

# TEMPUS | NEUROLOGY & PSYCHIATRY

## Requisition Form [2024.12.06]

p: 800.739.4137 | f: 708.575.1789 | e: help@tempus.com  
If information is incomplete or missing, testing may be delayed.

### SHIPPING LABEL

#### A. PATIENT INFORMATION

Last Name		First Name			Patient Medical Record #	DOB (MM/DD/YYYY)
Sex	Gender	Race / Ethnicity	Email Address		Primary Phone #	
Street Address, Unit		City	State	Postal Code	Country	Please check here for Tempus to send a kit to the provided address.

#### B. PROVIDER INFORMATION

Office / Practice / Institution Name		Clinic	Ordering Provider's Name		NPI
Phone		Fax		Email Address	
Street Address, Unit		City	State	Postal Code	Country

#### C. PGx GENETIC TESTING *Please select applicable boxes below.*

nP PGx Clinical panel and research grade variant genetic results <i>(includes Pharmacogenomics and Research grade additional genomic results)</i>	Buccal Swab Sample	Saliva Tube Sample	Specimen Collection Date
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#### D. CLINICAL INFORMATION *Complete if Progress Report is not attached.*

Diagnosis	Date of Diagnosis	Summary Result (i.e. PHQ-9 Score: 20/27)
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Has the patient failed at least one medication used to treat their condition? Yes No

Recent/Current/Considered Medication(s) for Patient - **REQUIRED.**

Medication:	Recent/Current	Under Consideration	Start/End Date:	—	Response to Medication:
Medication:	Recent/Current	Under Consideration	Start/End Date:	—	Response to Medication:
Medication:	Recent/Current	Under Consideration	Start/End Date:	—	Response to Medication:
Medication:	Recent/Current	Under Consideration	Start/End Date:	—	Response to Medication:
Medication:	Recent/Current	Under Consideration	Start/End Date:	—	Response to Medication:

#### E. BILLING INFORMATION

ICD-10 Primary Diagnosis Code(s) <i>(see list attached)</i>		Bill Type: Insurance <i>(must attach copy of card)</i>		Patient Status <i>(for Medicare patients)</i>	
		Hospital/Institution	Self Pay/International Patient	Hospital Inpatient—Discharge date:	
Primary Insurance	Policy Holder Name	Policy #	Group #	Policy Holder DOB	

Patient Relationship to Policy Holder: Self Spouse Child Other

Medical Justification *(check at least one):*

Patient is a candidate for a pharmacogenomic test based on their diagnosis, medical history, medications they are currently taking, and/or based on medications they are being considered for.

Patient has failed at least one prior medication to treat their condition.

Patient has never received a pharmacogenomic test to guide treatment for various psychotropic medications.

A medication with a clinically actionable pharmacogenomic implication is being considered for treatment of the patient's psychiatric condition.

#### F. PROVIDER SIGNATURE

I certify that the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s). My signature below certifies medical necessity of the test(s) (including that the test results will inform the treatment plan) and that the patient has provided informed consent that meets the requirements of applicable law for Tempus or its reference lab to: (a) collect and use the patient's samples (including genetic material) and health information and perform the ordered test(s); (b) obtain, receive, and release health information (including test results) as necessary for reimbursement or the processing of insurance claims; (c) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (d) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.

Authorized By	Today's Date	Form Completed By (Full Name)	Email
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## G. PHENOTYPIC ATTRIBUTES

ICD-10 Code	Description
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia

F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F53.0	Postpartum depression

F31.11	Bipolar disorder, current episode manic without psychotic features, mild
31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.9	Bipolar disorder, unspecified

F40	Phobic anxiety disorders
F40.0	Agoraphobia
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.1	Social phobias
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.2	Specific (isolated) phobias
F40.21	Animal type phobia
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.22	Natural environment type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.23	Blood, injection, injury type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.24	Situational type phobia
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.29	Other specified phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders

ICD-10 Code	Description
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43	Reaction to severe stress, and adjustment disorders
F43.0	Acute stress reaction
F43.1	Post-traumatic stress disorder (PTSD)
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.2	Adjustment disorders
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44	Dissociative and conversion disorders
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.8	Other dissociative or conversion disorders
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45	Somatoform disorders
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.2	Hypochondriacal disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.4	Pain disorders related to psychological factors
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48	Other nonpsychotic mental disorders
F48.1	Depersonalization-derealization syndrome
F48.2	Pseudobulbar affect
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified

F90	Attention-deficit hyperactivity disorders
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type