

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"/> Commercial Insurance: Please attach a copy of front and back of insurance card <input type="checkbox"/> Self-Pay: OmniHealth DX will contact patient to obtain payment <input type="checkbox"/> Invoice Practice/Institutional Bill/Facility Bill		<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	

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 <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

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 CHRN1 CHRN2 CHRN3 CHRN4 CHRN5 CHRN6 CHRN7 CHRN8 CHRN9 CHRN10 CHRN11 CHRN12 CHRN13 CHRN14 CHRN15 CHRN16 CHRN17 CHRN18 CHRN19 CHRN20 CHRN21 CHRN22 CHRN23 CHRN24 CHRN25 CHRN26 CHRN27 CHRN28 CHRN29 CHRN30 CHRN31 CHRN32 CHRN33 CHRN34 CHRN35 CHRN36 CHRN37 CHRN38 CHRN39 CHRN40 CHRN41 CHRN42 CHRN43 CHRN44 CHRN45 CHRN46 CHRN47 CHRN48 CHRN49 CHRN50 CHRN51 CHRN52 CHRN53 CHRN54 CHRN55 CHRN56 CHRN57 CHRN58 CHRN59 CHRN60 CHRN61 CHRN62 CHRN63 CHRN64 CHRN65 CHRN66 CHRN67 CHRN68 CHRN69 CHRN70 CHRN71 CHRN72 CHRN73 CHRN74 CHRN75 CHRN76 CHRN77 CHRN78 CHRN79 CHRN80 CHRN81 CHRN82 CHRN83 CHRN84 CHRN85 CHRN86 CHRN87 CHRN88 CHRN89 CHRN90 CHRN91 CHRN92 CHRN93 CHRN94 CHRN95 CHRN96 CHRN97 CHRN98 CHRN99 CHRN100 CHRN101 CHRN102 CHRN103 CHRN104 CHRN105 CHRN106 CHRN107 CHRN108 CHRN109 CHRN110 CHRN111 CHRN112 CHRN113 CHRN114 CHRN115 CHRN116 CHRN117 CHRN118 CHRN119 CHRN120 CHRN121 CHRN122 CHRN123 CHRN124 CHRN125 CHRN126 CHRN127 CHRN128 CHRN129 CHRN130 CHRN131 CHRN132 CHRN133 CHRN134 CHRN135 CHRN136 CHRN137 CHRN138 CHRN139 CHRN140 CHRN141 CHRN142 CHRN143 CHRN144 CHRN145 CHRN146 CHRN147 CHRN148 CHRN149 CHRN150 CHRN151 CHRN152 CHRN153 CHRN154 CHRN155 CHRN156 CHRN157 CHRN158 CHRN159 CHRN160 CHRN161 CHRN162 CHRN163 CHRN164 CHRN165 CHRN166 CHRN167 CHRN168 CHRN169 CHRN170 CHRN171 CHRN172 CHRN173 CHRN174 CHRN175 CHRN176 CHRN177 CHRN178 CHRN179 CHRN180 CHRN181 CHRN182 CHRN183 CHRN184 CHRN185 CHRN186 CHRN187 CHRN188 CHRN189 CHRN190 CHRN191 CHRN192 CHRN193 CHRN194 CHRN195 CHRN196 CHRN197 CHRN198 CHRN199 CHRN200 CHRN201 CHRN202 CHRN203 CHRN204 CHRN205 CHRN206 CHRN207 CHRN208 CHRN209 CHRN210 CHRN211 CHRN212 CHRN213 CHRN214 CHRN215 CHRN216 CHRN217 CHRN218 CHRN219 CHRN220 CHRN221 CHRN222 CHRN223 CHRN224 CHRN225 CHRN226 CHRN227 CHRN228 CHRN229 CHRN230 CHRN231 CHRN232 CHRN233 CHRN234 CHRN235 CHRN236 CHRN237 CHRN238 CHRN239 CHRN240 CHRN241 CHRN242 CHRN243 CHRN244 CHRN245 CHRN246 CHRN247 CHRN248 CHRN249 CHRN250 CHRN251 CHRN252 CHRN253 CHRN254 CHRN255 CHRN256 CHRN257 CHRN258 CHRN259 CHRN260 CHRN261 CHRN262 CHRN263 CHRN264 CHRN265 CHRN266 CHRN267 CHRN268 CHRN269 CHRN270 CHRN271 CHRN272 CHRN273 CHRN274 CHRN275 CHRN276 CHRN277 CHRN278 CHRN279 CHRN280 CHRN281 CHRN282 CHRN283 CHRN284 CHRN285 CHRN286 CHRN287 CHRN288 CHRN289 CHRN290 CHRN291 CHRN292 CHRN293 CHRN294 CHRN295 CHRN296 CHRN297 CHRN298 CHRN299 CHRN300