MINERVA LABS

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EMAIL: INFO@MINERVALABS.HEALTH
WEBSITE: WWW.MINERVALABS.HEALTH

ENT DISORDERS RISK TESTING REQUISITION FORM

INSTRUCTIONS

- Patient and Physician must sign the consent form
- All items identified as '***Required***' must be provided/attached to the requisition form.

SUBMISSION CHECKLIST

- ☐ SOAP notes and progress notes
- ☐ Patient insurance ID card or face sheet
- ☐ Physician and Patient Signature

Ordering Physician Information

Physician Name	NPI#	FAX#
Office/Practice/Institution Name	Physician's Email	
Street Address		
City	State	Zip Code
Office Contact Name	Contact Phone	Contact Email

Ordering Provider (Please select one physician per order)

Physician name: ..... Physician NPI: ..... Physician name: ..... Physician NPI: .....

Physician name: ..... Physician NPI: ..... Physician name: ..... Physician NPI: .....

PATIENT INFORMATION

REQUIRED

Patient First Name	Patient Last Name	Date of Birth (mm/dd/yyyy)	Phone Number
Address	City	State	Zip

Gender Identity

- ☐ Male
- ☐ Female
- ☐ Female-to-Male
- ☐ Male-to-Female
- ☐ Genderqueer
- ☐ Other (Specify) .....
- ☐ Choose not to Disclose

Sexual Orientation

- ☐ Lesbian, gay, or homosexual
- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Something else (Describe) .....
- ☐ Choose not to disclose

Ancestry

- ☐ White/Caucasian
- ☐ Native American
- ☐ Hispanic
- ☐ African American
- ☐ Ashkenazi Jewish
- ☐ Middle Eastern
- ☐ American Indian
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander

PAYMENT OPTIONS (SELECT ONE)

REQUIRED

- ☐ Insurance Billing (Please provide the insurance information)
- ☐ Self-Pay (Please provide credit card details or mail the check to the laboratory address)
- ☐ Client Billing / Institutional Billing

Primary Insurance	Insurance Policy/ID#	Group
Primary Policy Holder Name	Date of Birth	
Secondary Insurance	Insurance Policy/ID#	Group
Secondary Policy Holder Name	Date of Birth	

SPECIMEN INFORMATION

REQUIRED

Sample Type

☐ Buccal Swab ☐ Extracted DNA

Sample Draw Date (mm/dd/yyyy)

...../...../.....

Shipping Instructions

- Label each specimen tube with the patient's full name and date of birth or patient's full name and collection date.
- To receive the specimen requirements and shipping guidelines, please send an email to - **info@minervalabs.health**

Send completed Requisition form with collected sample to:
1203 South White Chapel STE 150,

Southlake,Texas 76092

CLINICAL HISTORY

Indications for Testing ☐ Diagnostic ☐ Presymptomatic ☐ Family History ☐ Family Variant ☐ Other:

Age of Primary Diagnosis:

Previous genetic tests: ☐ Yes ☐ No

(If Yes, please specify the test and results)

Will Patient management be changed depending on the test results? ☐ Yes ☐ No

Is this person affected? ☐ Yes ☐ No

☐ **Unilateral** ☐ **Bilateral**

Intraocular Pressure: _____ **ERG Results:** _____

Please check all that apply

Eye/Vision Abnormalities

☐ Abnormality of vision	☐ Cataracts	☐ External ophthalmoplegia	☐ Microphthalmia	☐ Photophobia	☐ Visual impairment
☐ Aniridia	☐ Coloboma	☐ Glaucoma	☐ Myopia	☐ Ptosis	
☐ Anophthalmia	☐ Corneal arcus	☐ Hyperopia	☐ Night blindness	☐ Retinal detachment	
☐ Astigmatism	☐ Ectopia lentis	☐ Hypoplasia of the fovea	☐ Nystagmus	☐ Retinitis pigmentosa	
☐ Blue sclerae	☐ Esotropia	☐ Keratoconus/anterior lenticonus	☐ Optic atrophy	☐ Strabismus	

FAMILY HISTORY

☐ No Known Family History ☐ Pedigree Attached ☐ Adopted

Relationship	Maternal	Paternal	Relavant History	Age at Disgnosis
1	☐	☐		
2	☐	☐		
3	☐	☐		

QUESTIONNAIRE

Please answer the following questions to help determine if genetic testing for ENT related conditions is appropriate for you.
Select the option that best applies and provide additional details where requested.

1. Do you have a personal history of hearing loss or deafness?

☐ Yes ☐ No

If yes, please provide details: _____

_____

Age of onset: _____

Nature of hearing loss:

☐ Sudden ☐ Progressive

Which ear is affected:

☐ Left ear ☐ Right ear ☐ Both ears

Have you used hearing aids or cochlear implants?

☐ Yes ☐ No

2. Do you have a family history of hearing loss or deafness?

☐ Yes ☐ No ☐ Unsure

If yes, please specify:_____

_____

Relationship(s) to you (e.g., parent, sibling): _____

Known diagnoses or genetic mutations (if any): _____

3. Have you experienced balance problems, dizziness, Zor episodes of vertigo?

☐ Yes ☐ No

If yes, please describe:_____

Symptoms and frequency: _____

Age of onset: _____

4. Have you been diagnosed with any of the following conditions?

☐ Usher Syndrome (hearing loss and vision loss)
☐ Waardenburg Syndrome (hearing loss and pigmentation anomalies)
☐ Pendred Syndrome (hearing loss and thyroid problems)
☐ BranchioOtoRenal (BOR) Syndrome (hearing loss, ear, & kidney anomalies)
☐ Stickler Syndrome (hearing loss, vision, and joint problems)
☐ Neuro bromatosis Type 2 (NF2) (tumors a ecting hearing)
☐ None of the above

If you selected any condition, please provide details: _____

_____

5. Do you exhibit any of the following feature

☐ Heterochromia (different colored eyes)
☐ White forelock or early graying of hair
☐ Skin pigmentation differences (patches of lighter or darker skin)
☐ Facial anomalies (e.g., cleft palate)
☐ Ear anomalies (e.g., extra ear tags, pits)
☐ Kidney problems
☐ Vision problems (e.g., night blindness, tunnel vision)
☐ Thyroid issues (e.g., goiter)
☐ None of the above

If you selected any feature, please provide details: _____

_____

6. Have you undergone any imaging studies (MRI, CT scans) that revealed inner ear malformations or tumors like vestibular schwannomas?

☐ Yes ☐ No

If yes, please provide details: _____

_____

7. Are you aware of any genetic testing results in your family related to hearing loss or ENT disorders?

☐ Yes ☐ No ☐ Unsure

If yes, please specify the findings:_____

_____

8. Have you ever experienced hearing loss after exposure to certain medications, such as aminoglycoside antibiotics (e.g., gentamicin)?

☐ Yes ☐ No ☐ Unsure

If yes, please provide details: _____

_____

9. Do you belong to any ethnic background known to have a higher incidence of hereditary hearing loss (e.g., Ashkenazi Jewish, East Asian)?

☐ Yes ☐ No

If yes, please specify your ethnicity:_____

_____

10. Is there any consanguinity in your family (e.g., are your parents blood relatives like cousins)?

☐ Yes ☐ No ☐ Unsure

If yes, please explain the relationship: _____

_____

CUSTOM PANEL (SELECT GENES) OR COMPREHENSIVE PANEL

REQUIRED

☐ AC TG1	☐ CHD7	☐ DIABLO	☐ FDXR	☐ HOXA2	☐ MET	☐ OTOA	☐ SOX10	☐ USH1G
☐ ADCY1	☐ CHSY1	☐ DIAPH1	☐ FITM2	☐ HOXB1	☐ MGP	☐ OTOF	☐ SPATA5	☐ USH2A
☐ AMMECR1	☐ CIB2	☐ DIAPH3	☐ FOXC1	☐ HSD17B4	☐ MIR96	☐ OTOG	☐ SPTBN4	☐ WFS1
☐ ANLN	☐ CISD2	☐ DLX5	☐ FOXI1	☐ ILDR1	☐ MITF	☐ OTOGL	☐ STRC	
☐ ARSG	☐ CLDN14	☐ DMXL2	☐ GATA3	☐ KARS	☐ MPZL2	☐ P2RX2	☐ SYNE4	
☐ ATP2B2	☐ CLIC5	☐ DNMT1	☐ GDF6	☐ KCNE1	☐ MSRB3	☐ PAX1	☐ SYT2	
☐ BSND	☐ CLPP	☐ DSPP	☐ GIPC3	☐ KCNJ10	☐ MYH14	☐ PAX3	☐ TBC1D24	
☐ CABP2	☐ CLRN1	☐ EDN3	☐ GJA1	☐ KCNQ1	☐ MYH9	☐ PCDH15	☐ TEC TA	
☐ CACNA1D	☐ COCH	☐ EDNRA	☐ GJB2	☐ KCNQ4	☐ MYO15A	☐ PDZD7	☐ TJP2	
☐ CATSPER2	☐ COL11A1	☐ EDNRB	☐ GJB3	☐ KMT2D	☐ MYO1A	☐ PJVK	☐ TMC1	
☐ CCDC50	☐ COL11A2	☐ EFTUD2	☐ GJB6	☐ LARS2	☐ MYO3A	☐ POU3F4	☐ TMEM126A	

- ☐ CD151
- ☐ CD164
- ☐ CDC14A
- ☐ CDC42
- ☐ CDH23
- ☐ CDK9
- ☐ CDKN1C
- ☐ CEACAM16
- ☐ CEP250
- ☐ CEP78
- ☐ COL2A1
- ☐ COL9A1
- ☐ COL9A2
- ☐ COL9A3
- ☐ CRYM
- ☐ DCAF17
- ☐ DCDC2
- ☐ DFNA5
- ☐ DFNB31
- ☐ DFNB59
- ☐ EIF3F
- ☐ ELMOD3
- ☐ EPS8
- ☐ EPS8L2
- ☐ ESPN
- ☐ ESRRB
- ☐ EYA1
- ☐ EYA4
- ☐ FAM136A
- ☐ FAM65B
- ☐ GPR98
- ☐ GPSM2
- ☐ GREB1L
- ☐ GRHL2
- ☐ GRXCR1
- ☐ GRXCR2
- ☐ HARS
- ☐ HARS2
- ☐ HGF
- ☐ HOMER2
- ☐ LHFPL5
- ☐ LHX3
- ☐ LMX1A
- ☐ LOXHD1
- ☐ LRP2
- ☐ LRTOMT
- ☐ MAN2B1
- ☐ MANBA
- ☐ MARVELD2
- ☐ MASP1
- ☐ MYO6
- ☐ MYO7A
- ☐ NARS2
- ☐ NDRG1
- ☐ NEFL
- ☐ NF2
- ☐ NIPBL
- ☐ NOG
- ☐ OPA1
- ☐ OSBPL2
- ☐ POU4F3
- ☐ PRPS1
- ☐ RDX
- ☐ REST
- ☐ SLC12A2
- ☐ SLC17A8
- ☐ SLC26A4
- ☐ SLC26A5
- ☐ SLITRK6
- ☐ SMPX
- ☐ TMPRSS3
- ☐ TRIOBP
- ☐ FGF3
- ☐ FGFR2
- ☐ FGFR3
- ☐ KIT
- ☐ MTRNR1
- ☐ MT-RNR1
- ☐ PMP22
- ☐ USH1C

COMMONLY USED ICD10 (DIAGNOSIS) CODES

please note, the icd-10 codes herein are solely for informational use. it is incumbent upon order practitioners to the diagnosis code that precisely justifies test conduct, regardless of its presence in the subsequent list.

Category - 1: ICD10 codes

- ☐ F80.0 Phonological disorder
- ☐ H60.00 Abscess of external ear, unspecified ear
- ☐ H60.01 Abscess of right external ear
- ☐ H60.02 Abscess of left external ear
- ☐ H60.03 Abscess of external ear, bilateral
- ☐ H60.20 Malignant otitis externa, unspecified ear
- ☐ H60.21 Malignant otitis externa, right ear
- ☐ H60.22 Malignant otitis externa, left ear
- ☐ H60.23 Malignant otitis externa, bilateral
- ☐ H60.40 Cholesteatoma of external ear, unspecified ear
- ☐ H60.41 Cholesteatoma of right external ear
- ☐ H60.42 Cholesteatoma of left external ear
- ☐ H60.43 Cholesteatoma of external ear, bilateral
- ☐ H61.021 Chronic perichondritis of right external ear
- ☐ H61.022 Chronic perichondritis of left external ear
- ☐ H61.023 Chronic perichondritis of external ear, bilateral
- ☐ H61.029 Chronic perichondritis of external ear, unspecified ear
- ☐ H61.101 Unspecified noninfective disorders of pinna, right ear
- ☐ H61.102 Unspecified noninfective disorders of pinna, left ear
- ☐ H61.103 Unspecified noninfective disorders of pinna, bilateral
- ☐ H61.109 Unspecified noninfective disorders of pinna, unspecified ear
- ☐ H61.191 Noninfective disorders of pinna, right ear
- ☐ H61.192 Noninfective disorders of pinna, left ear
- ☐ H61.193 Noninfective disorders of pinna, bilateral
- ☐ H61.199 Noninfective disorders of pinna, unspecified ear
- ☐ H61.891 Other specified disorders of right external ear
- ☐ H61.892 Other specified disorders of left external ear
- ☐ H61.893 Other specified disorders of external ear, bilateral
- ☐ H61.899 Other specified disorders of external ear, unspecified ear
- ☐ H61.90 Disorder of external ear, unspecified, unspecified ear
- ☐ H61.91 Disorder of right external ear, unspecified
- ☐ H61.92 Disorder of left external ear, unspecified
- ☐ H61.93 Disorder of external ear, unspecified, bilateral
- ☐ H62.8X1 Other disorders of right external ear in diseases classified elsewhere
- ☐ H62.8X2 Other disorders of left external ear in diseases classified elsewhere
- ☐ H62.8X3 Other disorders of external ear in diseases classified elsewhere, bilateral
- ☐ H62.8X9 Other disorders of external ear in diseases classified elsewhere, unspecified ear
- ☐ H65.20 Chronic serous otitis media, unspecified ear
- ☐ H65.21 Chronic serous otitis media, right ear
- ☐ H65.22 Chronic serous otitis media, left ear
- ☐ H65.23 Chronic serous otitis media, bilateral
- ☐ H65.30 Chronic mucoid otitis media, unspecified ear
- ☐ H65.31 Chronic mucoid otitis media, right ear
- ☐ H65.32 Chronic mucoid otitis media, left ear
- ☐ H65.33 Chronic mucoid otitis media, bilateral
- ☐ H65.411 Chronic allergic otitis media, right ear
- ☐ H65.412 Chronic allergic otitis media, left ear
- ☐ H65.413 Chronic allergic otitis media, bilateral
- ☐ H65.419 Chronic allergic otitis media, unspecified ear
- ☐ H65.491 Other chronic nonsuppurative otitis media, right ear
- ☐ H65.492 Other chronic nonsuppurative otitis media, left ear
- ☐ H65.493 Other chronic nonsuppurative otitis media, bilateral
- ☐ H65.499 Other chronic nonsuppurative otitis media, unspecified ear
- ☐ H66.10 Chronic tubotympanic suppurative otitis media, unspecified
- ☐ H66.11 Chronic tubotympanic suppurative otitis media, right ear
- ☐ H66.12 Chronic tubotympanic suppurative otitis media, left ear
- ☐ H66.13 Chronic tubotympanic suppurative otitis media, bilateral
- ☐ H66.20 Chronic atticoantral suppurative otitis media, unspecified ear
- ☐ H66.21 Chronic atticoantral suppurative otitis media, right ear
- ☐ H66.22 Chronic atticoantral suppurative otitis media, left ear
- ☐ H66.23 Chronic atticoantral suppurative otitis media, bilateral
- ☐ H66.3X1 Other chronic suppurative otitis media, right ear
- ☐ H66.3X2 Other chronic suppurative otitis media, left ear
- ☐ H66.3X3 Other chronic suppurative otitis media, bilateral
- ☐ H66.3X9 Other chronic suppurative otitis media, unspecified ear
- ☐ H68.021 Chronic Eustachian salpingitis, right ear
- ☐ H68.022 Chronic Eustachian salpingitis, left ear
- ☐ H68.023 Chronic Eustachian salpingitis, bilateral
- ☐ H68.029 Chronic Eustachian salpingitis, unspecified ear
- ☐ H69.00 Patulous Eustachian tube, unspecified ear
- ☐ H69.01 Patulous Eustachian tube, right ear
- ☐ H69.02 Patulous Eustachian tube, left ear
- ☐ H69.03 Patulous Eustachian tube, bilateral
- ☐ H69.80 Other specified disorders of Eustachian tube, unspecified ear
- ☐ H69.81 Other specified disorders of Eustachian tube, right ear
- ☐ H69.82 Other specified disorders of Eustachian tube, left ear
- ☐ H69.83 Other specified disorders of Eustachian tube, bilateral
- ☐ H69.90 Unspecified Eustachian tube disorder, unspecified ear
- ☐ H69.91 Unspecified Eustachian tube disorder, right ear
- ☐ H69.92 Unspecified Eustachian tube disorder, left ear
- ☐ H69.93 Unspecified Eustachian tube disorder, bilateral
- ☐ H70.011 Subperiosteal abscess of mastoid, right ear
- ☐ H70.012 Subperiosteal abscess of mastoid, left ear
- ☐ H70.013 Subperiosteal abscess of mastoid, bilateral
- ☐ H70.019 Subperiosteal abscess of mastoid, unspecified ear
- ☐ H70.10 Chronic mastoiditis, unspecified ear
- ☐ H70.11 Chronic mastoiditis, right ear
- ☐ H70.12 Chronic mastoiditis, left ear
- ☐ H70.13 Chronic mastoiditis, bilateral
- ☐ H70.221 Chronic petrositis, right ear
- ☐ H70.222 Chronic petrositis, left ear
- ☐ H70.223 Chronic petrositis, bilateral
- ☐ H70.229 Chronic petrositis, unspecified ear
- ☐ H70.811 Postauricular fistula, right ear
- ☐ H70.812 Postauricular fistula, left ear
- ☐ H70.813 Postauricular fistula, bilateral
- ☐ H70.819 Postauricular fistula, unspecified ear
- ☐ H71.00 Cholesteatoma of attic, unspecified ear
- ☐ H71.01 Cholesteatoma of attic, right ear
- ☐ H71.02 Cholesteatoma of attic, left ear

- ☐ H71.03 Cholesteatoma of attic, bilateral
- ☐ H71.10 Cholesteatoma of tympanum, unspecified ear
- ☐ H71.11 Cholesteatoma of tympanum, right ear
- ☐ H71.12 Cholesteatoma of tympanum, left ear
- ☐ H71.13 Cholesteatoma of tympanum, bilateral
- ☐ H71.20 Cholesteatoma of mastoid, unspecified ear
- ☐ H71.21 Cholesteatoma of mastoid, right ear
- ☐ H71.22 Cholesteatoma of mastoid, left ear
- ☐ H71.23 Cholesteatoma of mastoid, bilateral
- ☐ H71.30 Diffuse cholesteatosis, unspecified ear
- ☐ H71.31 Diffuse cholesteatosis, right ear
- ☐ H71.32 Diffuse cholesteatosis, left ear
- ☐ H71.33 Diffuse cholesteatosis, bilateral
- ☐ H71.90 Unspecified cholesteatoma, unspecified ear
- ☐ H71.91 Unspecified cholesteatoma, right ear
- ☐ H71.92 Unspecified cholesteatoma, left ear
- ☐ H71.93 Unspecified cholesteatoma, bilateral
- ☐ H72.00 Central perforation of tympanic membrane, unspecified ear
- ☐ H72.01 Central perforation of tympanic membrane, right ear
- ☐ H72.02 Central perforation of tympanic membrane, left ear
- ☐ H72.03 Central perforation of tympanic membrane, bilateral
- ☐ H72.10 Attic perforation of tympanic membrane, unspecified ear
- ☐ H72.11 Attic perforation of tympanic membrane, right ear
- ☐ H72.12 Attic perforation of tympanic membrane, left ear
- ☐ H72.13 Attic perforation of tympanic membrane, bilateral
- ☐ H72.2X1 Other marginal perforations of tympanic membrane, right ear
- ☐ H72.2X2 Other marginal perforations of tympanic membrane, left ear
- ☐ H72.2X3 Other marginal perforations of tympanic membrane, bilateral
- ☐ H72.2X9 Other marginal perforations of tympanic membrane, unspecified ear
- ☐ H72.811 Multiple perforations of tympanic membrane, right ear
- ☐ H72.812 Multiple perforations of tympanic membrane, left ear
- ☐ H72.813 Multiple perforations of tympanic membrane, bilateral
- ☐ H72.819 Multiple perforations of tympanic membrane, unspecified ear Total
- ☐ H72.821 perforations of tympanic membrane, right ear
- ☐ H72.822 Total perforations of tympanic membrane, left ear
- ☐ H72.823 Total perforations of tympanic membrane, bilateral
- ☐ H72.829 Total perforations of tympanic membrane, unspecified ear
- ☐ H72.90 Unspecified perforation of tympanic membrane, unspecified ear
- ☐ H72.91 Unspecified perforation of tympanic membrane, right ear
- ☐ H72.92 Unspecified perforation of tympanic membrane, left ear
- ☐ H72.93 Unspecified perforation of tympanic membrane, bilateral
- ☐ H73.10 Chronic myringitis, unspecified ear
- ☐ H73.11 Chronic myringitis, right ear
- ☐ H73.12 Chronic myringitis, left ear
- ☐ H73.13 Chronic myringitis, bilateral
- ☐ H73.811 Atrophic flaccid tympanic membrane, right ear
- ☐ H73.812 Atrophic flaccid tympanic membrane, left ear
- ☐ H73.813 Atrophic flaccid tympanic membrane, bilateral
- ☐ H73.819 Atrophic flaccid tympanic membrane, unspecified ear
- ☐ H73.821 Atrophic nonflaccid tympanic membrane, right ear
- ☐ H73.822 Atrophic nonflaccid tympanic membrane, left ear
- ☐ H73.823 Atrophic nonflaccid tympanic membrane, bilateral
- ☐ H73.829 Atrophic nonflaccid tympanic membrane, unspecified ear
- ☐ H73.891 Other specified disorders of tympanic membrane, right ear
- ☐ H73.892 Other specified disorders of tympanic membrane, left ear
- ☐ H73.893 Other specified disorders of tympanic membrane, bilateral
- ☐ H73.899 Other specified disorders of tympanic membrane, unspecified ear
- ☐ H73.90 Unspecified disorder of tympanic membrane, unspecified ear
- ☐ H73.91 Unspecified disorder of tympanic membrane, right ear
- ☐ H73.92 Unspecified disorder of tympanic membrane, left ear
- ☐ H73.93 Unspecified disorder of tympanic membrane, bilateral
- ☐ H74.01 Tympanosclerosis, right ear
- ☐ H74.02 Tympanosclerosis, left ear
- ☐ H74.03 Tympanosclerosis, bilateral
- ☐ H74.09 Tympanosclerosis, unspecified ear
- ☐ H74.11 Adhesive right middle ear disease
- ☐ H74.12 Adhesive left middle ear disease
- ☐ H74.13 Adhesive middle ear disease, bilateral
- ☐ H74.19 Adhesive middle ear disease, unspecified ear
- ☐ H74.20 Discontinuity and dislocation of ear ossicles, unspecified ear
- ☐ H74.21 Discontinuity and dislocation of right ear ossicles
- ☐ H74.22 Discontinuity and dislocation of left ear ossicles
- ☐ H74.23 Discontinuity and dislocation of ear ossicles, bilateral
- ☐ H74.311 Ankylosis of ear ossicles, right ear
- ☐ H74.312 Ankylosis of ear ossicles, left ear
- ☐ H74.313 Ankylosis of ear ossicles, bilateral
- ☐ H74.319 Ankylosis of ear ossicles, unspecified ear
- ☐ H74.321 Partial loss of ear ossicles, right ear
- ☐ H74.322 Partial loss of ear ossicles, left ear
- ☐ H74.323 Partial loss of ear ossicles, bilateral
- ☐ H74.329 Partial loss of ear ossicles, unspecified ear
- ☐ H74.391 Other acquired abnormalities of right ear ossicles
- ☐ H74.392 Other acquired abnormalities of left ear ossicles
- ☐ H74.393 Other acquired abnormalities of ear ossicles, bilateral
- ☐ H74.399 Other acquired abnormalities of ear ossicles, unspecified ear
- ☐ H74.40 Polyp of middle ear, unspecified ear
- ☐ H74.41 Polyp of right middle ear
- ☐ H74.42 Polyp of left middle ear
- ☐ H74.43 Polyp of middle ear, bilateral
- ☐ H74.8X1 Other specified disorders of right middle ear and mastoid
- ☐ H74.8X2 Other specified disorders of left middle ear and mastoid
- ☐ H74.8X3 Other specified disorders of middle ear and mastoid, bilateral
- ☐ H74.8X9 Other specified disorders of middle ear and mastoid, unspecified ear
- ☐ H74.90 Unspecified disorder of middle ear and mastoid, unspecified ear
- ☐ H74.91 Unspecified disorder of right middle ear and mastoid
- ☐ H74.92 Unspecified disorder of left middle ear and mastoid
- ☐ H74.93 Unspecified disorder of middle ear and mastoid, bilateral
- ☐ H75.80 Other specified disorders of middle ear and mastoid in diseases classified elsewhere, unspecified ear
- ☐ H75.81 Other specified disorders of right middle ear and mastoid in diseases classified elsewhere
- ☐ H75.82 Other specified disorders of left middle ear and mastoid in diseases classified elsewhere
- ☐ H75.83 Other specified disorders of middle ear and mastoid in diseasesclassified elsewhere, bilateral
- ☐ H80.00 Otosclerosis involving oval window, nonobliterative, unspecified ear
- ☐ H80.01 Otosclerosis involving oval window, nonobliterative, right ear
- ☐ H80.02 Otosclerosis involving oval window, nonobliterative, left ear
- ☐ H80.03 Otosclerosis involving oval window, nonobliterative, bilateral
- ☐ H80.10 Otosclerosis involving oval window, obliterative, unspecified ear
- ☐ H80.11 Otosclerosis involving oval window, obliterative, right ear
- ☐ H80.12 Otosclerosis involving oval window, obliterative, left ear
- ☐ H80.13 Otosclerosis involving oval window, obliterative, bilateral
- ☐ H80.20 Cochlear otosclerosis, unspecified ear
- ☐ H80.21 Cochlear otosclerosis, right ear
- ☐ H80.22 Cochlear otosclerosis, left ear
- ☐ H80.23 Cochlear otosclerosis, bilateral
- ☐ H80.80 Other otosclerosis, unspecified ear
- ☐ H80.81 Other otosclerosis, right ear
- ☐ H80.82 Other otosclerosis, left ear
- ☐ H80.83 Other otosclerosis, bilateral
- ☐ H80.90 Unspecified otosclerosis, unspecified ear
- ☐ H80.91 Unspecified otosclerosis, right ear
- ☐ H80.92 Unspecified otosclerosis, left ear
- ☐ H80.93 Unspecified otosclerosis, bilateral
- ☐ H81.01 Meniere's disease, right ear
- ☐ H81.02 Meniere's disease, left ear
- ☐ H81.03 Meniere's disease, bilateral
- ☐ H81.09 Meniere's disease, unspecified ear
- ☐ H81.10 Benign paroxysmal vertigo, unspecified ear
- ☐ H81.11 Benign paroxysmal vertigo, right ear
- ☐ H81.12 Benign paroxysmal vertigo, left ear
- ☐ H81.13 Benign paroxysmal vertigo, bilateral

- ☐ H81.311 Aural vertigo, right ear
- ☐ H81.312 Aural vertigo, left ear
- ☐ H81.313 Aural vertigo, bilateral
- ☐ H81.319 Aural vertigo, unspecified ear
- ☐ H81.391 Other peripheral vertigo, right ear
- ☐ H81.392 Other peripheral vertigo, left ear
- ☐ H81.393 Other peripheral vertigo, bilateral
- ☐ H81.399 Other peripheral vertigo, unspecified ear
- ☐ H81.4 Vertigo of central origin
- ☐ H81.8X1 Other disorders of vestibular function, right ear
- ☐ H81.8X2 Other disorders of vestibular function, left ear
- ☐ H81.8X3 Other disorders of vestibular function, bilateral
- ☐ H81.8X9 Other disorders of vestibular function, unspecified ear
- ☐ H81.90 Unspecified disorder of vestibular function, unspecified ear
- ☐ H81.91 Unspecified disorder of vestibular function, right ear
- ☐ H81.92 Unspecified disorder of vestibular function, left ear
- ☐ H81.93 Unspecified disorder of vestibular function, bilateral
- ☐ H82.1 Vertiginous syndromes in diseases classified elsewhere, right ear
- ☐ H82.2 Vertiginous syndromes in diseases classified elsewhere, left ear
- ☐ H82.3 Vertiginous syndromes in diseases classified elsewhere, bilateral
- ☐ H82.9 Vertiginous syndromes in diseases classified elsewhere, unspecified ear
- ☐ H83.11 Labyrinthine fistula, right ear
- ☐ H83.12 Labyrinthine fistula, left ear
- ☐ H83.13 Labyrinthine fistula, bilateral
- ☐ H83.19 Labyrinthine fistula, unspecified ear
- ☐ H83.2X1 Labyrinthine dysfunction, right ear
- ☐ H83.2X2 Labyrinthine dysfunction, left ear
- ☐ H83.2X3 Labyrinthine dysfunction, bilateral
- ☐ H83.2X9 Labyrinthine dysfunction, unspecified ear
- ☐ H83.8X1 Other specified diseases of right inner ear
- ☐ H83.8X2 Other specified diseases of left inner ear
- ☐ H83.8X3 Other specified diseases of inner ear, bilateral
- ☐ H83.8X9 Other specified diseases of inner ear, unspecified ear
- ☐ H83.90 Unspecified disease of inner ear, unspecified ear
- ☐ H83.91 Unspecified disease of right inner ear
- ☐ H83.92 Unspecified disease of left inner ear
- ☐ H83.93 Unspecified disease of inner ear, bilateral
- ☐ H90.0 Conductive hearing loss, bilateral
- ☐ H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
- ☐ H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
- ☐ H90.2 Conductive hearing loss, unspecified
- ☐ H90.3 Sensorineural hearing loss, bilateral
- ☐ H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
- ☐ H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
- ☐ H90.5 Unspecified sensorineural hearing loss
- ☐ H90.6 Mixed conductive and sensorineural hearing loss, bilateral
- ☐ H90.71 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
- ☐ H90.72 Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
- ☐ H90.8 Mixed conductive and sensorineural hearing loss, unspecified
- ☐ H90.A11 Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- ☐ H90.A12 Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
- ☐ H90.A21 Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
- ☐ H90.A22 Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
- ☐ H90.A31 Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- ☐ H90.A32 Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
- ☐ H91.10 Presbycusis, unspecified ear
- ☐ H91.11 Presbycusis, right ear
- ☐ H91.12 Presbycusis, left ear
- ☐ H91.13 Presbycusis, bilateral
- ☐ H91.20 Sudden idiopathic hearing loss, unspecified ear
- ☐ H91.21 Sudden idiopathic hearing loss, right ear
- ☐ H91.22 Sudden idiopathic hearing loss, left ear
- ☐ H91.23 Sudden idiopathic hearing loss, bilateral
- ☐ H91.3 Deaf nonspeaking, not elsewhere classified
- ☐ H91.8X1 Other specified hearing loss, right ear
- ☐ H91.8X2 Other specified hearing loss, left ear
- ☐ H91.8X3 Other specified hearing loss, bilateral
- ☐ H91.8X9 Other specified hearing loss, unspecified ear
- ☐ H91.90 Unspecified hearing loss, unspecified ear
- ☐ H91.91 Unspecified hearing loss, right ear
- ☐ H91.92 Unspecified hearing loss, left ear
- ☐ H91.93 Unspecified hearing loss, bilateral
- ☐ H93.011 Transient ischemic deafness, right ear
- ☐ H93.012 Transient ischemic deafness, left ear
- ☐ H93.013 Transient ischemic deafness, bilateral
- ☐ H93.019 Transient ischemic deafness, unspecified ear
- ☐ H93.091 Unspecified degenerative and vascular disorders of right ear
- ☐ H93.092 Unspecified degenerative and vascular disorders of left ear
- ☐ H93.093 Unspecified degenerative and vascular disorders of ear, bilateral
- ☐ H93.099 Unspecified degenerative and vascular disorders of unspecified ear
- ☐ H93.211 Auditory recruitment, right ear
- ☐ H93.212 Auditory recruitment, left ear
- ☐ H93.213 Auditory recruitment, bilateral
- ☐ H93.219 Auditory recruitment, unspecified ear
- ☐ H93.221 Diplacusis, right ear
- ☐ H93.222 Diplacusis, left ear
- ☐ H93.223 Diplacusis, bilateral
- ☐ H93.229 Diplacusis, unspecified ear
- ☐ H93.231 Hyperacusis, right ear
- ☐ H93.232 Hyperacusis, left ear
- ☐ H93.233 Hyperacusis, bilateral
- ☐ H93.239 Hyperacusis, unspecified ear
- ☐ H93.25 Central auditory processing disorder
- ☐ H93.291 Other abnormal auditory perceptions, right ear
- ☐ H93.292 Other abnormal auditory perceptions, left ear
- ☐ H93.293 Other abnormal auditory perceptions, bilateral
- ☐ H93.299 Other abnormal auditory perceptions, unspecified ear
- ☐ H93.3X1 Disorders of right acoustic nerve
- ☐ H93.3X2 Disorders of left acoustic nerve
- ☐ H93.3X3 Disorders of bilateral acoustic nerves
- ☐ H93.3X9 Disorders of unspecified acoustic nerve
- ☐ H93.8X1 Other specified disorders of right ear
- ☐ H93.8X2 Other specified disorders of left ear
- ☐ H93.8X3 Other specified disorders of ear, bilateral
- ☐ H93.8X9 Other specified disorders of ear, unspecified ear
- ☐ H94.80 Other specified disorders of ear in diseases classified elsewhere, unspecified ear
- ☐ H94.81 Other specified disorders of right ear in diseases classified elsewhere
- ☐ H94.82 Other specified disorders of left ear in diseases classified elsewhere
- ☐ H94.83 Other specified disorders of ear in diseases classified elsewhere, bilateral
- ☐ H95.31 Accidental puncture and laceration of the ear and mastoid process during a procedure on the ear and mastoid process
- ☐ H95.32 Accidental puncture and laceration of the ear and mastoid process during other procedure
- ☐ J31.0 Chronic rhinitis
- ☐ J31.1 Chronic nasopharyngitis

Category - 2: ICD10 codes

- ☐ C43.0 Malignant melanoma of lip
- ☐ C43.10 Malignant melanoma of unspecified eyelid, including canthus
- ☐ C43.111 Malignant melanoma of right upper eyelid, including canthus
- ☐ C43.112 Malignant melanoma of right lower eyelid, including canthus
- ☐ C43.121 Malignant melanoma of left upper eyelid, including canthus
- ☐ C43.122 Malignant melanoma of left lower eyelid, including canthus
- ☐ C43.20 Malignant melanoma of unspecified ear and external auricular canal
- ☐ C43.21 Malignant melanoma of right ear and external auricular canal
- ☐ C43.22 Malignant melanoma of left ear and external auricular canal
- ☐ C43.30 Malignant melanoma of unspecified part of face
- ☐ C43.31 Malignant melanoma of nose
- ☐ C43.39 Malignant melanoma of other parts of face
- ☐ C43.4 Malignant melanoma of scalp and neck
- ☐ C43.51 Malignant melanoma of anal skin
- ☐ C43.52 Malignant melanoma of skin of breast
- ☐ C43.59 Malignant melanoma of other part of trunk
- ☐ C43.60 Malignant melanoma of unspecified upper limb, including shoulder
- ☐ C43.61 Malignant melanoma of right upper limb, including shoulder
- ☐ C43.62 Malignant melanoma of left upper limb, including shoulder
- ☐ C43.70 Malignant melanoma of unspecified lower limb, including hip
- ☐ C43.71 Malignant melanoma of right lower limb, including hip
- ☐ C43.72 Malignant melanoma of left lower limb, including hip
- ☐ C43.8 Malignant melanoma of overlapping sites of skin
- ☐ C43.9 Malignant melanoma of skin, unspecified
- ☐ D03.0 Melanoma in situ of lip
- ☐ D03.10 Melanoma in situ of unspecified eyelid, including canthus
- ☐ D03.111 Melanoma in situ of right upper eyelid, including canthus
- ☐ D03.112 Melanoma in situ of right lower eyelid, including canthus
- ☐ D03.121 Melanoma in situ of left upper eyelid, including canthus
- ☐ D03.122 Melanoma in situ of left lower eyelid, including canthus
- ☐ D03.20 Melanoma in situ of unspecified ear and external auricular canal
- ☐ D03.21 Melanoma in situ of right ear and external auricular canal
- ☐ D03.22 Melanoma in situ of left ear and external auricular canal
- ☐ D03.30 Melanoma in situ of unspecified part of face
- ☐ D03.39 Melanoma in situ of other parts of face
- ☐ D03.4 Melanoma in situ of scalp and neck
- ☐ D03.51 Melanoma in situ of anal skin
- ☐ D03.52 Melanoma in situ of breast (skin) (soft tissue)
- ☐ D03.59 Melanoma in situ of other part of trunk
- ☐ D03.60 Melanoma in situ of unspecified upper limb, including shoulder
- ☐ D03.61 Melanoma in situ of right upper limb, including shoulder
- ☐ D03.62 Melanoma in situ of left upper limb, including shoulder
- ☐ D03.70 Melanoma in situ of unspecified lower limb, including hip
- ☐ D03.71 Melanoma in situ of right lower limb, including hip
- ☐ D03.72 Melanoma in situ of left lower limb, including hip
- ☐ D03.8 Melanoma in situ of other sites
- ☐ D03.9 Melanoma in situ, unspecified
- ☐ C49.A0 Gastrointestinal stromal tumor, unspecified site
- ☐ C49.A1 Gastrointestinal stromal tumor of esophagus
- ☐ C49.A2 Gastrointestinal stromal tumor of stomach
- ☐ C49.A3 Gastrointestinal stromal tumor of small intestine
- ☐ C49.A4 Gastrointestinal stromal tumor of large intestine
- ☐ C49.A5 Gastrointestinal stromal tumor of rectum
- ☐ C49.A9 Gastrointestinal stromal tumor of other sites
- ☐ D48.19 Other specified neoplasm of uncertain behavior of connective and other soft tissue
- ☐ D48.2 Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
- ☐ D45 Polycythemia vera
- ☐ D47.1 Chronic myeloproliferative disease
- ☐ D47.3 Essential (hemorrhagic) thrombocythemia
- ☐ D75.81 Myelofibrosis

Additional ICD Codes: _____

PATIENT CONSENT

By signing this form, I acknowledge that the information provided by me is true and correct. I have read or have had read to me the **Minerva Labs** Informed Consent document at the end of this test requisition form, and understand the information regarding molecular genetics testing. For direct insurance billing: I authorize my insurance benefits to be paid directly to **Minerva Labs** and their affiliates, authorize **Minerva Labs** to release medical information concerning my testing to my insurer, to be my designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and responsible for sending **Minerva Labs** and their affiliates, money received from my health insurance company. I also give permission for my specimen and clinical information to be used in de-identified studies at **Minerva Labs** and their affiliates for publication, if appropriate. I have had the opportunity to ask questions about the testing, the procedure, the risks, and the alternatives. I authorize **Minerva Labs** and their affiliates to perform the testing as ordered.

Signature Date

Certificate of medical necessity, Consent, Test Authorization and Physician Signature

The individual signing this form, or their representative, hereby confirms their status as a licensed medical professional authorized to order genetic testing and confirms that the patient has provided informed consent for the testing and that it is medically necessary. They certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome, or disorder. They acknowledge that the test results may have an impact on the patient's medical management. The information provided on this form is accurate to the best of their knowledge. The signature on this form applies to the attached letter of medical necessity. If the insurance provider requests the laboratory to gather the medical necessity for any reason, the signer agrees to provide the Care Plan notes and Letter of Intent for this order.

Signature Date

For the purposes of this consent, "I", "my", and "your" will refer to me or to my child, including my unborn child, if my child is the person for whom the healthcare provider has ordered testing.

PURPOSE OF THIS TEST

The purpose of this test is (a) to see if I may have a genetic variant or chromosome rearrangement causing a genetic disorder; or (b) to evaluate the chance that I will develop or pass on a genetic disorder in the future. If I already know the specific gene variant(s) or chromosome rearrangement that causes the genetic disorder in my family, I agree to inform the laboratory of this information.

WHAT TYPE OF TEST RESULTS CAN I EXPECT FROM GENETIC TESTING?

1. Positive: A change in your DNA was found, which is very likely the cause of your features/symptoms. This is the most straightforward test result, which can be used as the basis to test other family members to determine their chances of having either the disease or a child with the disease.
2. Negative: No variants were found to explain your symptoms. This does not mean that you do not have a genetic condition. It is still possible that there is a genetic variant not found by the test that was ordered. Your healthcare provider or genetic counselor may discuss more testing either now or in the future.
3. Variant of Uncertain Significance (VUS): A change in a gene was found. However, we are not sure whether this variant is the cause of your symptoms/features. More information is needed. We may suggest testing other family members to help figure out the meaning of the test result.
4. Unexpected Results: In rare instances, this test may reveal an important genetic change that is not directly related to the reason for ordering this test. For example, this test may find you are at risk for another genetic condition I am not aware of or it may indicate differences in the number or rearrangement of sex chromosomes.

We may disclose this information to the ordering healthcare provider if it likely affects medical care.

Because medical and scientific knowledge is constantly changing, new information that becomes available may supplement the information **Minerva Labs** used to interpret my results. Healthcare providers can contact **Minerva Labs** at any time to discuss the classification of an identified variant.

WHAT IS TRIO/DUO-BASED GENETIC TESTING?

For some genetic tests, including samples from the biological parents and/or other biological relatives along with the patient's sample can help with the interpretation of the test results. These tests are often referred to as "trio tests" since they typically include samples from the patient and both parents.

Samples from relatives should be submitted with the patient's sample. Clinical information must be provided for the patient and any relative who submits a sample.

I understand that **Minerva Labs** will use the relative sample(s) when needed for the interpretation of my test results and that my test report may include clinical and genetic information about a relative when it is relevant to the interpretation of the test results. I further understand that relatives will not receive an independent analysis of data nor a separate report.

RISKS AND LIMITATIONS OF GENETIC TESTING

1. In some cases, testing may not identify a genetic variant even though one exists. This may be due to limitations in current medical knowledge or testing technology.
2. Accurate interpretation of test results may require knowing the true biological relationships in a family. I understand that if I fail to accurately state the biological relationships in my family, it could lead to incorrect interpretation of the test results, incorrect diagnoses, and/or inconclusive test results. If genetic testing reveals that the true biological relationships in a family are not as I reported them, including non-paternity (the reported father is not the biological father) and consanguinity (the parents are related by blood), I agree to have these findings reported to the healthcare provider who ordered the test.
3. Although genetic testing is highly accurate, inaccurate results may occur. These reasons include, but are not limited to mislabeled samples, inaccurate reporting of clinical/medical information, rare technical errors, or other reasons.
4. I understand that this test may not detect all of the long-term medical risks that I might experience. The result of this test does not guarantee my health and that additional diagnostic tests may still need to be done.
5. I agree to provide an additional sample if the initial sample is not adequate.

PATIENT CONFIDENTIALITY AND GENETIC COUNSELING

It is recommended that I receive genetic counseling before and after having this genetic test. I can find a genetic counselor in my area at www.nsgc.org. Further testing or additional consultations with a healthcare provider may be necessary.

To maintain confidentiality, test results will only be released to the referring healthcare provider, the ordering laboratory, to me, to other healthcare providers involved in my care, diagnosis and treatment, or to others with my consent or as permitted or required by law. Federal laws prohibit unauthorized disclosure of this information.

More information can be found at: www.genome.gov/10002077

INTERNATIONAL SAMPLES

If I reside outside the United States, I attest that by providing a sample for testing, I am not knowingly violating any export ban or other legal restriction in the country of my residence.

SAMPLE RETENTION After testing is complete, my sample may be de-identified and be used for test development and improvement, internal validation, quality assurance, and training purposes. **Minerva Labs** will not return DNA samples to you or to referring healthcare providers, unless specific prior arrangements have been made.

I understand that samples from residents of New York State will not be included in the de-identified research studies described in this authorization and **Minerva Labs** will not retain them for more than 60 days after test completion, unless specifically authorized by my selection. The authorization is optional, and testing will be unaffected if I do not check the box for the New York authorization language. **Minerva Labs** will not perform any tests on the biological sample other than those specifically authorized.

DATABASE PARTICIPATION De-identified health history and genetic information can help healthcare providers and scientists understand how genes affect human health. Sharing this deidentified information helps healthcare providers to provide better care for their patients and researchers to make new discoveries. **Minerva Labs** shares this type of information with healthcare providers, scientists, and healthcare databases. **Minerva Labs** will not share any personally identifying information and will replace the identifying information with a unique code not derived from any personally identifying information. Even with a unique code, there is a risk that I could be identified based on the genetic and health information that is shared. **Minerva Labs** believes that this is unlikely, though the risk is greater if I have already shared my genetic or health information with public resources, such as genealogy websites.

EXOME/GENOME SEQUENCING SECONDARY FINDINGS

- Applicable only for full exome sequencing and genome sequencing tests
- Does not pertain to Xpanded® or Slice tests

As many different genes and conditions are analyzed in an exome or genome sequencing test, these tests may reveal some findings not directly related to the reason for ordering the test. Such findings are called "incidental" or "secondary" and can provide information that was not anticipated.

Secondary findings are variants, identified by an exome or genome sequencing test, in genes that are unrelated to the individual's reported clinical features. The American College of Medical Genetics and Genomics (ACMG) has recommended that secondary findings identified in a specific subset of medically actionable genes associated with various inherited disorders be reported for all probands undergoing exome or genome sequencing. Please refer to the latest version of the ACMG recommendations for reporting of secondary findings in clinical exome and genome sequencing for complete details of the genes and associated genetic disorders. Reportable secondary findings will be confirmed by an alternate test method when needed.

WHAT WILL BE REPORTED FOR THE PATIENT?

All pathogenic and likely pathogenic variants associated with specific genotypes identified in the genes (for which a minimum of 10X coverage was achieved by exome sequencing or a minimum of 15X coverage was achieved by genome sequencing), as recommended by the ACMG.

WHAT WILL BE REPORTED FOR RELATIVES? The presence or absence of any secondary finding(s) reported for the proband will be provided for all relatives analyzed by an exome or genome sequencing test.

LIMITATIONS

Pathogenic and/or likely pathogenic variants may be present in a portion of the gene not covered by this test and therefore are not reported. The absence of reportable secondary findings for any particular gene does not mean there are no pathogenic and/or likely pathogenic variants in that gene. Pathogenic variants and/or likely pathogenic variants that may be present in a relative, but are not present in the proband, will not be identified nor reported. Only changes at the sequence level will be reported in the secondary findings report. Larger deletions/duplications, abnormal methylation, triplet repeat or other expansion variants, or other variants not routinely identified by clinical exome and genome sequencing will not be reported.

FINANCIAL AGREEMENT AND GUARANTEE

For insurance billing, I understand and authorize **Minerva Labs** to bill my health insurance plan on my behalf, to release any information required for billing, and to be my designated representative for purposes of appealing any denial of benefits. I irrevocably assign to and direct that payment be made directly to **Minerva Labs.**

I understand that my out-of-pocket costs may be different than the estimated amount indicated to me by **Minerva Labs** as part of a benefit investigation. I agree to be financially responsible for any and all amounts as indicated on the explanation of benefits issued by my health insurance plan. If my insurance provider sends a payment directly to me for services performed by **Minerva Labs** on my behalf, I agree to endorse the insurance check and forward it to **Minerva Labs** within 30 days of receipt as payment towards **Minerva Labs** claim for services rendered.

If I do not have health insurance, I agree to pay for the full cost of the genetic testing that was ordered by my healthcare provider and billed to me by **Minerva Labs.** I further understand and agree that, if I fail to make payment for genetic testing, in accordance with the payment policies of **Minerva Labs**, my account may be turned over to an external collection agency for non-payment. I agree to pay any associated collection costs, including attorney fees. By my signature on the **Minerva Labs** Test Requisition Form or at the bottom of this form, I accept full and complete financial responsibility for all genetic testing ordered by my healthcare provider.