**GENES TESTED**

- ANKK1/DRD2
- ANK1K1
- APOE
- CYP1A2
- CYP2B6
- CYP2C9
- CYP2D6
- CYP2C19
- CYP3A4
- CYP3A5
- CYP2C9
- F2
- MTHFR
- OPRM1
- F5
- SLCO1B1
- ITGB3
- COMT
- VKORC1
- F2
- CYP2C19
- CYP2D6
- CYP2C9
- F5
- SLCO1B1
- ITGB3
- MTHFR
- OPRM1
- SLCO1B1
- VKORC1

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**PATIENT INFORMATION**

- **PATIENT'S SIGNATURE:**

> I voluntarily consent to the collection and testing of my DNA specimen. I understand my signature authorizes Vision Laboratories to release information to the ordering provider including any test results. I authorize any insurance payments be made directly to Vision Laboratories for the laboratory services ordered by my provider. My signature also authorizes the release of information to my insurance company and its agents for determination of benefits and/or the benefits related to these services. I understand I am responsible for any acceptable deductibles, coinsurance, or copays for these services. If I am self-pay, I accept full financial responsibility for these laboratory services.

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**PHARMACOGENETIC TESTING PROFILES**

- **COMPREHENSIVE PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - COMT
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

- **CARDIOVASCULAR PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

- **PSYCHIATRY, NEUROLOGY & ADDICTION PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

- **GASTROINTESTINAL PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

- **DIABETES PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

- **UREOLOGICAL PROFILE**
  - GENES TESTED
    - ANKK1/DRD2
    - APOE
    - CYP1A2
    - CYP2B6
    - CYP2C9
    - CYP2D6
    - CYP2C19
    - CYP3A4
    - CYP3A5
    - CYP2C9
    - F2
    - MTHFR
    - OPRM1
    - F5
    - SLCO1B1
    - ITGB3
    - COMT
    - VKORC1
    - F2
    - CYP2C19
    - CYP2D6
    - CYP2C9
    - F5
    - SLCO1B1
    - ITGB3
    - MTHFR
    - OPRM1
    - SLCO1B1
    - VKORC1

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**BLOOD COLLECTION**

- **DATE OF COLLECTION:**
- **TIME:**

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**SPECIMEN INFORMATION**

- **COLLECTOR'S NAME OR INITIALS:**

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**BILLING INFORMATION**

- **MEDICARE**
- **MEDICAID**
- **COMMERCIAL/3RD PARTY**

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**FOR BILLING USE ONLY**

- **DATE / INITIALS:**
NOTICE TO ORDERING PROVIDERS

By submitting this requisition for testing to Vision Laboratories you acknowledge the test(s) ordered are medically necessary and reasonable for the diagnosis and treatment of your patient and that only medically necessary testing should be ordered. The OIG takes the opinion that any individual who orders or influences the ordering of not medically necessary testing for Medicare or Medicaid reimbursement may be subject to civil penalties under the False Claims Act.

Please complete your order based on individual patient medical necessity. You may do so by selecting any combination of individual test options or by selecting a pre-configured profile.

At a minimum, please complete the highlighted areas of this form. For your convenience, you may attached printed copies of your patient’s demographic and insurance information as well as a list of your patient’s current medications.

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FOR SECURE ONLINE ORDERING, PLEASE VISIT OUR PROVIDER PORTAL AT: https://visionlaboratories.stratusdx.net/

TO LOG IN WITH YOUR SECURE USER CREDENTIALS