			
<b>ICD 10 Diagnosis Code(s): [Required]</b> Insurance companies require patient-specific ICD-10 codes to determine medical necessity of pharmacogenetics testing			
Primary ICD 10 Code	Secondary ICD 10 Code	Additional ICD 10 Code	Additional ICD 10 Code
<b>Comments or Special Instructions:</b>			
		<b>Provider Signature</b>	<b>Date</b>

\*Mail barcoded sample with this form to: Intermountain Precision Genomics Core Laboratory, 600 South Medical Center Drive St. George, UT 84790

## FOR OFFICE USE ONLY

Affix peelable barcode  
(matching to tube)



Order 50261

Patient Label

Pharmacogenomics Panel – Requisition Form  
IKDX 28910-01 R 06-2017