

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

Phlebotomist ID Fasting at least 8 hrs? Y or N

BILLING

☐ Bill to Client (Provider) Account

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

☐ Patient Pre-Pay:

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).

E78.00 <input type="checkbox"/> Pure hypercholesterolemia	E88.810 <input type="checkbox"/> Metabolic syndrome
E78.2 <input type="checkbox"/> Mixed hyperlipidemia	E06.3 <input type="checkbox"/> Autoimmune thyroiditis
E78.41 <input type="checkbox"/> Elevated lipoprotein(a)	E07.9 <input type="checkbox"/> Disorder of thyroid, unspecified
E78.6 <input type="checkbox"/> Lipoprotein deficiency	E21.3 <input type="checkbox"/> Hyperparathyroidism, unspecified
I10 <input type="checkbox"/> Essential (primary) hypertension	E03.9 <input type="checkbox"/> Hypothyroidism, unspecified
I25.84 <input type="checkbox"/> Coronary atherosclerosis due to calcified coronary lesion	N18.9 <input type="checkbox"/> Chronic kidney disease, unspecified
I25.9 <input type="checkbox"/> Chronic ischemic heart disease, unspecified	M10.9 <input type="checkbox"/> Gout, unspecified
I51.9 <input type="checkbox"/> Heart disease, unspecified	R79.82 <input type="checkbox"/> Elevated c-reactive protein
I50.9 <input type="checkbox"/> Heart failure, unspecified	E72.11 <input type="checkbox"/> Hyperhomocysteinemia
R06.02 <input type="checkbox"/> Shortness of breath	N95.1 <input type="checkbox"/> Menopausal & female climacteric states
I63.9 <input type="checkbox"/> Cerebral infarction, unspecified	E29.1 <input type="checkbox"/> Testosterone deficiency
I67.2 <input type="checkbox"/> Cerebral atherosclerosis	N42.9 <input type="checkbox"/> Disorder of prostate, unspecified
I70.203 <input type="checkbox"/> Unspecified atherosclerosis of native arteries of extremities, bilateral legs	D64.9 <input type="checkbox"/> Anemia, unspecified
E11.9 <input type="checkbox"/> Type 2 diabetes mellitus w/o complications	G31.84 <input type="checkbox"/> Cognitive impairment, unspecified
R73.03 <input type="checkbox"/> Prediabetes	F03.90 <input type="checkbox"/> Dementia, unspecified
	M60.9 <input type="checkbox"/> Myositis, unspecified
	E55.9 <input type="checkbox"/> Vitamin D deficiency, unspecified

Other: / / / / /

TEST MENU: CLINICAL PROFILES

INDIVIDUAL TESTS AVAILABLE TO ORDER ON REVERSE SIDE

						currently unavailable in indicated state
87300 <input type="checkbox"/> CVMa	TC, LDL-C, sdLDL-C, HDL-C, TG, ApoB, Lp(a), ChB, hsCRP, LpPLA2, LDL-P & HDL-P by NMR, Small LDL-P, Large HDL-P, Large VLDL-P					HDL-P, sLDL-P, LHDLP-P, LVLDP-P
87201 <input type="checkbox"/> CardioMetabolic Essential:	TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, Gluc, HbA1c					
87202 <input type="checkbox"/> CardioMetabolic Expanded:	[CardioMetabolic Essential] + ChB, FatB, apoB, Lp(a), sdLDL-C, CoQ10					
87203 <input type="checkbox"/> CardioMetabolic Comprehensive:	[CardioMetabolic Essential + Expanded] + HDLMap, apoA-I, Uric, LpPLA2, OxpL, HCY, VitD					
87204 <input type="checkbox"/> CVD & Diabetes Prevention:	TC, LDL-C, HDL-C, sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, HbA1c, HOMA-IR w/ Beta Cell Function					Beta Cell Function
87205 <input type="checkbox"/> CVD & Diabetes Prevention Comprehensive:	[CVD & Diabetes Prevention] + HDLMap, ChB, FatB, apoA-I, apoB, Lp(a), Uric, LpPLA2, OxpL, ApN, GSP, HCY, VitD <i>Suggested add-on: Haptoglobin (See Patient Pay/Client Bill section on reverse)</i>					Beta Cell Function
87206 <input type="checkbox"/> Cognitive Health:	FatB, TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, Gluc, B12, Folate, HCY, VitD <i>Suggested add-ons: ApoE, MTHFR (See Patient Pay/Client Bill section on reverse)</i>					
87207 <input type="checkbox"/> Nutrition & Health:	FatB, TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, Uric, TSH, hsCRP, Gluc, HbA1c, B12, Folate, HCY, VitD, CoQ10					
87208 <input type="checkbox"/> Men's Health:	FatB, TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, TSH, Cort, Alb, DHEAS, E2, SHBG, Test-F, Test-T, tPSA					
87209 <input type="checkbox"/> Women's Health:	FatB, TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, TSH, hsCRP, Gluc, Alb, Cort, DHEAS, E2, FSH, LH, Prog, SHBG, Test-T					
802 <input type="checkbox"/> HDL Map (w/ apoA-I):	HDL particles (α-1, α-2, α-3, α-4, preβ-1), apoA-I					
509 <input type="checkbox"/> Cholesterol Balance:	Sterols (Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol)					
575 <input type="checkbox"/> Fatty Acid Balance:	Sat FA Index, Trans FA Index, EPA/AA Ratio, Unsatsat Ratio, Ω-3 FA Index, EPA, DHA, ALA, Mono FA Index, Ω-6 FA Index, Linoleic Acid (LA), Arach Acid (AA), Ω-3/Ω-6 Ratio					
200C <input type="checkbox"/> Lipid Panel, Comprehensive:	TC, TG, HDL-C, LDL-C, sdLDL-C, Lp(a), ApoA-I, ApoB. Includes calculations: non-HDL-C, VLDL-C, TC/HDL-C, HDL-C/TG, VLDL-C/TG, ApoB/ApoA-I					
98050 <input type="checkbox"/> LipoMap™ Test by NMR	Patient Pay or Client Bill only. See reverse for components.					

LAST NAME: FIRST NAME:

TEST MENU: INDIVIDUAL BIOMARKERS & PANELS

All tests can be completed with 1 total Green Top Lithium Heparin unless otherwise specified. Please note that some tests require another tube type in addition to the Green Top:

SC Lt. Blue Sodium Citrate Red/Yellow Top CAT SST W White Top K2EDTA Plasma L Lavender Top K2EDTA Y Yellow Top Urine

NY State approval pending, currently unavailable in indicated state \* Fasting required Boston Heart Exclusive Test

- LIPIDS
- 809 HDL Map (particles only) α-1, α-2, α-3, α-4, preβ-1
- 509 Cholesterol Balance (sterols only): Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol
- 575 Fatty Acid Balance
- 200B Lipid Panel, Basic
- 101 Total Cholesterol (TC)
- 102 Triglycerides (TG)
- 221 HDL-Cholesterol (HDL-C)
- 222 Direct LDL-Cholesterol (LDL-C)
- 223 sdLDL-Cholesterol (sdLDL-C)
- 301 Apolipoprotein A-I (ApoA-I)
- 302 Apolipoprotein B (ApoB)
- 224 Lp(a)
- 98006 LDL-P & HDL-P by NMR (NY HDL-P restricted)

- METABOLICS
- 420 Prediabetes Assessment, Reflex
- 404 Hemoglobin A1c (HbA1c)
- 408C HOMA-IR w/ Beta Cell Function
- 408 HOMA-IR
- 401 Glucose
- 402 Insulin
- 407 Adiponectin
- 410 C-peptide
- 440 Fructosamine
- 409 Glycated Serum Protein (GSP)
- 1055 Comprehensive Metabolic Panel
- 1050 Basic Metabolic Panel

- INFLAMMATION & OXIDATION
- 601 hs-CRP
- 602 LpPLA2
- 604 Myeloperoxidase (MPO)
- 701 Fibrinogen
- 1191 IL-6 (w/ CVD reference ranges)
- 635 OxPL-apoB
- 636 OxLDL
- 630 TMAO

- INFECTIOUS DISEASE
- 648 Spike IgG Antibody
- 1190 IL-6 (COVID-19 use only)

- HORMONES (Immunoassay)
- SEX & ADRENAL
- 1150 Aldosterone
- 1138 Cortisol
- 1134 DHEA Sulfate (DHEA-S)
- 1128 Estradiol (E2)
- 1122 FSH
- 1120 LH
- 1124 Progesterone
- 1180 Prolactin
- 1112 PSA, Total
- 1130 SHBG
- 1127 Testosterone, Free (calculated, includes: Alb, SHBG, Total Testosterone)
- 1126 Testosterone, Total
- 300 Female Hormone Panel
- 310 Male Hormone Panel

- THYROID & PARATHYROID
- 411 IGF-1
- 435 IGF-1 with Z Score
- 1136 Parathyroid Hormone (PTH)
- 1185 Thyroglobulin Antibody (Anti-TG)
- 1020 Thyroid Peroxidase (TPO) Antibody
- 1011 TSH, Ultrasensitive
- 1011R TSH, Ultrasensitive w/ Reflex to TT3 & FT4
- 1014 T3, Total
- 1015 T4, Total
- 1017 T3, Free
- 1016 T4, Free

- LIVER
- 1003 ALT (SGPT)
- 1002 AST (SGOT)
- 1004 Alkaline Phosphatase
- 1033 Bilirubin, Direct
- 1032 Bilirubin, Total
- 1145 GGT
- KIDNEY
- 1006 BUN
- 1007 Creatinine
- 1008 Cystatin-C
- 430 Albumin/Creatinine Ratio, Random Urine

- OTHER CHEMISTRY & HEMATOLOGY
- 403 Albumin
- 640 Amylase
- 1030 Calcium
- 725 CBC
- 720 CBC w/ differential
- 1023 Chloride
- 1024 CO<sub>2</sub>
- 606 CoQ10
- 1001 Creatine Kinase (CK)
- 1045 Ferritin
- 610 Folate
- 603 Homocysteine (HCY)
- 1040 Iron
- 1041 TIBC
- 1038 Magnesium
- 1101 NT-proBNP
- 1036 Phosphorus
- 1022 Potassium
- 98435 Prealbumin
- 1027 Protein, Total
- 1021 Sodium
- 1106 Troponin I
- 1009 Uric Acid
- 607 Vitamin B12
- 625 Vitamin D

PATIENT PAY OR CLIENT BILL ONLY

Signature required in Billing section on front

- GENETICS or buccal swab
- 806 Apolipoprotein E CVD/dementia risk
- 816 Factor V Leiden Clot formation
- 826 Factor II Clot formation
- 830 CYP2C19 PLAVIX® response
- 835 SLC01B1 Statin-induced myopathy
- 840 MTHFR Folate metabolism
- 883 LPA Aspirin benefit
- 884 KIF6 Statin benefit
- 885 9p21 Premature CVD risk
- 886 4q25 Atrial fibrillation risk
- 887 Haptoglobin VitE in diabetes (only)

- OTHER
- 98050 LipoMap™ Test by NMR

New Jersey providers: submit supplemental form to report race, ethnicity, sexual orientation, gender identity in accordance with state requirements.

COMPONENT DETAILS FOR TESTS AND PANELS NOT OTHERWISE DEFINED ABOVE	
575	<b>Fatty Acid Balance:</b> Saturated FA Index, Trans FA Index, AA/EPA Ratio, EPA/AA Ratio, Unsat/Sat Ratio, Omega-3 FA Index, EPA, DHA, ALA, Monounsaturated FA Index, Omega-6 FA Index, Linoleic Acid (LA), Arachidonic Acid (AA), Omega-3/Omega-6 Ratio
420	<b>Prediabetes Assessment, Reflex*:</b> Includes: Glucose. If reflex criteria are met, then panel also includes: Triglycerides, Adiponectin, GSP, Prediabetes Assessment *Reflex criteria: Fasting Glucose 100-125 mg/dL. If HbA1c is also ordered, a glucose result of 100-125 mg/dL and/or HbA1c result of 5.7-6.4% will trigger reflex
408C	<b>HOMA-IR w/ Beta Cell Function:</b> HOMA-IR, Insulin, Glucose, HOMA-S (calculated insulin sensitivity), HOMA-B (calculated beta cell activity), Beta Cell Function and Risk Score
1055	<b>Comprehensive Metabolic Panel:</b> Glucose, Calcium, CO <sub>2</sub> , Chloride, Sodium, Potassium, BUN, Creatinine, Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Total Bilirubin, Total Protein
1050	<b>Basic Metabolic Panel:</b> Glucose, Calcium, CO <sub>2</sub> , Chloride, Sodium, Potassium, BUN, Creatinine
300	<b>Female Hormone Panel (Immunoassay):</b> DHEA-S, Estradiol, FSH, LH, Progesterone, Total Testosterone
310	<b>Male Hormone Panel (Immunoassay):</b> Albumin, DHEA-S, Estradiol, SHBG, Total Testosterone, Free Testosterone (calculated)
1011R	<b>TSH w/Reflex to TT3 &amp; FT4:</b> Includes: TSH. If TSH result is outside optimal range of 0.55-4.78 µIU/mL, then order reflexes to include TT3 & FT4
725	<b>Complete Blood Count (CBC):</b> Hemoglobin, Hematocrit, RBC, Platelet, WBC, Calculations: MCV, MCH, MCHC, RDW, MPV
720	<b>Complete Blood Count w/ differential:</b> Hemoglobin, Hematocrit, RBC, Platelet, WBC, Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils. Calculations: MCV, MCH, MCHC, RDW, MPV. If identified: Atypical lymphocytes, Bands, NRBC, Blasts, Metamyelocytes, Myelocytes, Promyelocytes, Plasmacytes
98050	<b>LipoMap:</b> TG, TC, VLDL-C, IDL-C, Direct LDL-C, LDL6-C, HDL-C, Apo-AI, Apo-AII, ApoB, Total ApoB-P, LDL-P, VLDL-P, VLDL-ApoB, VLDL-TG, IDL-P, IDL-ApoB, IDL-TG, LDL-ApoB, LDL-TG, LDL-P 1-6, HDL-P