

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 am in compliance with all applicable state and federal laws, (iv) obtained patient's written informed consent to undergo genetic tests (results should be reported to me); (v) agree to provide BHD with copy of patient's signed/dated consent upon request; (vi) acknowledge that each genetic test is performed once in patient's lifetime and (vii) that diagnosis codes are indicated to highest level of specificity.

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

**PATIENT INFORMATION**

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

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

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

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

STREET: \_\_\_\_\_

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

Systolic/Diastolic BP: \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight (lbs): \_\_\_\_\_

**Patient History:**  CVD  Family Hx of CVD  Hypertension  
 Diabetes  Parental Hx of Diabetes  Current Smoker  None of the above

**Medications:**  Statin  Fibrate  Ezetimibe  Niacin  PCSK9 Inhibitors  
 BP Medication  Insulin  Fish Oil/Omega-3  None of the above

**SPECIMEN** Draw guide provided with kit


Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Fasting 8 hrs?  Y  or  N

**BILLING**

Client Bill

Insurance: Attach copy (front & back) of card or demographic sheet

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



Boston Heart (BH) may bill my insurer and I irrevocably assign to BH my right to payment. BH may appeal claim denials and obtain my medical/billing information to facilitate payment. I agree to remit payment to BH if I am paid directly by my insurer and I will pay for any deductibles, co-insurance, co-pays, or denied services; BH may refer me to a collection agency for non-payment. BH may communicate with me via email/text regarding services and payment if I provide my email/phone number. I understand that HIPAA gives me the right to request communication by alternate means.

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

**ICD-10**


Commonly used codes listed for convenience. Report all reasons for ordering test(s).

I51.9 <input type="checkbox"/> Heart disease, unspecified	E78.2 <input type="checkbox"/> Mixed hyperlipidemia
I50.9 <input type="checkbox"/> Heart failure, unspecified	E78.41 <input type="checkbox"/> Elevated lipoprotein(a)
I63.9 <input type="checkbox"/> Cerebral infarction, unspecified	I10 <input type="checkbox"/> Essential (primary) hypertension
I67.2 <input type="checkbox"/> Cerebral atherosclerosis	N18.9 <input type="checkbox"/> Chronic kidney disease, unspecified
I25.9 <input type="checkbox"/> Chronic ischemic heart disease, unspecified	E11.8 <input type="checkbox"/> Type 2 Diabetes Mellitus w/ unspecified complications
I25.10 <input type="checkbox"/> Atherosclerotic heart disease of native coronary artery w/o angina	E88.810 <input type="checkbox"/> Metabolic syndrome
I25.84 <input type="checkbox"/> Coronary atherosclerosis due to calcified coronary lesion	M10.9 <input type="checkbox"/> Gout, unspecified
I70.203 <input type="checkbox"/> Unspecified atherosclerosis of native arteries of extremities, bilateral legs	R79.82 <input type="checkbox"/> Elevated C-reactive protein
R41.9 <input type="checkbox"/> Cognitive impairment, unspecified	E72.11 <input type="checkbox"/> Hyperhomocysteinemia
F03.90 <input type="checkbox"/> Dementia, unspecified	E07.9 <input type="checkbox"/> Disorder of thyroid, unspecified
E78.00 <input type="checkbox"/> Pure hypercholesterolemia	N42.9 <input type="checkbox"/> Disorder of prostate, unspecified
	D51.9 <input type="checkbox"/> Vitamin B12 deficiency anemia, unspecified

Other: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TEST MENU: DRIED BLOOD SPOT TESTING**

**IMPORTANT:** collect top and bottom square on the Dried Blood Spot Card regardless of number of tests ordered. Tests have been assigned a weighted point value to indicate volume requirements. One sufficiently completed card should yield enough volume for a maximum of 12 points.

Watch instructional video before attempting collection: 

- 87005  **CardioMetabolic - Enhanced:** TC, LDL-C, sdLDL-C, HDL-C, TG, Lp(a), hs-CRP, glucose, HbA1c, Essential Fatty Acids, Creatinine **15**
- 87019  **CardioMetabolic - Advanced:** TC, LDL-C, sdLDL-C, HDL-C, TG, apoB, Lp(a), hs-CRP, glucose, HbA1c, Essential Fatty Acids, Creatinine, Uric Acid, HCY **18**
- 87018  **Cognitive Wellness:** TC, LDL-C, HDL-C, TG, Essential Fatty Acids, HCY, VitD, B12, Folate **18** Suggested add-ons: MTHFR, ApoE genotypes (Patient Pay/Client Bill Only)
- 87010  **Nutrition & Wellness:** TC, LDL-C, HDL-C, TG, hs-CRP, glucose, HbA1c, Essential Fatty Acids, Creatinine, Uric Acid, HCY, VitD, B12, Folate **22**
- 87011  **Men's Wellness:** TC, LDL-C, sdLDL-C, HDL-C, TG, Lp(a), hs-CRP, glucose, Essential Fatty Acids, TSH, DHEA-S, SHBG, Total & Free Testosterone (includes albumin), total PSA **23**
- 85082  **Women's Wellness:** TC, LDL-C, sdLDL-C, HDL-C, TG, Lp(a), hs-CRP, glucose, Essential Fatty Acids, TSH, DHEA-S, SHBG, LH, FSH **23**

- LIPIDS**
- DBS 101  Total Cholesterol (TC) **1**
  - DBS 102  Triglycerides (TG) **1**
  - DBS 221  HDL-Cholesterol (HDL-C) **1**
  - DBS 222  Direct LDL-Cholesterol (LDL-C) **1**
  - DBS 223  sdLDL-Cholesterol (sdLDL-C) **1**
  - DBS 302  Apolipoprotein B (ApoB) **1**
  - DBS 224  Lp(a) **1**
  - DBS 575  Essential Fatty Acids **6**
- INFLAMMATION & OXIDATION**
- DBS 601  hs-CRP **1**

- METABOLIC**
- DBS 401  Glucose **1**
  - DBS 404  Hemoglobin A1c **0**
- OTHER**
- DBS 403  Albumin **1**
  - DBS 607  B12 **3**
  - DBS 1007  Creatinine **1**
  - DBS 610  Folate **3**
  - DBS 603  Homocysteine (HCY) **1**
  - DBS 1009  Uric Acid (UA) **1**
  - DBS 625  VitD **1**

- HORMONES**
- DBS 1138  Cortisol **2**
  - DBS 1134  DHEA Sulfate (DHEA-S) **1**
  - DBS 1122  FSH **2**
  - DBS 1120  LH **3**
  - DBS 1127  Testosterone, free (Males only)  
Calculated, includes 3 individual tests below at \$10 each:
  - DBS 1126  Testosterone, total (Males only) **1**
  - DBS 1130  SHBG **1**
  - DBS 403  Albumin **1**
  - DBS 1005  TSH **3**
  - DBS 1112  PSA, total **2**

- GENETICS**
- PATIENT PAY OR CLIENT BILL ONLY**
- DBS 806  ApoE **0**
  - DBS 816  Factor V Leiden **0**
  - DBS 826  Factor II **0**
  - DBS 830  CYP2C19 **0**
  - DBS 835  SLC01B1 **0**
  - DBS 840  MTHFR **0**
  - DBS 883  LPA **0**
  - DBS 884  KIF6 **0**
  - DBS 885  9p21 **0**
  - DBS 886  4q25 **0**
  - DBS 887  Haptoglobin **0**

CUSTOM TEST MENU