



CENTER for PRECISION DIAGNOSTICS

"Powering Precision Medicine"

Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd.
Detroit, MI 48202
855.916.4DNA (4362)

HEREDITARY CANCER PANELS Part I- REQUISITION

Required Patient Information

Ordering Physician Information

Name: _____ Gender: M F

Name: _____

MRN: _____ DOB: MM / DD / YYYY

Address: _____

ICD10 Code(s): _____ / _____ / _____

City: _____ State: _____ Zip: _____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

Phone: _____ Fax: _____

Billing Information

Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization. Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362)

Bill Client or Institution Client Name: _____ Client Code/Number: _____

Bill Insurance Prior authorization or reference number: _____

Patient Self-Pay Call for pricing and payment options Toll Free: 855.916.4362

Patient status at time of collection: Inpatient Outpatient

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent for Genetic Testing form is available on our website.

Specimen Submission Requirements

Peripheral blood in lavender (EDTA) top tube (minimum volume: 3 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week. **DO NOT FREEZE**
--EXTRACTED DNA ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES

Hereditary Cancer Panels

All tests include pathologist interpretation at a separate, additional charge

NGS and Full Deletions/ Duplications – (May require prior Genetic counseling)

- Hereditary Colorectal/ HNPCC Cancer Risk Panel (15 genes): APC, ATM, BMPR1A, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, SMAD4, STK11, TP53 (81435)
- Hereditary Endometrial Cancer Risk Panel (18 genes): ATM, BRCA1, BRCA2, CHEK2, CDH1, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, STK11, TP53, BRIP1, NBN, PALB2, RAD51C (81321, 81317, 81292 and 81298)
- Hereditary Familial Cutaneous Melanoma Risk Panel (2 genes): CDK4, CDKN2A (81403, 81404)
- Hereditary Neuroendocrine Tumor Disorders Risk Panel (13 genes): FH, MAX, MEN1, NF1, RET, SDHAF2, SDHB, SDHC, SDHD, TMEM127, TSC1, TSC2, VHL (81437)
- 94 Gene Comprehensive Panel: Includes all genes listed below (Call for CPT coding)

Customized Hereditary Cancer Risk Panel (CPT codes vary by gene. Contact us for pricing on your custom panel)

- | | | | | | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> AIP | <input type="checkbox"/> BRCA2 | <input type="checkbox"/> CEBPA | <input type="checkbox"/> EPCAM | <input type="checkbox"/> FANCA | <input type="checkbox"/> FANCL | <input type="checkbox"/> KIT | <input type="checkbox"/> NBN | <input type="checkbox"/> PRF1 | <input type="checkbox"/> RET | <input type="checkbox"/> SLX4 | <input type="checkbox"/> TSC2 |
| <input type="checkbox"/> ALK | <input type="checkbox"/> BRIP1 | <input type="checkbox"/> CEP57 | <input type="checkbox"/> ERCC2 | <input type="checkbox"/> FANCB | <input type="checkbox"/> FANCM | <input type="checkbox"/> MAX | <input type="checkbox"/> NF1 | <input type="checkbox"/> PRKAR1A | <input type="checkbox"/> RHBDF2 | <input type="checkbox"/> SMAD4 | <input type="checkbox"/> VHL |
| <input type="checkbox"/> APC | <input type="checkbox"/> BUB1B | <input type="checkbox"/> CDKN1C | <input type="checkbox"/> ERCC3 | <input type="checkbox"/> FANCC | <input type="checkbox"/> FH | <input type="checkbox"/> MEN1 | <input type="checkbox"/> NF2 | <input type="checkbox"/> PTCH1 | <input type="checkbox"/> RUNX1 | <input type="checkbox"/> SMARCB1 | <input type="checkbox"/> WRN |
| <input type="checkbox"/> ATM | <input type="checkbox"/> CDC73 | <input type="checkbox"/> CDKN2A | <input type="checkbox"/> ERCC4 | <input type="checkbox"/> FANCD2 | <input type="checkbox"/> FLCN | <input type="checkbox"/> MET | <input type="checkbox"/> NSD1 | <input type="checkbox"/> PTEN | <input type="checkbox"/> SBDS | <input type="checkbox"/> STK11 | <input type="checkbox"/> WT1 |
| <input type="checkbox"/> BAP1 | <input type="checkbox"/> CDH1 | <input type="checkbox"/> CEBPA | <input type="checkbox"/> ERCC5 | <input type="checkbox"/> FANCE | <input type="checkbox"/> GATA2 | <input type="checkbox"/> MLH1 | <input type="checkbox"/> PALB2 | <input type="checkbox"/> RAD51C | <input type="checkbox"/> SDHAF2 | <input type="checkbox"/> SUFU | <input type="checkbox"/> XPA |
| <input type="checkbox"/> BLM | <input type="checkbox"/> CDK4 | <input type="checkbox"/> DICER1 | <input type="checkbox"/> EXT1 | <input type="checkbox"/> FANCF | <input type="checkbox"/> GPC3 | <input type="checkbox"/> MSH2 | <input type="checkbox"/> PHOX2B | <input type="checkbox"/> RAD51D | <input type="checkbox"/> SDHB | <input type="checkbox"/> TMEM127 | <input type="checkbox"/> XPC |
| <input type="checkbox"/> BMPR1A | <input type="checkbox"/> CDKN1C | <input type="checkbox"/> DIS3L2 | <input type="checkbox"/> EXT2 | <input type="checkbox"/> FANCG | <input type="checkbox"/> HNF1A | <input type="checkbox"/> MSH6 | <input type="checkbox"/> PMS1 | <input type="checkbox"/> RB1 | <input type="checkbox"/> SDHC | <input type="checkbox"/> TP53 | |
| <input type="checkbox"/> BRCA1 | <input type="checkbox"/> CDKN2A | <input type="checkbox"/> EGFR | <input type="checkbox"/> EZH2 | <input type="checkbox"/> FANCI | <input type="checkbox"/> HRAS | <input type="checkbox"/> MUTYH | <input type="checkbox"/> PMS2 | <input type="checkbox"/> RECQL4 | <input type="checkbox"/> SDHD | <input type="checkbox"/> TSC1 | |

Other Molecular DNA/RNA Tests

Send Additional Report To

Name: _____
Address: _____
Phone #: _____ Fax #: _____



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HEREDITARY CANCER PANELS Part II- HISTORY

The information below is required to perform Hereditary Cancer testing.

Required Patient Information

Ordering Physician Information

Name: _____ Gender: M F Name: _____

MRN: _____ DOB: MM / DD / YYYY Contact Number : _____

Patient Ethnicity

- African American
ex: African American, Ethiopian, Haitian, Jamaican, etc.
- Ashkenazi Jewish
- Asian
ex: Asian Indian, Chinese, Filipino, Japanese, Korean, etc.
- Caucasian
ex: English, French, German, Irish, Italian, Polish, etc.
- Hispanic, Latino, or Spanish origin
ex: Colombian, Cuban, Mexican/Mexican American, etc.
- Middle Eastern or North African
ex: Algerian, Egyptian, Iranian, Lebanese, Syrian, etc.
- Native American
ex: Aztec, Inuit, Lakota, Navajo, Mayan, Purhepecha, etc.
- Native Hawaiian or Other Pacific Islander
ex: Chamorro, Fijian, Marshallese, Native Hawaiian, etc.
- Other:

Is this treatable, preventable, or neither? _____

Will the results of the ordered test(s) affect treatment? Yes No

Has there been any genetic counseling? Yes No

Is there a known mutation in the family? Yes No

Specify family member name and relationship

Gene(s): _____ Mutation(s): _____

Include lab report and/or testing facility if possible.

Does the patient have a person history of cancer? Yes No

Specify type(s): _____ Age at Diagnosis: _____

type(s): _____ Age at Diagnosis: _____

Is there a family history of cancer? Yes No

If checked "Yes", please describe in detail below or attach pedigree.
