

FEMALE PATIENT MALE PATIENT

LAST NAME _____

FIRST NAME _____

PATIENT ID NUMBER _____

DATE OF BIRTH (MM/DD/YYYY) _____ TELEPHONE NUMBER _____

ETHNICITY Asian African American Hispanic
 Caucasian Jewish, Ashkenazi Other/Mixed/Unknown _____

E-MAIL _____

STREET NUMBER _____ STREET NAME _____ APT NUMBER _____

CITY _____ STATE _____ ZIP _____

CLINICIAN INFO

ORDERING CLINICIAN SIGNATURE _____ DATE (MM/DD/YY) _____

ACKNOWLEDGEMENT: I authorize the laboratory to provide to my health plan the information on this form and other information provided by my healthcare provider if necessary for reimbursement. I understand that the laboratory may seek prior authorization for testing from my health plan on my behalf. I also authorize all benefits of the plan to be payable directly to the laboratory, and I agree to remit to the laboratory any payment for these services made directly to me. I understand that the laboratory may be an out-of-network provider for my health plan and that I am responsible for all amounts not reimbursed by my health plan. I hereby designate the laboratory as my Authorized Representative, as provided under ERISA, 29 C.F.R. § 2560.5031(b)(4), and/or as my Attorney in Fact, for the purpose of pursuing administrative appeals to which I am entitled and, if the laboratory deems it appropriate, any legal and/or equitable claims that I could bring against my health plan, and/or its fiduciaries, and/or its administrators, with respect to their handling or resolution of my insurance claim.

I authorize the laboratory to retain and use my de-identified specimen and test data (where all information that could link me to the specimen or data has been removed) for research and/or help develop new products or services, in compliance with applicable laws.

I do not authorize the laboratory to retain and use my de-identified specimen and test data as described above.

All leftover specimens from New York State will be destroyed within 60 days.

ACKNOWLEDGEMENT: I hereby confirm that information has been provided to the patient about the test(s) to be performed and the patient has given consent as required under applicable laws and regulations for the test(s) to be performed. The test(s) to be performed are medically necessary and the results will be used for medical management and treatment decision purposes for this patient. I confirm that the person listed as the Ordering Clinician is authorized by law to order the test(s) requested herein.

REQUIRED X ORDERING CLINICIAN SIGNATURE _____ DATE (MM/DD/YY) _____

GENETIC COUNSELOR NAME / NPI# _____

PHONE NUMBER _____ FAX NUMBER _____

E-MAIL _____

ADDITIONAL REPORTS TO: CLINICIAN NAME _____

NPI# _____ FAX NUMBER _____

REQUIRED X PATIENT SIGNATURE _____ DATE (MM/DD/YY) _____

PATIENT NAME _____

BILLING INFO

BILL INSURANCE Attach legible front and back copy of insurance card(s).

INSURANCE COMPANY _____

MEMBER ID _____

BILL PATIENT The patient will be contacted to review payment options prior to test release.

BILL ORDERING CLINICIAN

Collection Requirement Key: 1 x 4 4 mL Lavender-top EDTA tube OR 1 x 0 ORAcollect® buccal swab OR 1 x M 15mL mouthwash

SPECIMEN COLLECTED ON (MM/DD/YY) _____ Time Collected _____ AM PM Collected by: _____

TEST REQUESTED (SEE DESCRIPTIONS ON REVERSE)

4200 Riscover® Hereditary Cancer Test

Indication (choose one) Test ordered will be processed and billed based upon payer criteria

HBOC (Hereditary breast and ovarian cancer syndrome)
Associated cancers: Breast, Ovarian, Pancreatic, Prostate

Lynch syndrome
Associated cancers: Colorectal, Uterine/Endometrial

Polyposis syndrome
Associated: Polyps, Colorectal cancer

Other hereditary cancer risk: _____

4210 Riscover® BRCA Ashkenazi Jewish Three-Site Analysis
 Reflex to Riscover® Hereditary Cancer Test if negative

Known Family Variant Gene: _____ Variant: _____
A copy of the affected relative's result report is required.
Full name: _____ Date of birth: _____
Relationship to patient: _____

Check if this testing is for the Variant Classification Program (only the familial variant of uncertain significance will be tested)

Other: _____

PATIENT CLINICAL HISTORY

REQUIRED Has patient ever been diagnosed with cancer?
 YES - complete the section below. NO

BREAST CANCER Age at dx: _____ Pathology: _____
 left pre-menopausal ductal invasive
 right post-menopausal lobular invasive
 bilateral DCIS other: _____
 Triple negative? (ER-, PR-, Her2/neu-) YES NO

OVARIAN CANCER Age at dx: _____
Pathology: _____

UTERINE / ENDOMETRIAL CANCER Age at dx: _____
Pathology: _____
Was tumor screening performed? YES NO
If "Yes," attach results.

PROSTATE CANCER Age at dx: _____
Gleason score: _____ Metastatic? YES NO

COLORECTAL CANCER Age at dx: _____
Location: colon rectum
Pathology: _____
Was tumor screening performed? YES NO
If "Yes," attach results.

GI POLYPS Age at dx: _____
Number of polyps: _____
Pathology: adenomatous other type: _____

HEMATOLOGIC CANCER Age at dx: _____
Pathology: _____
Was bone marrow or stem cell transplant performed?
 YES NO

OTHER CANCER Age at dx: _____
Type: _____

REQUISITION CHECKLIST

FAMILY HISTORY COLLECTED USING: **REQUIRED**

Cancer Compass (attach form, both sides)

GIA by Progenity

REQUIRED REQUIRED

ICD-10 diagnosis code(s)

Patient's insurance card (legible front and back copy)

Patient clinical history (if personal history of cancer)

Genetic counseling visit notes (if performed)

Results for any previous genetic or tumor testing

REQUIRED ICD-10 Code(s) _____ *Commonly used codes are listed on the reverse.*

ADDITIONAL CLINICAL INFO

PREVIOUS CANCER GENETIC TESTING

No previous testing

Testing performed: Attach results if available.
gene(s) tested: _____
results: _____

GENETIC COUNSELING

Genetic counseling with ordering provider

Genetic counseling with independent certified GC

Date of GC visit: _____ / _____ / _____
Please attach GC visit note.

Riscover® Hereditary Cancer Test

Analysis of *APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RET, SMAD4, STK11, TP53, VHL*

Riscover® BRCA Ashkenazi Jewish Three-Site Analysis

Targeted analysis of three mutations: *BRCA1* c.68_69delAG; *BRCA1* c.5266dupC; *BRCA2* c.5946delT

FAMILY HISTORY OF CANCER

Family history of malignant neoplasm of digestive organs (colon, stomach, intestine, pancreas).....	Z80.0
Family history of malignant neoplasm of breast.....	Z80.3
Family history of malignant neoplasm of ovary.....	Z80.41
Family history of malignant neoplasm of prostate.....	Z80.42
Family history of malignant neoplasm of other genital organs (uterus, endometrium).....	Z80.49
Family history of malignant neoplasm of kidney.....	Z80.51
Family history of malignant neoplasm of the bladder.....	Z80.52
Family history of malignant neoplasm of other organs or systems.....	Z80.8
Family history of malignant neoplasm, unspecified.....	Z80.9
Family history of colonic polyps.....	Z83.71
Family history of carrier of genetic disease.....	Z84.81

PERSONAL HISTORY OF CANCER

Personal history of malignant carcinoid tumor of large intestine (colon).....	Z85.030
Personal history of other malignant neoplasm of large intestine (colon).....	Z85.038
Personal history of malignant carcinoid tumor of rectum.....	Z85.040
Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus.....	Z85.048
Personal history of malignant neoplasm of pancreas.....	Z85.07
Personal history of malignant neoplasm of breast.....	Z85.3
Personal history of malignant neoplasm of other parts of uterus (endometrium).....	Z85.42
Personal history of malignant neoplasm of ovary.....	Z85.43
Personal history of malignant neoplasm of prostate.....	Z85.46
Personal history of in-situ neoplasm of breast.....	Z86.000
Personal history of colonic polyps.....	Z86.010

BREAST CANCER – MALIGNANT NEOPLASM

Use additional code to identify estrogen receptor status (Z17.0, Z17.1)

Malignant neoplasm of nipple and areola, right female breast.....	C50.011
Malignant neoplasm of nipple and areola, left female breast.....	C50.012
Malignant neoplasm of nipple and areola, unspecified female breast.....	C50.019
Malignant neoplasm of central portion of right female breast.....	C50.111
Malignant neoplasm of central portion of left female breast.....	C50.112
Malignant neoplasm of central portion of unspecified female breast.....	C50.119
Malignant neoplasm of upper-inner quadrant of right female breast.....	C50.211
Malignant neoplasm of upper-inner quadrant of left female breast.....	C50.212
Malignant neoplasm of upper-inner quadrant of unspecified female breast.....	C50.219
Malignant neoplasm of lower-inner quadrant of right female breast.....	C50.311
Malignant neoplasm of lower-inner quadrant of left female breast.....	C50.312
Malignant neoplasm of lower-inner quadrant of unspecified female breast.....	C50.319
Malignant neoplasm of upper-outer quadrant of right female breast.....	C50.411
Malignant neoplasm of upper-outer quadrant of left female breast.....	C50.412
Malignant neoplasm of upper-outer quadrant of unspecified female breast.....	C50.419
Malignant neoplasm of lower-outer quadrant of right female breast.....	C50.511
Malignant neoplasm of lower-outer quadrant of left female breast.....	C50.512
Malignant neoplasm of lower-outer quadrant of unspecified female breast.....	C50.519
Malignant neoplasm of axillary tail of right female breast.....	C50.611
Malignant neoplasm of axillary tail of left female breast.....	C50.612
Malignant neoplasm of axillary tail of unspecified female breast.....	C50.619
Malignant neoplasm of overlapping sites of right female breast.....	C50.811
Malignant neoplasm of overlapping sites of left female breast.....	C50.812
Malignant neoplasm of overlapping sites of unspecified female breast.....	C50.819

BREAST CANCER – CARCINOMA IN SITU

Carcinoma in situ of breast.....	D05
Lobular carcinoma in situ of right breast.....	D05.01
Lobular carcinoma in situ of left breast.....	D05.02
Lobular carcinoma in situ of unspecified breast.....	D05.09
Intraductal carcinoma in situ of right breast.....	D05.11
Intraductal carcinoma in situ of left breast.....	D05.12
Intraductal carcinoma in situ of unspecified breast.....	D05.19
Other carcinoma in situ of right breast.....	D05.71
Other carcinoma in situ of left breast.....	D05.72
Other carcinoma in situ of unspecified breast.....	D05.79
Unspecified carcinoma in situ of right breast.....	D05.91
Unspecified carcinoma in situ of left breast.....	D05.92
Unspecified carcinoma in situ of unspecified breast.....	D05.99

OVARIAN CANCER

Malignant neoplasm of right ovary.....	C56.0
Malignant neoplasm of left ovary.....	C56.1
Malignant neoplasm of ovary, unspecified side.....	C56.9

UTERINE CANCER

Malignant neoplasm of isthmus uteri.....	C54.0
Malignant neoplasm of endometrium.....	C54.1
Malignant neoplasm of fundus uteri.....	C54.3
Malignant neoplasm of overlapping sites of corpus uteri.....	C54.8
Malignant neoplasm of corpus uteri, unspecified.....	C54.9

COLORECTAL CANCER

Malignant neoplasm of cecum.....	C18.0
Malignant neoplasm of appendix.....	C18.1
Malignant neoplasm of ascending colon.....	C18.2
Malignant neoplasm of hepatic flexure.....	C18.3
Malignant neoplasm of transverse colon.....	C18.4
Malignant neoplasm of splenic flexure.....	C18.5
Malignant neoplasm of descending colon.....	C18.6
Malignant neoplasm of sigmoid colon.....	C18.7
Malignant neoplasm of overlapping sites of colon.....	C18.8
Malignant neoplasm of colon, unspecified.....	C18.9
Secondary malignant neoplasm of large intestine and rectum.....	C78.5

BENIGN COLORECTAL NEOPLASMS

Benign neoplasm of cecum.....	D12.0
Benign neoplasm of appendix.....	D12.1
Benign neoplasm of ascending colon.....	D12.2
Benign neoplasm of transverse colon.....	D12.3
Benign neoplasm of descending colon.....	D12.4
Benign neoplasm of sigmoid colon.....	D12.5
Benign neoplasm of colon, unspecified.....	D12.6
Benign neoplasm of rectosigmoid junction.....	D12.7
Benign neoplasm of rectum.....	D12.8
Benign neoplasm of anus and anal canal.....	D12.9

PERITONEAL CANCER

Malignant neoplasm of retroperitoneum.....	C48.0
Malignant neoplasm of specified parts of peritoneum.....	C48.1
Malignant neoplasm of peritoneum, unspecified.....	C48.2
Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum.....	C48.8

PANCREATIC CANCER

Malignant neoplasm of head of pancreas.....	C25.0
Malignant neoplasm of body of pancreas.....	C25.1
Malignant neoplasm of tail of pancreas.....	C25.2
Malignant neoplasm of pancreatic duct.....	C25.3
Malignant neoplasm of endocrine pancreas.....	C25.4
Malignant neoplasm of other parts of pancreas.....	C25.7
Malignant neoplasm of overlapping sites of pancreas.....	C25.8
Malignant neoplasm of pancreas, unspecified.....	C25.9