

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____

Date of Birth ____ / ____ / ____ Biological Gender M F

Telephone _____ Email _____

Address _____

City / State / Zip _____

Ethnicity (Check all that apply)

African American Ashkenazi Jewish Asian Caucasian Hispanic
 Middle Eastern Native American Pacific Islander Other Unknown

REFERRING PROVIDER INFORMATION

Name _____ Additional Clinician _____

NPI# _____ Clinic / Institution _____

Address _____ Telephone _____

Email _____ Fax _____

Sending Physician Practice:
 Doctor's Office Referral Lab Hospital - Inpatient Hospital - Outpatient

MEDICAL PROVIDER SIGNATURE OF MEDICAL NECESSITY REQUIRED BELOW: I certify the medical necessity of the laboratory test(s) requested and that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the test(s). I have answered this person's questions and obtained informed consent from the patient or their legal guardian for this testing, to the extent required by law.

SIGNATURE _____ DATE (MM/DD/YY) ____ / ____ / ____

BILLING INFORMATION

INSURANCE - Include a copy of both sides of primary and secondary insurance card(s)

Policyholder Last Name _____ Policyholder First Name _____

Policyholder DOB ____ / ____ / ____

Insurance Carrier _____

Insurance ID _____ Group No. _____

Billing Address _____

Secondary Insurance Yes No

Secondary Insurance Name _____ Group No. _____

SELF-PAY: Credit Card Check

CLINICAL INDICATIONS/PATHOLOGY

Type of Cancer _____ Stage of Cancer _____

Tumor Specimen Information (Include any pathology reports)

Collection Date: ____ / ____ / ____ Collection Time: ____ : ____ AM PM

Collected By: _____

of Specimens sent: Lavender _____ Yellow _____ Green _____
 Paraffin Block* _____ Slides - Unstained _____ H & E Stained _____ gDNA/RNA _____

*Anatomic site/Collection Method: _____

Tumor BLOCK ID _____

Normal Specimen Information

Collection Date: ____ / ____ / ____ Collection Time: ____ : ____ AM PM

Collected By: _____

of Specimens sent: Lavender _____ Yellow _____ Green _____
 Paraffin Block* _____ Slides - Unstained _____ H & E Stained _____ gDNA/RNA _____

*Anatomic site/Collection Method: _____

Normal BLOCK ID _____

The tumor and/or normal specimen was collected from the patient in New York State: Yes No

PATIENT HISTORY

ICD Dx CODE(S) The ICD-10-CM codes listed here are for reference only; practitioners should select ICD-10-CM code(s) based on the patient's condition as of the date of service, even if such code(s) are not listed below.

C71.9 Malignant neoplasm of brain, unspecified C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung
 C18.9 Malignant neoplasm of colon, unspecified C50.919 Malignant neoplasm of unspecified site of unspecified female breast
 C54.1 Malignant neoplasm of endometrium C61 Malignant neoplasm of prostate C43.9 Malignant melanoma of skin, unspecified
 C73 Malignant neoplasm of thyroid gland C80.1 Malignant (primary) neoplasm, unspecified

Other: _____

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the provider and I understand that I am financially responsible for uncovered services. I also authorize the release of any information required to process the claim. Billing inquiries, please call 800-298-6470.

SIGNATURE _____ DATE ____ / ____ / ____

Patient Testing History

No prior molecular testing Patient has had prior molecular testing (attach results)

Age of primary cancer diagnosis: _____

Family History of Cancer

None Yes (complete below)

Relation to patient	H/o cancer	Dx age
<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> Other		
<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> Other		

LABORATORY TEST ORDERED

- Solid Tumor Panel plus Microsatellite Instability Analysis** (See reverse for more details)
 Please note: this test can only be ordered if a normal specimen is provided.
- Solid Tumor Panel Only**
 161 of the most relevant cancer driver genes for clinically significant mutations
- Microsatellite Instability Analysis Only**
 Please note: this test can only be ordered if a normal specimen is provided.

Lab Use Only

TEMP	SPECIMEN	# OF SPEC	TEMP	SPECIMEN	# OF SPEC	DATE SPECIMEN RECEIVED	INITIALS
Am Ref Fz			Am Ref Fz			____ / ____ / ____	

Client Bill Institutional Bill

Sema4 Solid Tumor Panel:

GENE LISTING			
All Coding Exons Sequenced (48 genes)	HotSpot Regions Sequenced (87 genes)	Rearrangements/Fusions Queried (51 genes)	Copy Number Variations Queried (43 genes)
<p><i>ARID1A, ATM, ATR, ATRX, BAP1, BRCA1, BRCA2, CDK12, CDKN1B, CDKN2A, CDKN2B, CHEK1, CREBBP, FANCA, FANCD2, FANCI, FBXW7, MLH1, MRE11, MSH2, MSH6, NBN, NF1, NF2, NOTCH1, NOTCH2, NOTCH3, PALB2, PIK3R1, PMS2, POLE, PTCH1, PTEN, RAD50, RAD51, RAD51B, RAD51C, RAD51D, RB1, RNF43, SETD2, SLX4, SMARCA4, SMARCB1, STK11, TP53, TSC1, TSC2</i></p>	<p><i>AKT1, AKT2, AKT3, ALK, AR, ARAF, AXL, BRAF, BTK, CBL, CCND1, CDK4, CDK6, CHEK2, CSF1R, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ERCC2, ESR1, EZH2, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, FOXL2, GATA2, GNA11, GNAQ, GNAS, H3F3A, HIST1H3B, HNF1A, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KDR, KIT, KNSTRN, KRAS, MAGOH, MAP2K1, MAP2K2, MAP2K4, MAPK1, MAX, MDM4, MED12, MET, MTOR, MYC, MYCN, MYD88, NFE2L2, NRAS, NTRK1, NTRK2, NTRK3, PDGFRA, PDGFRB, PIK3CA, PIK3CB, PPP2R1A, PTPN11, RAC1, RAF1, RET, RHEB, RHOA, ROS1, SF3B1, SMAD4, SMO, SPOP, SRC, STAT3, TERT, TOP1, U2AF1, XPO1</i></p>	<p><i>AKT2, ALK, AR, AXL, BRAF, BRCA1, BRCA2, CDKN2A, EGFR, ERBB2, ERBB4, ERG, ESR1, ETV1, ETV4, ETV5, FGFR1, FGFR2, FGFR3, FGR, FLT3, JAK2, KRAS, MDM4, MET, MYB, MYBL1, NF1, NOTCH1, NOTCH4, NRG1, NTRK1, NTRK2, NTRK3, NUTM1, PDGFRA, PDGFRB, PIK3CA, PPARG, PRKACA, PRKACB, PTEN, RAD51B, RAF1, RB1, RELA, RET, ROS1, RSPO2, RSPO3, TERT</i></p>	<p><i>AKT1, AKT2, AKT3, ALK, AR, AXL, BRAF, CCND1, CCND2, CCND3, CCNE1, CDK2, CDK4, CDK6, EGFR, ERBB2, ESR1, FGF19, FGF3, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, IGF1R, KIT, KRAS, MDM2, MDM4, MET, MYC, MYCL, MYCN, NTRK1, NTRK2, NTRK3, PDGFRA, PDGFRB, PIK3CA, PIK3CB, PPARG, RICTOR, TERT</i></p>

Microsatellite Instability Analysis:

BAT-25, BAT-26, NR-21, NR-24, MONO-27