

## PATIENT INFORMATION

First name  Last name

Sex  M  F Date of birth

Patient ID/MRN  Phone

Email

Ethnicity

American Indian or Alaska Native  Hispanic or Latino  
 Ashkenazi Jewish  Native Hawaiian or Other Pacific Islander  
 Black / Sub-Saharan African / African American  Near / Middle Eastern  
 Central / South Asian  Sephardi Jewish  
 East Asian  White or Caucasian  
 First Nation / Inuit / Metis  Unknown / Not Provided

Street address

City

State  Zip code  Country

## PRACTICE INFORMATION

Institution name

Street address

City

State  Zip code  Country

Phone  Fax (for results)

Ordering provider name

Ordering provider NPI #

Ordering provider 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 (<https://oneome.com/informed-consent/>), 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