CARDIOPULMONARY NGS PANEL
Test Requisition

OmniHealth Diagnostics
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Phone 972-887-3444 | Fax 972-887-3443
CLIA# 45D2089485 | Lab Director: David Mehr, MD
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Patient Information (required)

Patient Name (Last, First)	Date of Birth (mm/dd/yyyy) Age	Gender ☐ Male ☐ Female	Phone
Street Address	City, State, Zip	Email	

Patient Ethnicity (Select all that apply)
☐ African American ☐ Caucasian ☐ French Canadian ☐ Mediterranean ☐ Other
☐ Ashkenazi Jewish ☐ East Indian ☐ Hispanic ☐ Middle Eastern

Payment Options
☐ **Commercial Insurance:** Please attach a copy of front and back of insurance card ☐ **Medicare** ☐ **Medicaid**
☐ **Self-Pay:** OmniHealth DX will contact patient to obtain payment
☐ **Invoice Practice/Institutional Bill/Facility Bill**

Ordering Physician and/or Other Licensed Medical Professional Information (required)

NPI #	Name (Last, First)	Medical Credentials
Street Address		City, State, Zip
Facility Name	Direct Office Contract (required)	Phone

Clinical Notes

Patient Informed Consent (Please sign)

I confirm that I have been informed about the details of Cardiopulmonary NGS Panel ordered for me by my provider. I understand the risks, benefits and limitations of testing and I voluntarily consent to testing. I give permission to OmniHealth DX to perform the genetic tests described. I understand I am financially responsible for services performed. I authorize OmniHealth DX to submit claims to my medical insurance on my behalf, to give my health plan, my health information on this form and other information provided by my healthcare provider that is necessary for reimbursement.

Patient Signature Date

Confirmation of Informed Consent and Medical Necessity

The tests ordered are medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine the patient's medical management and treatment decision. The person listed as the Ordering Physician is legally authorized to order the test(s) requested herein. The patient was provided with information about genetic testing and has consented to have genetic testing performed.

Ordering Physician Signature Date

Specimen Information (Required)

Date of Collection	Specimen Type	Collected By	ICD-10 Diagnosis Code(s)
	☐ Oral Buccal/Cheek Swab ☐ Saliva ☐ Peripheral blood		

Test Order Information

CARDIOPULMONARY NGS PANEL (236 GENES)

ABCC9 ACTA2 ACTC1 ACTN2 ACVRL1 ADAMTS2 AKAP9 ALDH18A1ALMS1 ALPK3 ANK2 ANKRD1 APOB ATP6V0A2 ATP6V1E1 ATP7A B3GALT6 B3GAT3 B4GALT7 BAG3 BGN BMPR2 BRAF CACNA1C

CACNA2D1CACNB2 CALM1 CALM2 CALM3 CASQ2 CAV1 CAV3 CAVIN4 CBS CCDC39 CCDC40 CFTR CHAT CHRM2 CHRNA1 CHRNB1 CHRND CHRNE CHST14 COL11A1 COL11A2 COL12A1 COL1A1 COL1A2 COL2A1 COL3A1 COL5A1 COL5A2 COL9A1 COL9A2 COL9A3 COLQ CRYAB CSF2RA CSF2RB CSRP3 CTNNA3 DES DKC1 DMD DNAAF1 DNAAF2 DNAAF6 DNAH1 DNAH11 DNAH5 DNAI1 DNAI2 DNAL1 DOLK DSC2 DSE DSG2 DSP DTNA EDN3 EFEMP2 EIF2AK4 ELMOD2 ELN EMD ENG EYA4 F9 FBLN5 FBN1 FBN2 FHL1 FKBP14 FKRP FKTN FLCN FLNA FLNC FOXF1 GAA GAS8 GATA4 GATA5 GATA6 GATAD1 GDF2 GJA5 GLRA1 HPS1 HPS4 ITGA3 KCNJ8 KCNK3 KCNQ1 KRAS LAMA4 LAMP2 LDB3 LDLR LDLRAP1 LMNA LOX LRRC10 LTBP4 MAP2K1 MAP2K2 MAT2A MECP2 MED12 MFAP5 MIB1 MYBPC3 MYH11 MYH6 MYH7 MYL2 MYL3 MYL4 MYLK MYLK2 MYOZ2 MYPN NAF1 NEBL NEXN NF1 NKX2-1 NKX2-5 NME8 NOTCH1 NRAS PARN PCSK9 PDLIM3 PHOX2B PKP2 PLN PLOD1 PPA2 PRDM16 PRDM5 PRKAG2 PRKG1 PTPN11 PYCR1 RAF1 RANGRF RAPSN RASA1 RBM20 RET RIN2 RIT1 RSPH3 RSPH4A RSPH9 RTEL1 RYR2 SCN10A SCN1B SCN2B SCN3B SCN4A SCN4B SCN5A SCNN1A SCNN1B SERPINA1 SFTPA1 SFTPA2 SFTPB SFTPC SGCD SHOC2 SKI SLC2A10 SLC34A2 SLC39A13 SLC6A5 SLC7A7 SMAD2 SMAD3 SMAD4 SMAD9 SMPD1 SNTA1 SOS1 STAT3 TAFAZZIN TBX20 TCAP TECRL TERC TERT TGFB2 TGFB3 TGFBR1 TGFBR2 TINF2 TMEM11 TMPO TNNC1 TNNT2 TNXB TOR1AIP1 TPM1 TRD TRPM4 TSC1 TSC2 TTN TXNRD2 VCL ZEB2 ZNF469

ICD Codes

CODE	DESCRIPTION
I10	Essential (primary) hypertension
I11.9	Hypertensive heart disease without heart failure
I20.0	Unstable angina
I11.0	Hypertensive heart disease with heart failure
I24.9	Acute ischemic heart disease, unspecified
I25.2	Old myocardial infarction

CODE	DESCRIPTION
I49.9	Cardiac arrhythmia, unspecified
I50.9	Heart failure, unspecified
I50.89	Other heart failure
I95.89	Other hypotension
J01.180	Other acute sinusitis
J06.9	Acute upper respiratory infection, unspecified

CODE	DESCRIPTION
J12.1	Respiratory syncytial virus pneumonia
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J22	Unspecified acute lower respiratory infection