

Client #: \_\_\_\_\_

By submission of this requisition/sample(s), I: (i) authorize/direct BHD to perform tests indicated below; (ii) certify that each ordered test is reasonable/medically necessary for diagnosis/treatment of patient's current condition, (iii) certify that I'm in compliance with all applicable state laws and I obtained patient's written informed consent to undergo genetic tests (results should be reported to me); (iv) agree to provide BHD with copy of patient's signed/dated consent upon request; (v) acknowledge that each genetic test is performed once in patient's lifetime and (vi) that diagnosis codes are indicated to highest level of specificity.

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIMEN**

Collection Date \_\_\_\_\_ Collection Time \_\_\_\_\_

**PATIENT INFORMATION**

DOB \_\_\_\_\_ Sex: M F MRN \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

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EMAIL (NOTIFICATIONS ABOUT RESULTS & OTHER HELPFUL TOOLS) \_\_\_\_\_

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**BILLING**

- Client Bill**
- Patient Pre-Pay:**  
Pre-Pay by check or credit card via secure portal  
<https://patientpay.mybostonheart.com/prepay>



**Patient statement:**  
I am aware that I am responsible for payment of the test(s) performed by Boston Heart (BH) and my test results will not be released until payment is received. BH may communicate with me via email/text regarding services and payment if I provide my email address/phone number. I understand that HIPAA gives me the right to request communication by alternate means.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

- |  |   |
|--|---|
| <p><b>PATIENT HISTORY:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CVD (heart disease, stroke, and/or PVD)</li> <li><input type="checkbox"/> Family Hx of CVD</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Parental History of Diabetes</li> <li><input type="checkbox"/> Current smoker</li> <li><input type="checkbox"/> None of the above</li> </ul> | <p><b>MEDICATIONS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Statin</li> <li><input type="checkbox"/> Fibrate</li> <li><input type="checkbox"/> Ezetimibe</li> <li><input type="checkbox"/> Niacin</li> <li><input type="checkbox"/> PCSK9 Inhibitors</li> <li><input type="checkbox"/> Fish Oil/Omega-3</li> <li><input type="checkbox"/> BP Medication</li> <li><input type="checkbox"/> Insulin</li> </ul> |
|--|---|

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEST ORDER**

Panel Pricing: \$349 each

- 87108  **Polygenic Risk Map - Female Complete:** CAD, stroke, atrial fibrillation, type 2 diabetes, hypertension, BMI, polygenic hypercholesterolemia (LDL-cholesterol), lipoprotein(a), triglycerides, hypo-HDL cholesterolemia, Alzheimer's disease, breast cancer, ovarian cancer, brain cancer, pancreatic cancer, kidney cancer, melanoma, Inflammatory Bowel Disease (IBD), early menopause, osteoporosis, psoriasis, Celiac disease, ancestry
- 87109  **Polygenic Risk Map - Male Complete:** CAD, stroke, atrial fibrillation, type 2 diabetes, hypertension, BMI, polygenic hypercholesterolemia (LDL-cholesterol), lipoprotein(a), triglycerides, hypo-HDL cholesterolemia, Alzheimer's disease, prostate cancer, brain cancer, pancreatic cancer, kidney cancer, melanoma, Inflammatory Bowel Disease (IBD), psoriasis, Celiac disease, ancestry

Panel Pricing: \$199 for the first ordered panel + \$49 for each additional

- 87110  **Polygenic Risk Map - Cardiovascular Disease:** CAD, stroke, atrial fibrillation, type 2 diabetes, hypertension, BMI, polygenic hypercholesterolemia (LDL-cholesterol), lipoprotein(a), triglycerides, hypo-HDL cholesterolemia, ancestry
- 87111  **Polygenic Risk Map - Cancer (Female):** breast cancer, ovarian cancer, brain cancer, pancreatic cancer, kidney cancer, melanoma, ancestry
- 87115  **Polygenic Risk Map - Cancer (Male):** prostate cancer, brain cancer, pancreatic cancer, kidney cancer, melanoma, ancestry
- 87112  **Polygenic Risk Map - Female Essential:** breast cancer, ovarian cancer, osteoporosis, early menopause, ancestry
- 87113  **Polygenic Risk Map - Immune:** inflammatory bowel disease, psoriasis, celiac disease, ancestry
- 87114  **Polygenic Risk Map - Alzheimer's Disease:** Alzheimer's disease, ancestry