

## PATIENT INFORMATION

**First name**  **Last name**   
**Sex**  
 M  F **Date of birth**   
**Patient ID/MRN**  **Phone**   
**Email**   
**Ethnicity**  
 American Indian or Alaska Native  Ashkenazi/Sephardi Jewish  
 Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  
 White or Caucasian  Unknown/not provided  
**Street address**   
**City**   
**State**  **Zip code**  **Country**

## PRACTICE INFORMATION

**PRACTICE NAME AND ADDRESS**  
**Institution name**   
**Street address**   
**City**   
**State**  **Zip code**  **Country**   
**Phone**  **Fax (for results)**

## ORDERING PROVIDER

**Name**   
**NPI #**   
**Email (for report access)**

## TEST REQUESTED

- OneOme RightMed® Test  
 Add MTHFR test (optional - no extra charge)

## SPECIMEN INFORMATION

Label each tube with the patient's full name, date of birth, and collection date. Specimen requirements and shipping guidelines are available at <https://oneome.com/sample-requirements>.

**Specimen type**  
 Buccal  Blood  Send buccal kit to patient  
**Sample collection date**  **Barcode/Sample ID**

## BILLING INFORMATION

Select one billing option and complete all information required in order to prevent a delay in the release of test results.

- OPTION 1: PATIENT SELF-PAY**  
 OneOme will contact patient using email and phone provided.  
 **OPTION 2: INSTITUTIONAL BILLING**  
 OneOme will send invoice to institution at email address provided.  
 **OPTION 3: INSURANCE BILLING (U.S. ONLY)**

### CONFIRMATION

- I've included a copy of both sides of my patient's insurance cards (please indicate primary insurance if submitting multiple)  
 I've completed a letter of medical necessity (form on page 2)

### INSURANCE INFORMATION

**Policy holder name**   
**Patient relation to policy holder**  
 Self  Spouse  Child  Other

### REASON FOR TESTING

**ICD-10 codes** (provide in order of relevance)

### IF SAMPLE WAS COLLECTED IN A HOSPITAL

**Type of stay**  
 Inpatient  Outpatient  
**Discharge date**

- OPTION 4: OTHER BILLING**

**Authorization/Voucher #**

## AUTHORIZATION

By completing this order, I certify that I am the ordering provider, I am authorized by an ordering provider to order this test, or I am authorized under applicable state law to order this test. I further certify that I have received the OneOme informed consent ([www2.oneome.com/patient-consent-form](https://www2.oneome.com/patient-consent-form)), conveyed all required information to the patient (or legal guardian), and have obtained his or her consent for this test order. The patient has further been informed and hereby authorizes OneOme and its designees to release information concerning testing to their insurers in order to process and/or appeal claims on behalf of the patient. For amounts received directly, the patient agrees to remit payments to OneOme for testing services rendered. I agree to OneOme's terms of service ([oneome.com/terms](https://oneome.com/terms)) and privacy policy ([oneome.com/privacy](https://oneome.com/privacy)).

**Ordering provider signature**  **Date**

Today's Date \_\_\_\_\_

To Whom It May Concern:

I am writing on behalf of my patient \_\_\_\_\_, to document the medical necessity of pharmacogenomic testing to obtain information related to this patient's genetics, which may help me make more informed treatment decisions. An individual's DNA can affect how they respond to medications. Imprecise medication can lead to delay of treatment, re-hospitalization, adverse events, and increased mortality. The IQVIA Institute for Human Data Science indicates that over 4 billion prescriptions are filled each year.<sup>1</sup> However, not all medications are effective for all people. In fact, response rates for many medications are only between 50-75%.<sup>2</sup>

This testing will be performed by OneOme (NPI 1669836227) a CAP-accredited<sup>3</sup>, CLIA-certified<sup>4</sup> laboratory specializing in pharmacogenomic testing located at 807 Broadway St. NE, Suite 100, Minneapolis, MN 55413. In order for me to provide the most informed and affordable medical care possible, the requested pharmacogenomic testing is medically necessary for my patient.

The primary reason(s) for my request:

- The patient has a history of medication failure.
- The patient is starting a new medication, with no previous history.
- The patient has a new diagnosis, with no pharmacological treatment history to treat that diagnosis.
- The patient has a history of, or is currently experiencing, adverse side effects from his/her current medication(s).
- The patient is on multiple medications, raising the risk for adverse drug reactions.
- The patient has not complied with his/her current medication regimen due to adverse drug reactions.
- Dosing increases on current medications have had a sub-therapeutic response.
- The patient is taking a medication with pharmacogenetic biomarkers in the FDA labeling.

The test results are necessary to help me:

- make more informed decisions about which medications to prescribe and/or avoid for this patient, or make more informed decisions concerning dosing for current medication(s).
- identify possible alternative medications which may be subject to less impact from genetic variability and yield more consistent results for this patient than he/she is currently experiencing.
- identify the predicted severity of any potential gene-drug interactions.
- manage this patient's cardiovascular or thrombotic risk.

This letter is being sent to explain the clinical value of this testing service and to request payment in full for the test. The OneOme® RightMed® test provides valuable information for physicians to use.

In summary, pharmacogenomic testing is medically necessary for this patient's medical condition.

Please contact me if any additional information is required to ensure the prompt approval of pharmacogenomic testing.

Sincerely,

Provider name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Practice phone number: \_\_\_\_\_

<sup>1</sup> <http://www.imshealth.com/en/thought-leadership/quintilesims-institute/reports/medicines-use-and-spending-in-the-us-review-of-2016-outlook-to-2021>

<sup>2</sup> Spear BB, Heath-Chiozzi M, Huff J. *Trends Mol. Med.* 7, 201-204 (2001).

<sup>3</sup> College of American Pathologists - License number: 9432670

<sup>4</sup> Clinical Laboratory Improvement Amendments - License number: 24D2109855