

# DIABETES AND OBESITY NGS PANEL

## Test Requisition

### Patient Information (required)

Patient Name (Last, First)	Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Street Address	City, State, Zip		Email	
Patient Ethnicity (Select all that apply)	<input type="checkbox"/> African American <input type="checkbox"/> Ashkenazi Jewish	<input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian	<input type="checkbox"/> French Canadian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Mediterranean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other
Payment Options	<input type="checkbox"/> <b>Commercial Insurance:</b> Please attach a copy of front and back of insurance card <input type="checkbox"/> <b>Self-Pay:</b> OmniHealth DX will contact patient to obtain payment <input type="checkbox"/> <b>Invoice Practice/Institutional Bill/Facility Bill</b>			
<input type="checkbox"/> <b>Medicare</b>				
<input type="checkbox"/> <b>Medicaid</b>				

### 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 Diabetes and Obesity 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 <input type="checkbox"/> Oral Buccal/Cheek Swab <input type="checkbox"/> Saliva <input type="checkbox"/> Peripheral blood	Collected By	ICD-10 Diagnosis Code(s)
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### Test Order Information

DIABETES AND OBESITY NGS PANEL (34 GENES)

ABCC8, APPL1, BLK, CEL, GCK, HNF1A, HNF1B, HNF4A, INS, KCNJ11, KLF11, NEUROD1, PAX4, PDX1, EIF2AK3, SLC2A2, GATA6, GLIS3, FOXP3, WFS1, PTF1A, SLC19A2, RFX6, DYRK1B, LEP, LEPR, MC4R, NROB2, NTRK2, PCSK1, POMC, PPARG, SIM1, UCP3

ICD Codes - SEE REVERSE SIDE

## ICD Codes

CODE	DESCRIPTION	CODE	DESCRIPTION
E10.9	Diabetes mellitus Type 1	E11.630	Type 2 diabetes mellitus with periodontal disease
E11.9	Diabetes mellitus Type 2	E66.9	Obesity, unspecified
E03.9	Hypothyroidism	R73.09	Other abnormal glucose
D13.7	Insulinoma	R73.02	Impaired glucose tolerance (oral)
E78.01	Familial hypercholesterolemia	R73.01	Impaired fasting glucose
Z83.49	Family history of endo, nutritional and metabolic diseases	R73.9	Hyperglycemia, unsp
R63.1	Increased thirst	E66.01	Morbid Obesity due to excess calories
R35.0	Frequent urination	E66.09	Other obesity due to excess of calories
L98.499	Slow-healing sores	E66.8	Other obesity
R63.4	Unexplained weight loss	R53.83	Fatigue or Weakness
L98.9	Frequent Skin Infections	R35.0	Frequency of Micturition
R20.2	Numbness of legs/feet	R82.4	Acetonuria- High levels of Ketones in the urine
E78.2	Mixed hyperlipidemia	E66.1	Drug-induced obesity
E78.5	Hyperlipidemia, unspecified	E66.2	Morbid (severe) obesity with alveolar hypoventilation
E78.00	Pure hypercholesterolemia	E66.3	Overweight
E16.2	Hypoglycemia, unspecified	E66.89	Other obesity not elsewhere classified
E13.69	Other specified diabetes mellitus with other specified complication	Z15.2	Genetic susceptibility to obesity
E11.8	Type 2 diabetes mellitus with unspecified complications	Z13.1	Encounter for screening for diabetes mellitus
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Z68.30	Body mass index [BMI] 30.0-30.9, adult
E13.42	Other diabetes mellitus with diabetic polyneuropathy	Z68.31	Body mass index [BMI] 31.0-31.9, adult
E13.9	Other specified diabetes mellitus without complications	Z68.32	Body mass index [BMI] 32.0-32.9, adult
E11.65	TYPE 2 diabetes mellitus with hyperglycemia	Z68.33	Body mass index [BMI] 33.0-33.9, adult
E04.0	Nontoxic diffuse goiter	Z68.34	Body mass index [BMI] 34.0-34.9, adult
R73.03	Prediabetes	Z68.35	Body mass index [BMI] 35.0-35.9, adult
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, UNSP	Z68.36	Body mass index [BMI] 36.0-36.9, adult
E08.9	Diabetes due to underlying condition w/o complications	Z68.37	Body mass index [BMI] 37.0-37.9, adult
E07.1	Dyshormogenetic goiter	Z68.38	Body mass index [BMI] 38.0-38.9, adult
E11.43	Type 2 diabetes w/ diabetic autonomic (poly)neuropathy	Z68.39	Body mass index [BMI] 39.0-39.9, adult
E11.51	Type 2 diabetes w/ diabetic peripheral angiography w/o gangrene	Z83.3	Family history of diabetes mellitus