US BIOSCIENCES

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CGx Test Requisition Form

CLIA #: 39D2342948 | **Lab Director:** John Hanson PhD | **NPI:** 1316897879

PATIENT INFORMATION

Last Name:_____

First Name:_____ Middle Name: _____

Sex: ☐ Male ☐ Female Race:_____

Address:_____

City:_____ State:_____ Zip:_____

DOB:_____/_____/_____ SSN:_____-_____-_____

Mobile Number:(_____) _____-_____ Email:_____

PROVIDER INFORMATION

Clinic Name:_____

Provider Name & NPI: _____

Provider Name & NPI: _____

SPECIMEN INFORMATION

☐ Buccal Swab ☐ Other:_____

Date of Collection:_____/_____/_____

Time of Collection:_____:_____ ☐ AM ☐ PM Collector's Initials:_____

TYPE OF PAYMENT: ☐ **Self Pay** ☐ **Client Bill** ☐ **Insurance** *(Attach copy of Front & Back Insurance Card)*

PRIMARY INSURANCE

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance

Insurance Name:_____

Policy #_____ Group #_____

Guarantor Information:_____

Subscriber Name:_____ DOB:_____/_____/_____

Relation to Patient: ☐ Spouse ☐ Guardian

SECONDARY INSURANCE

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance

Insurance Name:_____

Policy #_____ Group #_____

Guarantor Information:_____

Subscriber Name:_____ DOB:_____/_____/_____

Relation to Patient: ☐ Spouse ☐ Guardian

TEST SELECTION

☐ BRCA1 & BRCA2	☐ HEREDITARY BREAST, OVARIAN, PROSTATE, PANCREATIC, ENDOMETRIAL PANEL	☐ HEREDITARY COLON CANCER PANEL	☐ HEREDITARY NEUROENDOCRINE TUMOR PANEL
Genes	**Genes**	**Genes**	**Genes**
BRCA1, BRCA2	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, STK11, TP53	APC, ATM, AXIN2, BLM, BMPR1A, CHEK2, EPCAM, GALNT12, GREM1, MBD4, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, RNF43, RPS20, SMAD4, STK11, TP53	CDKN1B, EPCAM, MAX, MEN1, MEN2, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, TSC1, TSC2, VHL

BREAST CANCER CLINICAL HISTORY

Active Breast Cancer

☐ Breast cancer diagnosed at age ≤ 45
☐ Triple-negative breast cancer diagnosed at age ≤ 60
☐ Personal history of breast cancer
☐ Male breast cancer (any age)

Active Pancreatic Cancer

☐ Active malignant neoplasm of pancreas
☐ Personal history of malignant neoplasm of pancreas
☐ Ashkenazi Jewish ancestry

Active Prostate Cancer

☐ Metastatic prostate cancer
☐ Personal history of malignant neoplasm of prostate

Active Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

☐ Epithelial ovarian cancer
☐ Malignant neoplasm of fallopian tube
☐ Personal history of ovarian malignancy
☐ Personal history of malignant neoplasm of fallopian tube(s)
☐ Personal history of in-situ neoplasm of the fallopian tube(s)

Family History Criteria (Affected or Unaffected Individual) ***(Medicare requires Active/Personal History)***

☐ First or second-degree relative with breast cancer ≤ age 50
☐ First or second-degree relative with ovarian cancer
☐ First or second-degree relative with pancreatic cancer
☐ First or second-degree relative with metastatic prostate cancer
☐ ≥2 close relatives with breast cancer

Known Familial Variant

☐ Known BRCA1/BRCA2 mutation in family

COLON CANCER CLINICAL HISTORY

Lynch Syndrome: Active/Personal History Criteria

☐ Personal history of an LS-related cancer diagnosed age < 50
☐ A synchronous or metachronous LS-related cancer (any age)
☐ ≥5% model-predicted LS risk (MMRpro, PREMM5, or MMRpredict)
☐ CRC, EC, or other tumor with MMR deficiency by PCR, NGS, or IHC (any age)
☐ P/LP variant on tumor genomic testing with germline implications (any tumor type)

Cowden / PTEN: Personal History Criteria

☐ Personal history of Bannayan-Riley-Ruvalcaba Syndrome (BRRS)
☐ Displays clinical signs of Proteus-like syndrome (PLS)
☐ Adult Lhermitte-Duclos disease
☐ Autism spectrum disorder AND macrocephaly
☐ Two or more biopsy-proven trichilemmomas

Family History Criteria ***(Medicare requires Active/Personal History)***

☐ From a family with a known PTEN P/LP variant
☐ Known LS pathogenic/likely pathogenic variant (P/LP) in the family
☐ ≥1 first-degree relative with CRC or EC diagnosed below age 50

NEUROENDOCRINE TUMOR CLINICAL HISTORY

Pheochromocytoma (PCC) / Paraganglioma (PGL)

☐ Pheochromocytoma (PCC)
☐ Paraganglioma (PGL)

Parathyroid Adenoma or Primary Hyperparathyroidism

☐ Parathyroid adenoma diagnosed before age 30
☐ Multiple parathyroid adenomas
☐ Multigland parathyroid hyperplasia (without obvious secondary causes)
☐ Recurrent primary hyperparathyroidism

Clinical Suspicion for MEN1 (Multiple Endocrine Neoplasia Type 1)

☐ Active Primary Hyperparathyroidism
☐ Duodenal Neuroendocrine Tumor
☐ Pancreatic Neuroendocrine Tumor (PanNET)
☐ Active pituitary adenoma
☐ Foregut Carcinoid Tumor

Clinical Suspicion for MEN2

☐ Medullary thyroid carcinoma present
☐ Other MEN2-associated clinical features

Tumor Genomic Testing Shows Mutation with Possible Germline Implication

☐ Mutation identified on tumor genomic testing with potential germline significance
Examples include:
☐ BRCA1 mutation ☐ BRCA2 mutation Mismatch repair (MMR) gene mutation
☐ Other clinically significant tumor mutation:_____

Family History Criteria ***(Medicare requires Active/Personal History)***

☐ Mutation identified on tumor genomic testing with potential germline significance
☐ First-degree relative meets the above clinical criteria but is unavailable for genetic testing
☐ Family History of pituitary adenoma
☐ Family history of gastrointestinal malignancy
☐ Family History of Primary Hyperparathyroidism

PROVIDER ACKNOWLEDGMENT

I, the undersigned provider, attest that I am the ordering physician and treating clinician for the patient identified on this requisition. I confirm that the medical necessity for each genetic test ordered is documented in the patient's record, and I will provide supporting documentation upon request. I attest that all tests ordered are medically necessary, individualized to the patient's condition, and will guide patient care decisions. **I have provided relevant family history, ethnicity, and clinical information necessary for accurate test interpretation.** I certify that all information provided, including ICD-10 codes, is accurate and complies with applicable payer medical necessity policies. I confirm that the patient (or their legal guardian) has provided **written informed consent** after discussion of: the specific conditions being tested, potential for unexpected findings, implications for family members, genetic discrimination protections, and the availability of genetic counseling. A record of this consent is maintained or attached. I authorize the laboratory to bill the patient and/or their insurance for the ordered tests. I acknowledge that testing will be performed in compliance with all applicable healthcare regulations, including HIPAA and CLIA, as required.

Provider Signature:_____ **Date:**_____/_____/_____

PATIENT CONSENT

CONSENT FOR TESTING: I consent to specimen collection/testing and authorize the laboratory to perform ordered tests and release results to my provider. **ASSIGNMENT OF BENEFITS:** I assign all medical insurance benefits to the laboratory and authorize direct payment from my insurer(s). I authorize the laboratory to bill insurance, act as my representative for appeals/authorizations, and access benefit information including my health plan document and Summary Plan Description. I designate the laboratory and its representatives as my attorney-in-fact for these purposes. **FINANCIAL RESPONSIBILITY:** I am responsible for amounts not covered by insurance, including deductibles, copays, coinsurance, and any non-covered or non-authorized services. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and emailed directly to the address listed at the top of the requisition within 30 days. **OUT-OF-NETWORK DISCLOSURE:** The laboratory may be out-of-network with your plan, resulting in higher costs. You may request in-network labs from your provider. **COMMUNICATION CONSENT:** I authorize the laboratory and its representatives to contact me by phone, text, or email using the contact information I have provided, for billing or payment purposes, in compliance with applicable laws. **RELEASE OF INFORMATION:** I authorize the laboratory to release my personal health information to my insurance carrier, health plan administrator, employer, and authorized representatives for the purpose of procuring payment for laboratory services. **INFORMED CONSENT CONFIRMATION:** I confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the provider's office. **SIGNATURES:** I understand and agree to all terms above.

Patient Signature:_____ **Date:**_____/_____/_____

GUIDELINES FOR TESTING

BREAST CANCER GUIDELINES (81432)

Active Breast Cancer

- ☐ C50.011 - Malignant neoplasm of nipple and areola, right female breast
- ☐ C50.012 - Malignant neoplasm of nipple and areola, left female breast
- ☐ C50.021 - Malignant neoplasm of nipple and areola, right male breast
- ☐ C50.022 - Malignant neoplasm of nipple and areola, left male breast
- ☐ C50.111 - Malignant neoplasm of central portion of right female breast
- ☐ C50.112 - Malignant neoplasm of central portion of left female breast
- ☐ C50.121 - Malignant neoplasm of central portion of right male breast
- ☐ C50.122 - Malignant neoplasm of central portion of left male breast
- ☐ C50.211 - Malignant neoplasm of upper-inner quadrant of right female breast
- ☐ C50.212 - Malignant neoplasm of upper-inner quadrant of left female breast
- ☐ C50.221 - Malignant neoplasm of upper-inner quadrant of right male breast
- ☐ C50.222 - Malignant neoplasm of upper-inner quadrant of left male breast
- ☐ C50.311 - Malignant neoplasm of lower-inner quadrant of right female breast
- ☐ C50.312 - Malignant neoplasm of lower-inner quadrant of left female breast
- ☐ C50.321 - Malignant neoplasm of lower-inner quadrant of right male breast
- ☐ C50.322 - Malignant neoplasm of lower-inner quadrant of left male breast
- ☐ C50.411 - Malignant neoplasm of upper-outer quadrant of right female breast
- ☐ C50.412 - Malignant neoplasm of upper-outer quadrant of left female breast
- ☐ C50.421 - Malignant neoplasm of upper-outer quadrant of right male breast
- ☐ C50.422 - Malignant neoplasm of upper-outer quadrant of left male breast
- ☐ C50.511 - Malignant neoplasm of lower-outer quadrant of right female breast
- ☐ C50.512 - Malignant neoplasm of lower-outer quadrant of left female breast
- ☐ C50.521 - Malignant neoplasm of lower-outer quadrant of right male breast
- ☐ C50.522 - Malignant neoplasm of lower-outer quadrant of left male breast
- ☐ C50.611 - Malignant neoplasm of axillary tail of right female breast
- ☐ C50.612 - Malignant neoplasm of axillary tail of left female breast
- ☐ C50.621 - Malignant neoplasm of axillary tail of right male breast
- ☐ C50.622 - Malignant neoplasm of axillary tail of left male breast
- ☐ C50.811 - Malignant neoplasm of overlapping sites of right female breast
- ☐ C50.812 - Malignant neoplasm of overlapping sites of left female breast
- ☐ C50.821 - Malignant neoplasm of overlapping sites of right male breast
- ☐ C50.822 - Malignant neoplasm of overlapping sites of left male breast
- ☐ C50.911 - Malignant neoplasm of unspecified site of right female breast
- ☐ C50.912 - Malignant neoplasm of unspecified site of left female breast
- ☐ C50.921 - Malignant neoplasm of unspecified site of right male breast
- ☐ C50.922 - Malignant neoplasm of unspecified site of left male breast
- ☐ C50.A0 - Malignant inflammatory neoplasm of unspecified breast
- ☐ C50.A1 - Malignant inflammatory neoplasm of right breast
- ☐ C50.A2 - Malignant inflammatory neoplasm of left breast
- ☐ D05.01 - Lobular carcinoma in situ of right breast
- ☐ D05.02 - Lobular carcinoma in situ of left breast
- ☐ D05.11 - Intraductal carcinoma in situ of right breast
- ☐ D05.12 - Intraductal carcinoma in situ of left breast
- ☐ D05.81 - Other specified type of carcinoma in situ of right breast
- ☐ D05.82 - Other specified type of carcinoma in situ of left breast
- ☐ D05.91 - Unspecified type of carcinoma in situ of right breast
- ☐ D05.92 - Unspecified type of carcinoma in situ of left breast
- ☐ Z17.1 - Estrogen receptor negative status [ER-]
- ☐ Z85.3 - Personal history of malignant neoplasm of breast

Active Pancreatic Cancer

- ☐ C25.0 - Malignant neoplasm of head of pancreas
- ☐ C25.1 - Malignant neoplasm of body of pancreas
- ☐ C25.2 - Malignant neoplasm of tail of pancreas
- ☐ C25.3 - Malignant neoplasm of pancreatic duct
- ☐ C25.4 - Malignant neoplasm of endocrine pancreas
- ☐ C25.7 - Malignant neoplasm of other parts of pancreas
- ☐ C25.8 - Malignant neoplasm of overlapping sites of pancreas
- ☐ C25.9 - Malignant neoplasm of pancreas, unspecified
- ☐ Z85.07 - Personal history of malignant neoplasm of pancreas

Active Prostate Cancer

- ☐ C61 - Malignant neoplasm of prostate
- ☐ Z85.46 - Personal history of malignant neoplasm of prostate

Active Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

- ☐ C56.1 - Malignant neoplasm of right ovary
- ☐ C56.2 - Malignant neoplasm of left ovary
- ☐ C56.3 - Malignant neoplasm of bilateral ovaries
- ☐ C57.01 - Malignant neoplasm of right fallopian tube
- ☐ C57.02 - Malignant neoplasm of left fallopian tube
- ☐ Z85.43 - Personal history of malignant neoplasm of ovary
- ☐ Z85.4A - Personal history of malignant neoplasm of fallopian tube(s)
- ☐ Z86.00A - Personal history of in-situ neoplasm of the fallopian tube(s)

Family History Criteria (Affected or Unaffected Individual) (Medicare requires Active/Personal History)

- ☐ Z80.3 - Family history of malignant neoplasm of breast
- ☐ Z80.41 - Family history of malignant neoplasm of ovary
- ☐ Z80.0 - Family history of malignant neoplasm of digestive organs
- ☐ Z80.42 - Family history of malignant neoplasm of prostate

Known Familial Variant

- ☐ Z15.01 - Genetic susceptibility to malignant neoplasm of breast
- ☐ Z15.02 - Genetic susceptibility to malignant neoplasm of ovary
- ☐ Z84.81 - Family history of carrier of genetic disease

COLON CANCER GUIDELINES (81435)

Lynch Syndrome: Active/Personal History Criteria

- ☐ C16.0 - Malignant neoplasm of cardia
- ☐ C16.1 - Malignant neoplasm of fundus of stomach
- ☐ C16.2 - Malignant neoplasm of body of stomach
- ☐ C16.3 - Malignant neoplasm of pyloric antrum
- ☐ C16.4 - Malignant neoplasm of pylorus
- ☐ C16.5 - Malignant neoplasm of lesser curvature of stomach, unsp
- ☐ C16.6 - Malignant neoplasm of greater curvature of stomach, unsp
- ☐ C16.8 - Malignant neoplasm of overlapping sites of stomach
- ☐ C16.9 - Malignant neoplasm of stomach, unspecified
- ☐ C18.0 - Malignant neoplasm of cecum
- ☐ C18.1 - Malignant neoplasm of appendix
- ☐ C18.2 - Malignant neoplasm of ascending colon
- ☐ C18.3 - Malignant neoplasm of hepatic flexure
- ☐ C18.4 - Malignant neoplasm of transverse colon
- ☐ C18.5 - Malignant neoplasm of splenic flexure
- ☐ C18.6 - Malignant neoplasm of descending colon
- ☐ C18.7 - Malignant neoplasm of sigmoid colon
- ☐ C18.8 - Malignant neoplasm of overlapping sites of colon
- ☐ C18.9 - Malignant neoplasm of colon, unspecified
- ☐ C19 - Malignant neoplasm of rectosigmoid junction
- ☐ C20 - Malignant neoplasm of rectum
- ☐ C54.0 - Malignant neoplasm of isthmus uteri
- ☐ C54.1 - Malignant neoplasm of endometrium
- ☐ C54.2 - Malignant neoplasm of myometrium
- ☐ C54.3 - Malignant neoplasm of fundus uteri
- ☐ C54.8 - Malignant neoplasm of overlapping sites of corpus uteri
- ☐ C54.9 - Malignant neoplasm of corpus uteri, unspecified
- ☐ C55 - Malignant neoplasm of uterus, part unspecified
- ☐ Z13.79 - Encounter for other screening for genetic and chromosomal anomalies
- ☐ Z85.028 - Personal history of other malignant neoplasm of stomach
- ☐ Z85.038 - Personal history of other malignant neoplasm of large intestine
- ☐ Z85.42 - Personal history of malignant neoplasm of other parts of uterus

Cowden / PTEN: Personal History Criteria

- ☐ F84.0 - Autistic disorder
- ☐ Q85.8 - Other phakomatoses, not elsewhere classified
- ☐ D23.0 - Other benign neoplasm of skin of lip
- ☐ D23.10 - Oth benign neoplasm skin/ unsp eyelid, including canthus
- ☐ D23.11 - Oth benign neoplasm skin/ right eyelid, including canthus
- ☐ D23.111 - Other benign neoplasm skin/ right upper eyelid, inc canthus
- ☐ D23.112 - Other benign neoplasm skin/ right lower eyelid, inc canthus
- ☐ D23.12 - Oth benign neoplasm skin/ left eyelid, including canthus
- ☐ D23.121 - Other benign neoplasm skin/ left upper eyelid, inc canthus
- ☐ D23.122 - Other benign neoplasm skin/ left lower eyelid, inc canthus
- ☐ D23.20 - Oth benign neoplasm skin/ unsp ear and external auric canal
- ☐ D23.21 - Oth benign neoplasm skin/ right ear and external auric canal
- ☐ D23.22 - Oth benign neoplasm skin/ left ear and external auric canal
- ☐ D33.1 - Benign neoplasm of brain, infratentorial
- ☐ Q67.3 - Plagiocephaly
- ☐ D23.30 - Other benign neoplasm of skin of unspecified part of face
- ☐ D23.39 - Other benign neoplasm of skin of other parts of face
- ☐ D23.4 - Other benign neoplasm of skin of scalp and neck
- ☐ D23.5 - Other benign neoplasm of skin of trunk
- ☐ D23.60 - Oth benign neoplasm skin/ unsp upper limb, inc shoulder
- ☐ D23.61 - Oth benign neoplasm skin/ right upper limb, inc shoulder
- ☐ D23.62 - Oth benign neoplasm skin/ left upper limb, inc shoulder
- ☐ D23.70 - Oth benign neoplasm skin/ unsp lower limb, including hip
- ☐ D23.71 - Oth benign neoplasm skin/ right lower limb, including hip
- ☐ D23.72 - Oth benign neoplasm skin/ left lower limb, including hip
- ☐ D23.9 - Other benign neoplasm of skin, unspecified

Family History Criteria (Medicare requires Active/Personal History)

- ☐ Z80.0 - Family history of malignant neoplasm of digestive organs
- ☐ Z15.89 - Genetic susceptibility to other disease
- ☐ Z84.81 - Family history of carrier of genetic disease

NEUROENDOCRINE TUMOR RELATED GUIDELINES (81437)

Pheochromocytoma (PCC) / Paraganglioma (PGL)

- ☐ C74.10 - Malignant neoplasm of medulla of unspecified adrenal gland
- ☐ C74.11 - Malignant neoplasm of medulla of right adrenal gland
- ☐ C74.12 - Malignant neoplasm of medulla of left adrenal gland
- ☐ D35.00 - Benign neoplasm of unspecified adrenal gland
- ☐ D44.7 - Neoplasm of uncertain behavior of aortic body and other paraganglia
- ☐ C75.5 - Malignant neoplasm of aortic body and other paraganglia
- ☐ D35.01 - Benign neoplasm of right adrenal gland
- ☐ D35.02 - Benign neoplasm of left adrenal gland

Parathyroid Adenoma or Primary Hyperparathyroidism

- ☐ D35.1 - Benign neoplasm of parathyroid gland
- ☐ E21.0 - Primary hyperparathyroidism

Clinical Suspicion for MEN1 (Multiple Endocrine Neoplasia Type 1)

- ☐ E21.0 - Primary hyperparathyroidism
- ☐ D3A.010 - Benign carcinoid tumor of the duodenum
- ☐ D3A.8 - Other benign neuroendocrine tumors (PanNET)
- ☐ C7A.090 - Malignant carcinoid tumor of the bronchus and lunG
- ☐ E21.0 - Primary hyperparathyroidism
- ☐ D3A.091 - Benign carcinoid tumor of the thymus
- ☐ C7A.092 - Malignant carcinoid tumor of the stomach
- ☐ D3A.092 - Benign carcinoid tumor of the stomach
- ☐ C7A.010 - Malignant carcinoid tumor of the duodenum
- ☐ C7A.8 - Other malignant neuroendocrine tumors (PanNET)
- ☐ D35.2 - Benign neoplasm of pituitary gland
- ☐ D3A.090 - Benign carcinoid tumor of the bronchus and lung
- ☐ C7A.091 - Malignant carcinoid tumor of the thymus

Clinical Suspicion for MEN2

- ☐ C73 - Malignant neoplasm of thyroid gland

Family History Criteria (Medicare requires Active/Personal History)

- ☐ Z84.81 – Family history of carrier of genetic disease (cancer susceptibility gene)
- ☐ Z80.0 - Family history of malignant neoplasm of digestive organs
- ☐ Z80.1 - Family history of malig neoplasm of trachea, bronc and lung
- ☐ Z83.49 - Family history of other endocrine, nutritional and metabolic diseases
- ☐ Z80.8 - Family history of malignant neoplasm of other organs or systems

ADDITIONAL ICD-10 CODES

_____ _____ _____

_____ _____ _____