



— Right Patient | Right Drug —

PHARMACOGENOMICS Test Requisition Form

Fax the form to (414) 777-0058 or send order inquiries to orders@rprdx.com

Shipping Address:
RPRD Diagnostics LLC
1225 Discovery Parkway, Suite 260B
Milwaukee, WI 53226

PATIENT INFORMATION		
First Name	MI	Last Name
DOB (MM/DD/YY)	MRN	Biological Sex
<input type="checkbox"/> Informed Consent filed (if applicable for your state)		
<input type="checkbox"/> Report incidental findings to my doctor if medically actionable (as determined by the Medical Director at RPRD)		
<input type="checkbox"/> Consent for use of de-identified data for research		
<input type="checkbox"/> Send the Sample Collection Package to the patient's residence and the patient will send the sample directly to RPRD. (If you choose this option, please complete the information on the 2 nd page of the TRF.)		

REQUESTED PGX TESTS	
Comprehensive Panels	<input type="checkbox"/> Whole Pharmacogenomics Scan (WPS™) <input type="checkbox"/> Precision HealthPGx Panel <input type="checkbox"/> Psych HealthPGx Panel
Targeted Gene Panels	<input type="checkbox"/> CNT Panel (CEP72, NUDT15 & TPMT) <input type="checkbox"/> NT Panel (NUDT15 & TPMT) <input type="checkbox"/> AC Panel (ACYP2 & CEP72)
Single Gene	<input type="checkbox"/> ACYP2 <input type="checkbox"/> CEP72 <input type="checkbox"/> CYP2C19 <input type="checkbox"/> NUDT15
Data-Reanalysis	<input type="checkbox"/> Original Test Ordered:

SPECIMEN INFO	
Collection Date (MM/DD/YY):	Collection Time (HH:MM):
Submitter ID:	RPRD ID (Internal Use Only):
Specimen Type:	<input type="checkbox"/> Whole Blood (collect peripheral blood in EDTA tube, 3-5ml) <input type="checkbox"/> Saliva (Oragene Dx; # OGD-500) <input type="checkbox"/> Buccal swab (See details in Specimen Collection) <input type="checkbox"/> Other (contact us):

DIAGNOSIS INFORMATION – ICD-10 CODE(S)			
1.	2.	3.	4.

ORDERING PROVIDER INFORMATION	
Department:	Organization:
Street Address:	City:
State:	NPI#
Provider First Name:	Provider Last Name:
Phone:	Fax:

TEST RESULT DELIVERY			
Send-out lab contact		Additional contact (optional)	
Full Name:		Full Name:	
Fax:	Phone:	Fax:	Phone:
Email:		Email:	

AUTHORIZATION: By completing this order, I certify that either I am the ordering provider, or 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 conveyed all required information to the patient (or legal guardian) and have obtained his or her consent for this test order. I agree to RPRD Diagnostics' terms of service and privacy policy.

Ordering provider signature _____ Date (mm/dd/yy) _____

PATIENT HOME SAMPLE COLLECTION OPTION

(Please fill out this page if your patient will self-collect the sample at the place of residence.)

Today's Date:

I am writing to confirm my patient, _____ will collect the sample at their place of residence. I, therefore, request RPRD to send a Sample Collection Package to my patient's home address:

I understand the patient will send their sample directly back to RPRD in a pre-paid sample collection mailer for the testing and analysis.

I understand RPRD may need to directly contact the patient to facilitate sample collection and shipping, and answer patient's questions about sample collection and/or logistics-related issues. I have informed the patient and obtained patient's consent for RPRD to contact the patient as needed.

I understand the turnaround time for the testing will begin on the date that RPRD receives the patient's sample. RPRD will deliver the test results directly to the ordering provider, not the patient. Patient's questions related to testing results, medical advice and/or treatment decisions will always be deferred to the ordering provider.

Patient's phone number (required): _____

Patient's email address (optional; RPRD will only use the email address to communicate sample collection and logistics-related issues): _____

Provider's full name: _____

Provider's phone number: _____

Provider's signature: _____

SPECIMEN COLLECTION, HANDLING AND SHIPPING INFORMATION

TESTS	SPECIMEN TYPE							Average turnaround time*	KEY ■ Accepted ∞ Contact us Tel: (414) 316-3097 E-mail: orders@rprdx.com ⊗ Not accepted. * Test results are reported Monday through Friday.
	Whole blood	Saliva	gDNA	Fresh frozen tissue	Buccal swab	Other			
WPS	■	■	∞	⊗	■	∞	2-3 weeks		
Precision HealthPGx Panel	■	■	∞	⊗	■	∞	2-3 weeks		
Psych HealthPGx Panel	■	■	∞	⊗	■	∞	2-3 weeks		
CNT Panel, NUDT15 or CEP72	■	■	∞	⊗	■	∞	3-5 days		
AC Panel, or ACYP2	■	■	∞	⊗	■	∞	3-5 days		
CYP2C19	■	■	∞	⊗	■	∞	1-3 days		

Whole Blood	Collect 3 – 5ml of peripheral whole blood in EDTA tube. Specimens with < 3ml will be considered “precious” and processed with no guarantee of results. Blood sample may be rejected if frozen, hemolyzed, or clotted.
Saliva	Collect using Oragene•Dx (OGD-500) DNA collection kit according to manufacturer’s instructions.
Buccal Swab	Collect using Copan hDNAFree FLOQSwabs (Cat# 50E010D01) or IsoHelix RapiDri Buccal swab with self-drying pouch (Cat# RD-01) according to manufacturer’s instructions.
gDNA	Please contact RPRD for processing of Genomic DNA (gDNA) specimens. Specimens will be assessed by standard quality assurance (QA) methods.

SPECIMEN SUBMISSION/TEST REQUISITION FORMS	
1	Please label all specimen containers with the patient’s full name (first and last name) plus at least one additional unique identifier, including: <ul style="list-style-type: none"> • Date of birth • Medical record number • Date of collection
2	Identical information must be provided between the specimen collection tube(s) and the submitted requisition form
3	All fields except the “Internal use only” are required in the form. Please understand an incomplete form may cause delay in the sample processing and result in longer turnaround time. Additional copies of the form are available at www.rprdx.com .
4	Please contact us if a patient has previously ordered a test from RPRD Diagnostics. We can use banked specimens to process new orders, thus avoiding additional collection and shipping fees.

SHIPPING AND HANDLING INSTRUCTIONS	
1	Specimens should be shipped Sunday through Thursday FedEx Priority Overnight or UPS Next Day Air. If a weekend delivery is necessary, please contact us to make special arrangements.
2	Specimens must maintain ambient temperature during transport; we recommend insulated shipping containers. During hot weather, include a frozen ice pack in the shipping container. Specimens should never freeze.
3	The specimens must be received by RPRD Diagnostics, LLC within 7 days from time of collection to ensure specimen stability and quality.
4	DOT and IATA requirements for proper shipping labeling of biological substance, category B includes: <ul style="list-style-type: none"> • Placing specimen in a leak-proof secondary vessel. • Place absorbent material between the primary and secondary packaging. • An itemized list of contents must be enclosed between the secondary packaging and the outer packaging. Package and Air Waybill must show text: “Biological substance, Category B” and labeled with UN3373 designation.
5	All delivery carriers (local and non-local) deliver directly to our office suite. We receive samples during our business hours - 7AM to 4PM CST.
6	Holiday schedules will be posted on our website at least one week prior to major holidays; existing customers will also receive e-mail notification of schedule changes.