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## COMPREHENSIVE DIABETES-OBESITY GENETIC PANEL

### PATIENT INFORMATION

First Name		Last Name		Gender F <input type="checkbox"/> M <input type="checkbox"/>		
Date of Birth (MM/DD/YYYY)		Phone		Email		
Address			City		State	Zip

### PATIENT INSURANCE INFORMATION - Attach patient demographics and copy of insurance card

Insurance  Self-Pay  Client Bill

Primary Insurance	Social Security Number	Primary Insurance ID#	Primary Insurance Group
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### FAMILY HISTORY Please give age at diagnosis and current treatment (Diet/OHA/Ins)

Diabetic Grandparent(s)?:	Father's Father:	Father's Mother:
	Mother's Father:	Mother's Mother:
Diabetic Parent(s)?:	Father:	Mother:
Diabetic Sibling(s)?:	Number and Age at Diagnosis:	
Diabetic Children?:	Number and Age at Diagnosis:	

Other Diabetic Relatives (N.B. A family tree showing age at diagnosis and current treatment of affected family members would be very helpful):

Family History of Renal Disease (Cysts, proteinuria, renal failure, renal dysplasia, renal agenesis) Y/N please give details:

Family History of Deafness (Y/N please give details):

If samples from other family members have been sent previously please give details:

### SENDING FACILITY Facility Type Physician Group Referral Lab Hospital

Facility Name	Address	Phone	Fax/Email
Ordering Provider Name (Last, First):	NPI#	Phone	Fax/Email

### CLINICAL HISTORY Attach any available detailed medical records and clinical notes

Please indicate any clinical presentations and/or Endings that may be relevant to genetic testing:

There are many presentations which may not seem like a direct association for disease. Please list the most suspected presentations and attach detailed medical records and/or pedigree.

## TESTING REQUESTED

### TEST NAME

- Diabetes-Obesity Panel  
56 genes

### TEST OPTIONS

Omitted test options will default to Seq & Del/Dup.

- Seq & Del/Dup  
 Exclude VUS

### INDICATIONS FOR TESTING

Check all that apply.

- Diagnostic  
 Presymptomatic  
 Family History  
 Family Variant  
 Other:

## COMPREHENSIVE DIABETES PANEL

ABCC8, BLK, CAPN10, EIF2AK3, FOXP3, GATA6, GCK, GLIS3, GLUD1, HADH, HNF1A, HNF1B, HNF4A, INS, INSR, KCNJ11, KLF11, NEUROD1, NEUROG3, PAX4, PDX1, PPARG, PTF1A, RFX6, SLC16A1, SLC2A2, TCF7L2, UCP2, WFS1, ZFP57

## CONDITIONS COVERED

- Diabetes due to underlying conditions
- Drug or chemical-induced diabetes
- Type 1 diabetes
- Type 2 diabetes
- Diabetes-related to pregnancy
- Other types of diabetes not covered by the previous
- Categories
- Obesity

## CODE USED TO REPORT TYPE 1 DIABETES:

- E10.1X With the presence of diabetic ketoacidosis**
- E10.10 With diabetic ketoacidosis without coma
- E10.11 With diabetic ketoacidosis with coma
- E10.2X With renal disease
- E10.21 With diabetic nephropathy
- E10.22 With diabetic chronic kidney disease
- E10.29 With other diabetic kidney
- E10.3X With eye disease**
- E10.311 With ophthalmic complications without macular edema
- E10.319 With ophthalmic complications with macular edema
- E10.321 With mild nonproliferative diabetic retinopathy with macular edema
- E10.329 With mild nonproliferative diabetic retinopathy without macular edema
- E10.331 With macular edema
- E10.339 Without macular edema
- E10.341 With severe nonproliferative diabetic retinopathy with macular edema
- E10.349 With severe nonproliferative diabetic retinopathy without macular edema
- E10.351 With proliferative diabetic retinopathy with macular edema
- E10.359 With proliferative diabetic retinopathy without macular edema
- E10.36 With diabetic cataract
- E10.39 With other diabetic ophthalmic complication
- E10.4X With nerve disease**
- E10.40 With diabetic neuropathy, unspecified
- E10.41 With diabetic mononeuropathy
- E10.42 With diabetic polyneuropathy
- E10.43 With diabetic autonomic (poly)neuropathy
- E10.44 With diabetic amyotrophy
- E10.49 With other diabetic neurological complication
- E10.5X With peripheral vascular disease
- E10.51 With diabetic peripheral angiopathy without gangrene
- E10.52 With diabetic peripheral angiopathy with gangrene
- E10.59 With other circulatory complications
- E10.6X With diabetes-related musculoskeletal, oral, or skin complications; hypoglycemia; or hyperglycemia**
- E10.61 With diabetic arthropathy
- E10.610 With diabetic neuropathic arthropathy
- E10.618 With other diabetic arthropathy
- E10.620 With diabetic dermatitis
- E10.621 With foot ulcer
- E10.622 With other skin ulcer
- E10.628 With other skin complications
- E10.630 With periodontal disease
- E10.638 With other oral complications
- E10.641 With hypoglycemia with coma
- E10.649 With hypoglycemia without coma or with hypoglycemia unawareness
- E10.65 With hyperglycemia
- E10.69 With other specified complication
- E10.8 With complications, unspecified
- E10.9 Without complications

## CODE USED TO REPORT TYPE 2 DIABETES:

- E11.0X With hyperosmolarity**
- E11.00 Without nonketotic hyperglycemic hyperosmolar coma
- E11.01 With nonketotic hyperglycemic hyperosmolar coma
- E11.2X With kidney complications**
- E11.21 With diabetic nephropathy
- E11.22 With diabetic chronic kidney disease
- E11.29 With other diabetic kidney complications
- E11.3X With eye complications
- E11.31 With diabetic retinopathy, unspecified
- E11.311 With diabetic retinopathy with macular edema
- E11.319 With diabetic retinopathy without macular edema
- E11.32 With mild nonproliferative diabetic retinopathy
- E11.321 With mild nonproliferative diabetic retinopathy with macular edema
- E11.329 With mild nonproliferative diabetic retinopathy without macular edema
- E11.33 With moderate nonproliferative diabetic retinopathy
- E11.331 With moderate nonproliferative diabetic retinopathy with macular edema
- E11.339 With moderate nonproliferative diabetic retinopathy without macular edema
- E11.34 With severe nonproliferative diabetic retinopathy
- E11.341 With severe nonproliferative diabetic retinopathy with macular edema
- E11.45 With autonomic neuropathy (e.g., gastroparesis)
- E11.49 With other diabetic neurological complications
- E11.5X With peripheral vascular disease**
- E11.51 With diabetic peripheral angiopathy without gangrene
- E11.52 With diabetic peripheral angiopathy with gangrene
- E11.59 With other circulatory complications
- E11.6X With diabetes-related musculoskeletal, oral, or skin complications; hypoglycemia; or hyperglycemia**
- E11.61 With diabetic arthropathy
- E11.610 With diabetic neuropathic arthropathy
- E11.618 With other diabetic arthropathy
- E11.62 With skin complications
- E11.620 With diabetic dermatitis
- E11.621 With foot ulcer
- E11.622 With other skin ulcer
- E11.628 With other skin complications
- E11.63 With oral complications
- E11.630 With periodontal disease
- E11.638 With other oral complications

- E11.349 With severe nonproliferative diabetic retinopathy without macular edema
- E11.36 With diabetic cataract
- E11.39 With other diabetic ophthalmic complication
- E11.4X With nerve complications**
- E11.40 With diabetic neuropathy, unspecified
- E11.41 With mononeuropathy
- E11.42 With diabetic polyneuropathy

- E11.64 With hypoglycemia
- E11.641 With hypoglycemia with coma
- E11.649 Without hypoglycemia without coma
- E11.65 With hyperglycemia
- E11.69 With other complications
- E11.8X With other non-specified complication**
- E11.9X Well controlled without hyperglycemia, hypoglycemia, or complications**

**CODE USED TO REPORT:**

- Dermatology**
- S81.801 Open wound, unspecified, right lower leg
- L97.X–L98.X Site of ulceration**
- L97.411 Non-pressure chronic ulcer of right heel and mid-foot limited to breakdown of skin
- L97.5 Non-pressure chronic ulcer of other part of the foot
- L97.533 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle Nephrology
- N18.1 Chronic kidney disease (CKD) stage I
- N18.2 CKD stage II
- N18.3 CKD stage III
- N18.4 CKD stage IV
- N18.5 CKD stage V

- N18.6 End-stage renal disease
- R80.9 Microalbuminuria
- Z99.2 Dependence on renal dialysis
- E10.42 Presence of AV shunt for dialysis Hypoglycemia
- E10.649 Type 1 diabetes with hypoglycemia without coma
- E11.649 Type 2 diabetes with hypoglycemia without coma
- E08.64 Diabetes due to underlying condition with hypoglycemia
- E09.64 Drug- or chemical-induced diabetes with hypoglycemia
- E16.0 Drug-induced hypoglycemia without coma
- E16.1 Other hypoglycemia
- E16.2 Hypoglycemia, unspecified
- EXX.641 Fill in with code for type of diabetes with hypoglycemia and coma**

- F17.210 Nicotine dependence, cigarettes, uncomplicated
- K31.84 Gastroparesis
- I10 Essential hypertension
- Hyperlipidemia:**
- E78.0 Pure hypercholesterolemia
- E78.1 Pure hypertriglyceridemia
- E78.2 Mixed hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- Hypothyroidism:**
- E06.3 Due to Hashimoto's disease
- E89.0 Postoperative or postablative
- E03.9 Acquired
- Z13.29 Thyroid disorder screen
- R94.6 Abnormal thyroid blood test or screen
- E66.0 Obesity due to excess calories
- E66.01 Morbid severe obesity due to excess calories
- E66.9 Obesity, unspecified

- Also utilize a Z68 code with obesity for BMI:**
- Z68.30 BMI 30.0–30.9 kg/m2
- Z68.31 BMI 31.0–31.9 kg/m2
- Z68.32 BMI 32.0–32.9 kg/m2
- Z68.33 BMI 33.0–33.9 kg/m2
- Z68.34 BMI 34.0–34.9 kg/m2
- Z68.35 BMI 35.0–35.9 kg/m2
- Z68.36 BMI 36.0–36.9 kg/m2
- Z68.37 BMI 37.0–37.9 kg/m2
- Z68.38 BMI 38.0–38.9 kg/m2
- Z68.39 BMI 39.0–39.9 kg/m2
- Z68.41 BMI 40.0–44.9 kg/m2
- Z68.42 BMI 45.0–49.9 kg/m2
- Z68.43 BMI 50.0–59.9 kg/m2
- Z68.44 BMI 60.0–69.9 kg/m2
- Z68.45 BMI >70.0 kg/m2
- G47.33 Obstructive sleep apnea
- E28.2 Polycystic ovarian syndrome

**PATIENT SIGNATURE**

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **Medex Laboratories Inc.** its assigned affiliates and authorized representatives for laboratory services furnished to me by **Medex Laboratories Inc.** I irrevocably designate, authorize and appoint **Medex Laboratories Inc.** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Medex Laboratories Inc.** immediately upon receipt. I hereby authorize **Medex Laboratories Inc.** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **Medex Laboratories Inc.**, in compliance with federal and state laws. **Medex Laboratories Inc.**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **Medex Laboratories Inc.** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date:

**ORDERING PHYSICIAN SIGNATURE** Physician must only order tests that are medically necessary for the diagnosis or treatment of a patient

I attest that this test is medically necessary for the diagnosis or detection of a disease or disorder and that the results will be used in medical management and care decisions for the patient. Furthermore, all information on this Requisition Form is true to the best of my knowledge. I agree to provide the Care Plan notes and Letter of Intent for this order if the insurance requests the lab to gather the medical necessity for any reason

Ordering Physician Signature

Date: