**CLINICIAN INFO**

- **ORDERING CLINICIAN SIGNATURE**
- **DATE (MM/DD/YY)**

**BILLING INFO**

- **BILL INSURANCE** Attach legible front and back copy of insurance card(s).
- **BILL PATIENT** The patient will be contacted to review payment options prior to test release.
- **BILL ORDERING CLINICIAN**

**PATIENT CLINICAL HISTORY**

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

  **BREAST CANCER**
  - Age at dx: 
  - Pathology: 
    - ductal invasive
    - lobular invasive
    - DCIS
    - other:
  - Triple negative (ER-, PR-, Her2/neu-)
    - **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:

  **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**

  **OTHER CANCER**
  - Age at dx: 
  - Type:

**ADDITIONAL CLINICAL INFO**

**GENETIC COUNSELING**

- Genetic counseling with ordering provider
- Genetic counseling with independent certified GC

**DATE OF GC visit:** / / 

Please attach GC visit note.

**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.

**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.

**PREVIOUS CANCER GENETIC TESTING**

- No previous testing
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**GENETIC COUNSELING**

- Genetic counseling with ordering provider
- Genetic counseling with independent certified GC

**DATE OF GC visit:** / / 

Please attach GC visit note.

**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, BRI1, 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.586dupC; 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-quadrant of right female breast.........................C50.411
Malignant neoplasm of upper-quadrant of left female breast............................C50.412
Malignant neoplasm of upper-quadrant of unspecified female breast..............C50.419
Malignant neoplasm of lower-quadrant of right female breast..........................C50.511
Malignant neoplasm of lower-quadrant of left female breast............................C50.512
Malignant neoplasm of lower-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......................C18.5

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

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