

HEREDITARY BREAST, OVARIAN AND OTHER CANCER PANELS

Required Patient Information

Name: _____ Gender: M F

MRN: _____ DOB: MM / DD / YYYY

ICD10 Code(s): _____ / _____ / _____

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.

Ordering Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

NPI: _____

Billing & Collection 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 Collection date: _____ Collection time: _____

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent form is attached to this requisition, please submit with sample.

Specimen/Source

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 Breast and Ovarian Cancer Predisposition Panels

BRCA1/BRCA2 Full Sequencing and Full Deletions/Duplications (81162)

Breast Cancer Risk Assessment & Management Panel - 13 genes (81432)

ATM, BARD1, BRCA1, BRCA2, CDH1, CHEK2, PALB2, TP53, PTEN, NF1, RAD51C, RAD51D, STK11

Hereditary Breast/Ovarian Cancer Panel - 20 genes (81432)

ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, SMARCA4, STK11, TP53

Hereditary Multi-Cancer Risk Assessment Panel - 55 genes (81432, 81435, 81437)

APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, FH, FLCN, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POT1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TMEM127, TP53, TSC1, TSC2, VHL

Custom Hereditary Cancer Risk Panel (Call 313-916-4362 for CPT codes)

see Gene List on the reverse of this form

Other Hereditary Cancer Predisposition Panels

Hereditary Colorectal/ HNPCC Cancer Risk Panel - 21 genes (81435) *APC, ATM, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MLH2, MLH3, MSH2, MSH3, MSH6, MUTYH, PMS2, POLD1, PTEN, SMAD4, STK11, TP53*

Hereditary Endometrial Cancer Risk Panel - 17 genes (81432)

ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51D, RAD51C, STK11, TP53

Hereditary Melanoma Panel- Expanded - 10 genes (81432)

BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53

Hereditary Multi-Cancer Risk Assessment Panel - 55 genes (81432, 81435, 81437)

APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, FH, FLCN, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POT1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TMEM127, TP53, TSC1, TSC2, VHL

Hereditary Neuroendocrine Tumor Disorders Risk Panel - 15 genes (81437)

FH, MAX, MEN1, MITF, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, TSC1, TSC2, VHL

Hereditary Prostate Cancer Panel - 16 genes (81432)

ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53

Hereditary Renal/Urinary Tract Cancer Panel - 27 genes (81437)

BAP1, BUB1B, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, FH, FLCN, GPC3, MET, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, SMARCB1, TP53, TSC1, TSC2, VHL, WT1

Custom Hereditary Cancer Risk Panel (Call 313-916-4362 for CPT codes)

see Gene List on the reverse of this form

Other Test(s)

Send Additional Report To:

Name:	
Phone #:	Fax #:

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"/> HRAS | <input type="checkbox"/> MUTYH | <input type="checkbox"/> PMS2 | <input type="checkbox"/> RECQL4 | <input type="checkbox"/> SDHD | <input type="checkbox"/> TSC1 |
| <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"/> KIT | <input type="checkbox"/> NBN | <input type="checkbox"/> PRF1 | <input type="checkbox"/> RET | <input type="checkbox"/> SLX4 | <input type="checkbox"/> TSC2 |
| <input type="checkbox"/> APC | <input type="checkbox"/> BUB1B | <input type="checkbox"/> CHEK2 | <input type="checkbox"/> ERCC3 | <input type="checkbox"/> FANCC | <input type="checkbox"/> FH | <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"/> ATM | <input type="checkbox"/> CDC73 | <input type="checkbox"/> CYLD | <input type="checkbox"/> ERCC4 | <input type="checkbox"/> FANCD2 | <input type="checkbox"/> FLCN | <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"/> BAP1 | <input type="checkbox"/> CDH1 | <input type="checkbox"/> DDB2 | <input type="checkbox"/> ERCC5 | <input type="checkbox"/> FANCE | <input type="checkbox"/> GATA2 | <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"/> BLM | <input type="checkbox"/> CDK4 | <input type="checkbox"/> DICER1 | <input type="checkbox"/> EXT1 | <input type="checkbox"/> FANCF | <input type="checkbox"/> GPC3 | <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"/> BMPR1A | <input type="checkbox"/> CDKN1C | <input type="checkbox"/> DIS3L2 | <input type="checkbox"/> EXT2 | <input type="checkbox"/> FANCG | <input type="checkbox"/> HOXB13
(G84) | <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"/> BRCA1 | <input type="checkbox"/> CDKN2A | <input type="checkbox"/> EGFR | <input type="checkbox"/> EZH2 | <input type="checkbox"/> FANCI | <input type="checkbox"/> HNF1A | <input type="checkbox"/> MSH6 | <input type="checkbox"/> PMS1 | <input type="checkbox"/> RB1 | <input type="checkbox"/> SDHC | <input type="checkbox"/> TP53 | |

