



# PGx Requisition Form

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AFFIX BAR CODE HERE

PATIENT INFORMATION			
Last Name	First Name	M.I.	DOB (MM/DD/YYYY)
Street Address	City	State	Zip Code
Phone Number	Ethnicity	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
FACILITY INFORMATION			
Facility Name	Phone		
Address	City	State	Zip Code
PHYSICIAN INFORMATION			
Name	Phone Number	NPI Number	
Address	City	State	Zip Code
PAYMENT OPTIONS / INSURANCE INFORMATION <small>***Private/Self Pay cannot be processed without proof of payment***</small>			
Payment by: <input type="checkbox"/> Self-Pay (check or credit card payment is required) <input type="checkbox"/> Insurance (See Below)			
Is the Patient the Primary Insurance Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Primary Insurance Holder Name: _____			
Primary Insurance Holder DOB: (MM/DD/YYYY) _____ Patient Relationship to Primary Insurance Holder (spouse, child, etc.) _____			
Primary Insurance Carrier Name	Primary Policy ID#	Primary Policy Group#	
Does the patient have a secondary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SPECIMEN INFORMATION			
Collection Date (MM/DD/YYYY)	Collection Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Initials	
Test Type <input type="checkbox"/> PGx	Swab Type <input type="checkbox"/> Saliva		
COMPREHENSIVE	CARDIO & THROMBOSIS	PSYCHIATRY	
<input type="checkbox"/> <b>GENERAL GENE PANEL</b> <small>ABCG2, ANKK1/DRD2, Apolipoprotein E, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DPYD, DRD2, F2, F5, HTR2A, HTR2C, ITGB3, LPA, MTHFR, OPRM1, SLC01B1, TPMT, VKORC1</small>	<input type="checkbox"/> <b>CARDIAC GENE PANEL</b> <small>ABCG2, APOE, COMT, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, F2, F5, ITGB3, LPA, MTHFR, SLC01B1, VKORC1</small>	<input type="checkbox"/> <b>PSYCH GENE PANEL</b> <small>ANKK1/DRD2, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, HTR2A, HTR2C, MTHFR, OPRM1, SLC01B1, TPMT, VKORC1</small>	
INDIVIDUAL GENES			
<input type="checkbox"/> ABCG2 <input type="checkbox"/> APOLIPOPROTEIN E <input type="checkbox"/> CYP1A2 <input type="checkbox"/> CYP2C19 <input type="checkbox"/> CYP2D6 <input type="checkbox"/> CYP3A5 <input type="checkbox"/> DPYD <input type="checkbox"/> F2 <input type="checkbox"/> HTRA2 <input type="checkbox"/> ITGB3 <input type="checkbox"/> MTHFR <input type="checkbox"/> SLC0B1 <input type="checkbox"/> VKORC1 <input type="checkbox"/> ANKK1/DRD2 <input type="checkbox"/> COMT <input type="checkbox"/> CYP2B6 <input type="checkbox"/> CYP2C9 <input type="checkbox"/> CYP3A4 <input type="checkbox"/> DAT1 <input type="checkbox"/> DRD2 <input type="checkbox"/> F5 <input type="checkbox"/> HTR2C <input type="checkbox"/> LPA <input type="checkbox"/> OPRM1 <input type="checkbox"/> TPMT			
MEDICAL HISTORY (PLEASE ATTACH MEDICATION LIST)			
ICD-10 Codes:			
Current Medication List: (Attach clinical notes)		<input type="checkbox"/> Request pre-test genetic consultation <input type="checkbox"/> Request post-test genetic consultation	
PATIENT INFORMED CONSENT			
<p><b>Patient acknowledgment and authorization for insurance billing and report release:</b> If I have provided my insurance information for direct insurance/3rd party billing: I hereby authorize my insurance benefits to be paid directly to ID Tech Molecular and authorize ID Tech Molecular to release medical information concerning my testing, including upon request my genetic testing results, to my insurer and any business associate of the insurer (TPB, TPA, etc.). I authorize ID Tech Molecular to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that I am responsible for any amounts ID Tech Molecular bills directly to me, including amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand that I am legally responsible for sending ID Tech Molecular any money received from my health insurance company for performance of this genetic test. If you would like to opt out of the use of your sample in research, please send a letter to ID Tech Molecular 777 Cleveland Av, Ste 516 Atlanta, GA 30349. <b>Patient acknowledgment of provider-patient relationship:</b> I hereby confirm that I have an ongoing provider-patient relationship with the provider that ordered the testing services being conducted by ID Tech Molecular. It is my understanding that the test results provided by ID Tech Molecular to my provider will be utilized by my provider in the provision of healthcare services to me. <b>I affirm that I have given consent to my treating physician, to communicate with a specialist about the results of my genetic test, and I am aware of the applicable cost-sharing (applicable only if a genetic consultation is requested).</b></p>			
PATIENT SIGNATURE: _____			DATE: _____
CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY			
<p>Informed Consent and Statement of Medical Necessity: I hereby confirm that the test(s) are medically reasonable and necessary for the diagnosis, treatment of illness or injury, and/or plan of care for the patient. I further hereby confirm that I have an ongoing provider-patient relationship with the patient, and that the test results provided by ID Tech Molecular will be utilized in the provision of healthcare services to the patient. I further hereby confirm that the information has been supplied about genetic testing and that an appropriate ID Tech Molecular informed consent has been signed by the patient and is on file with the ordering healthcare professional. <b>I would like to have an independent medical geneticist review and provide advice on my patients' genetic test results. To opt-out, check here <input type="checkbox"/>.</b></p>			
PHYSICIAN SIGNATURE: _____			DATE: _____

**PGx ICD-10 CODES - TABLE 1 (PRIMARY CODES)**

**THE ICD-10 CODES IN TABLE 1 CAN BE USED AS STAND ALONE CODES OR PAIRED WITH ANY OF THE ICD-10'S IN TABLE 2**

ICD-10 Code	DESCRIPTION	ICD-10 Code	DESCRIPTION
<input type="checkbox"/> F20.0	Paranoid schizophrenia	<input type="checkbox"/> I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
<input type="checkbox"/> F20.1	Disorganized schizophrenia	<input type="checkbox"/> I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
<input type="checkbox"/> F20.2	Catatonic schizophrenia	<input type="checkbox"/> I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
<input type="checkbox"/> F20.3	Undifferentiated schizophrenia	<input type="checkbox"/> I21.29	ST elevation (STEMI) myocardial infarction involving other sites
<input type="checkbox"/> F20.5	Residual schizophrenia	<input type="checkbox"/> I21.4	Non-ST elevation (NSTEMI) myocardial infarction
<input type="checkbox"/> F20.81	Schizophreniform disorder	<input type="checkbox"/> I21.A1	Myocardial infarction type 2
<input type="checkbox"/> F31.0	Bipolar disorder, current episode hypomanic	<input type="checkbox"/> I21.A9	Other myocardial infarction type
<input type="checkbox"/> F31.11	Bipolar disorder, current episode manic without psychotic features, mild	<input type="checkbox"/> I24.0	Acute coronary thrombosis not resulting in myocardial infarction
<input type="checkbox"/> F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	<input type="checkbox"/> I24.1	Dressler's syndrome
<input type="checkbox"/> F31.13	Bipolar disorder, current episode manic without psychotic features, severe	<input type="checkbox"/> I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
<input type="checkbox"/> F31.2	Bipolar disorder, current episode manic severe with psychotic features	<input type="checkbox"/> I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
<input type="checkbox"/> F31.31	Bipolar disorder, current episode depressed, mild	<input type="checkbox"/> I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
<input type="checkbox"/> F31.32	Bipolar disorder, current episode depressed, moderate	<input type="checkbox"/> I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
<input type="checkbox"/> F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	<input type="checkbox"/> I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
<input type="checkbox"/> F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	<input type="checkbox"/> I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
<input type="checkbox"/> F31.61	Bipolar disorder, current episode mixed, mild	<input type="checkbox"/> I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
<input type="checkbox"/> F31.62	Bipolar disorder, current episode mixed, moderate	<input type="checkbox"/> I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
<input type="checkbox"/> F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	<input type="checkbox"/> I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
<input type="checkbox"/> F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	<input type="checkbox"/> I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
<input type="checkbox"/> F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	<input type="checkbox"/> I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
<input type="checkbox"/> F31.73	Bipolar disorder, in partial remission, most recent episode manic	<input type="checkbox"/> I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
<input type="checkbox"/> F31.75	Bipolar disorder, in partial remission, most recent episode depressed	<input type="checkbox"/> I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
<input type="checkbox"/> F31.77	Bipolar disorder, in partial remission, most recent episode mixed	<input type="checkbox"/> I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
<input type="checkbox"/> F32.1	Major depressive disorder, single episode, moderate	<input type="checkbox"/> I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
<input type="checkbox"/> F32.2	Major depressive disorder, single episode, severe without psychotic features	<input type="checkbox"/> I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
<input type="checkbox"/> F32.3	Major depressive disorder, single episode, severe with psychotic features	<input type="checkbox"/> I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
<input type="checkbox"/> F32.4	Major depressive disorder, single episode, in partial remission	<input type="checkbox"/> I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
<input type="checkbox"/> F33.1	Major depressive disorder, recurrent, moderate	<input type="checkbox"/> I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
<input type="checkbox"/> F33.2	Major depressive disorder, recurrent severe without psychotic features	<input type="checkbox"/> I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
<input type="checkbox"/> F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	<input type="checkbox"/> I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
<input type="checkbox"/> F33.41	Major depressive disorder, recurrent, in partial remission		
<input type="checkbox"/> F41.0	Panic disorder [episodic paroxysmal anxiety]		
<input type="checkbox"/> F43.11	Post-traumatic stress disorder, acute		
<input type="checkbox"/> F43.12	Post-traumatic stress disorder, chronic		
<input type="checkbox"/> F60.5	Obsessive-compulsive personality disorder		
<input type="checkbox"/> F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type		
<input type="checkbox"/> F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type		
<input type="checkbox"/> F90.2	Attention-deficit hyperactivity disorder, combined type		
<input type="checkbox"/> F90.8	Attention-deficit hyperactivity disorder, other type		
<input type="checkbox"/> I20.0	Unstable angina		
<input type="checkbox"/> I20.1	Angina pectoris with documented spasm		

**PGx ICD-10 CODES - TABLE 2 (SECONDARY CODES)**

**THE ICD-10 CODES IN TABLE 2 ARE NOT STAND ALONE. THEY MUST BE PAIRED WITH 1 OR MORE ICD-10 CODES IN TABLE 1**

ICD-10 Code	DESCRIPTION	ICD-10 Code	DESCRIPTION
<input type="checkbox"/> F20.89	Other schizophrenia	<input type="checkbox"/> I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
<input type="checkbox"/> F40.11	Social phobia, generalized	<input type="checkbox"/> I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
<input type="checkbox"/> F41.1	Generalized anxiety disorder	<input type="checkbox"/> I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
<input type="checkbox"/> F41.3	Other mixed anxiety disorders	<input type="checkbox"/> I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
<input type="checkbox"/> F41.8	Other specified anxiety disorders	<input type="checkbox"/> I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
<input type="checkbox"/> I20.8	Other forms of angina pectoris	<input type="checkbox"/> I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
<input type="checkbox"/> I20.9	Angina pectoris, unspecified	<input type="checkbox"/> I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
<input type="checkbox"/> I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	<input type="checkbox"/> I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
<input type="checkbox"/> I21.9	Acute myocardial infarction, unspecified	<input type="checkbox"/> I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
<input type="checkbox"/> I24.8	Other forms of acute ischemic heart disease	<input type="checkbox"/> T88.7xA	Adverse Drug Reaction
<input type="checkbox"/> I24.9	Acute ischemic heart disease, unspecified		
<input type="checkbox"/> I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris		
<input type="checkbox"/> I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris		



# GENES - GENERAL PGx

GENE	CPT CODE	GENERIC NAME	TRADE NAME(S)
CYP2C19	81225	<input type="checkbox"/> brivaracetam	<input type="checkbox"/> Briviact
CYP2C19	81225	<input type="checkbox"/> clobazam	<input type="checkbox"/> Onfi
CYP2C19	81225	<input type="checkbox"/> citalopram	<input type="checkbox"/> Celexa
CYP2C19	81225	<input type="checkbox"/> escitalopram	<input type="checkbox"/> Lexapro
CYP2C19	81225	<input type="checkbox"/> sertraline	<input type="checkbox"/> Zoloft
CYP2C19	81225	<input type="checkbox"/> amitriptyline	<input type="checkbox"/> Elavil
CYP2C19	81225	<input type="checkbox"/> clomipramine	<input type="checkbox"/> Anafranil
CYP2C19	81225	<input type="checkbox"/> doxepin	<input type="checkbox"/> Silenor
CYP2C19	81225	<input type="checkbox"/> imipramine	<input type="checkbox"/> Tofranil
CYP2C19	81225	<input type="checkbox"/> trimipramine	<input type="checkbox"/> Surmontil
CYP2C19	81225	<input type="checkbox"/> voriconazole	<input type="checkbox"/> Vfend
CYP2C19	81225	<input type="checkbox"/> flibanserin	<input type="checkbox"/> Addyl
CYP2C19	81225	<input type="checkbox"/> clopidogrel	<input type="checkbox"/> Plavix
CYP2C19	81225	<input type="checkbox"/> dexlansoprazole	<input type="checkbox"/> Dexilant
CYP2C19	81225	<input type="checkbox"/> lansoprazole	<input type="checkbox"/> Prevacid
CYP2C19	81225	<input type="checkbox"/> omeprazole	<input type="checkbox"/> Prilosec
CYP2C19	81225	<input type="checkbox"/> pantoprazole	<input type="checkbox"/> Protonix
CYP2D6	81226	<input type="checkbox"/> carvedilol	<input type="checkbox"/> Coreg
CYP2D6	81226	<input type="checkbox"/> propafenone	<input type="checkbox"/> Rythmol
CYP2D6	81226	<input type="checkbox"/> fluvoxamine	<input type="checkbox"/> Luvox
CYP2D6	81226	<input type="checkbox"/> paroxetine	<input type="checkbox"/> Paxil
CYP2D6	81226	<input type="checkbox"/> venlafaxine	<input type="checkbox"/> Effexor
CYP2D6	81226	<input type="checkbox"/> vortioxetine	<input type="checkbox"/> Trintellix <input type="checkbox"/> Brintellix
CYP2D6	81226	<input type="checkbox"/> amitriptyline	<input type="checkbox"/> Elavil
CYP2D6	81226	<input type="checkbox"/> clomipramine	<input type="checkbox"/> Anafranil
CYP2D6	81226	<input type="checkbox"/> desipramine	<input type="checkbox"/> Norpramin
CYP2D6	81226	<input type="checkbox"/> doxepin	<input type="checkbox"/> Silenor
CYP2D6	81226	<input type="checkbox"/> imipramine	<input type="checkbox"/> Tofranil
CYP2D6	81226	<input type="checkbox"/> nortriptyline	<input type="checkbox"/> Pamelor <input type="checkbox"/> Aventyl
CYP2D6	81226	<input type="checkbox"/> trimipramine	<input type="checkbox"/> Surmontil
CYP2D6	81226	<input type="checkbox"/> meclizine	<input type="checkbox"/> Antivert
CYP2D6	81226	<input type="checkbox"/> ondansetron	<input type="checkbox"/> Zofran ODT
CYP2D6	81226	<input type="checkbox"/> tropisetron	<input type="checkbox"/> Topisetron
CYP2D6	81226	<input type="checkbox"/> gefitinib	<input type="checkbox"/> Iressa
CYP2D6	81226	<input type="checkbox"/> tamoxifen	<input type="checkbox"/> Soltamox <input type="checkbox"/> Nolvadex
CYP2D6	81226	<input type="checkbox"/> aripiprazole	<input type="checkbox"/> Abilify
CYP2D6	81226	<input type="checkbox"/> aripiprazole lauroxil	<input type="checkbox"/> Aristrada
CYP2D6	81226	<input type="checkbox"/> brexpiprazole	<input type="checkbox"/> Rexulti
CYP2D6	81226	<input type="checkbox"/> clozapine	<input type="checkbox"/> Clozaril <input type="checkbox"/> Versacloz <input type="checkbox"/> FazaClo ODT
CYP2D6	81226	<input type="checkbox"/> iloperidone	<input type="checkbox"/> Fanapt

GENE	CPT CODE	GENERIC NAME	TRADE NAME(S)
CYP2D6	81226	<input type="checkbox"/> perphenazine	<input type="checkbox"/> Trilafon <input type="checkbox"/> Etrafon <input type="checkbox"/> Triavil <input type="checkbox"/> Triptafen
CYP2D6	81226	<input type="checkbox"/> pimozide	<input type="checkbox"/> Orap
CYP2D6	81226	<input type="checkbox"/> thioridazine	<input type="checkbox"/> Mellaril <input type="checkbox"/> Melleril
CYP2D6	81226	<input type="checkbox"/> amphetamine	<input type="checkbox"/> Evekeo <input type="checkbox"/> Dyanavel XR <input type="checkbox"/> Adzenys XR-ODT
CYP2D6	81226	<input type="checkbox"/> atomoxetine	<input type="checkbox"/> Strattera
CYP2D6	81226	<input type="checkbox"/> metoclopramide	<input type="checkbox"/> Reglan <input type="checkbox"/> Metozolv ODT
CYP2D6	81226	<input type="checkbox"/> eliglustat	<input type="checkbox"/> Cerdelga
CYP2D6	81226	<input type="checkbox"/> deutetabenazine	<input type="checkbox"/> Austedo
CYP2D6	81226	<input type="checkbox"/> tetrabenazine	<input type="checkbox"/> Nitoman, Xenazine
CYP2D6	81226	<input type="checkbox"/> pitolisant	<input type="checkbox"/> Wakix
CYP2D6	81226	<input type="checkbox"/> codeine	<input type="checkbox"/> Nalex AC <input type="checkbox"/> BroveX CB <input type="checkbox"/> BroveX CBX <input type="checkbox"/> EndaCof-AC
CYP2D6	81226	<input type="checkbox"/> oliceridine	<input type="checkbox"/> Olinvyk
CYP2D6	81226	<input type="checkbox"/> tramadol	<input type="checkbox"/> Ultram
CYP2D6	81226	<input type="checkbox"/> lofexidine	<input type="checkbox"/> Lucemyra
CYP2D6	81226	<input type="checkbox"/> cevimeline	<input type="checkbox"/> Evoxac
CYP2D6	81226	<input type="checkbox"/> tolterodine	<input type="checkbox"/> Detrol
CYP2D6	81226	<input type="checkbox"/> valbenazine	<input type="checkbox"/> Ingrezza
CPY2C9	81227	<input type="checkbox"/> warfarin	<input type="checkbox"/> Coumadin <input type="checkbox"/> Jantoven
CPY2C9	81227	<input type="checkbox"/> fosphenytoin	<input type="checkbox"/> Cerebyx
CPY2C9	81227	<input type="checkbox"/> phenytoin	<input type="checkbox"/> Dilantin
CPY2C9	81227	<input type="checkbox"/> dronabinol	<input type="checkbox"/> Marinol
CPY2C9	81227	<input type="checkbox"/> erdafitinib	<input type="checkbox"/> Balversa
CPY2C9	81227	<input type="checkbox"/> siponimod	<input type="checkbox"/> Mayzent
CPY2C9	81227	<input type="checkbox"/> celecoxib	<input type="checkbox"/> Celebrex
CPY2C9	81227	<input type="checkbox"/> flurbiprofen	<input type="checkbox"/> Ansaid <input type="checkbox"/> Ocufen <input type="checkbox"/> Strepfen
CPY2C9	81227	<input type="checkbox"/> lornoxicam	<input type="checkbox"/> Xefo <input type="checkbox"/> Xafon <input type="checkbox"/> Lorcam <input type="checkbox"/> Acabel
CPY2C9	81227	<input type="checkbox"/> meloxicam	<input type="checkbox"/> Mobic
CPY2C9	81227	<input type="checkbox"/> piroxicam	<input type="checkbox"/> Feldene
CPY2C9	81227	<input type="checkbox"/> tenoxicam	<input type="checkbox"/> Mobiflex
DPYD	81232	<input type="checkbox"/> capecitabine	<input type="checkbox"/> Xeloda
DPYD	81232	<input type="checkbox"/> fluorouracil	<input type="checkbox"/> Aducril
TPMT	81335	<input type="checkbox"/> azathioprine	<input type="checkbox"/> Azasan
TPMT	81335	<input type="checkbox"/> mercaptopurine	<input type="checkbox"/> Purixan
TPMT	81335	<input type="checkbox"/> thioguanine	<input type="checkbox"/> Tabloid