



Please Return to:
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Molecular Oncology - Solid Tumor Test Requisition

Patient Information		Ordering Physician Information	
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Street Address	<input type="text"/>	NPI	<input type="text"/>
City, State, Zip	<input type="text"/>	Office/Facility Name	<input type="text"/>
Phone	<input type="text"/>	Address	<input type="text"/>
Fax	<input type="text"/>	City, State, Zip	<input type="text"/>
ID/MRN #	<input type="text"/>	Phone	<input type="text"/>
Hospital In-Patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fax	<input type="text"/>
		Email	<input type="text"/>

Physician Signature _____ Date _____

Send additional copies of test results to:

Physician Name	Email	Fax
Physician Name	Email	Fax

Billing Information

Bill Insurance Attach Copy of Insurance Card or Billing Face Sheet Bill Client Invoice will be sent to Client Account and Address Listed Above Other _____

Primary Insurance Name	Secondary Insurance Name
Primary Policy #	Secondary Policy #
Primary Group #	Secondary Group #
Preauthorization #	Preauthorization #
Relation to Insured <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare	Relation to Insured <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare
<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____

Clinical Information

Specimen Type	<input type="checkbox"/> DNA from _____	ICD-9 (required)	<input type="text"/>
	<input type="checkbox"/> Whole Blood	Diagnosis Description	<input type="text"/>
	<input type="checkbox"/> Other _____	Current Medication	<input type="text"/>
	<input type="checkbox"/> Paraffin Block/Slide Sections (10-15)	Date of Specimen Collection	<input type="text"/>
	Paraffin Block/Slides ID	Time of Specimen Collection	<input type="text"/>
	Tissue Source		
Contact Phone			
Contact Fax			

Molecular Consultation

- Assays selected by an expert molecular pathologist based on tumor type, using a tiered, cost-effective approach. When this option is selected for panels, KDL Pathologists will prioritize testing. Only the tests performed will be billed.

Colorectal Cancer

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4224	GeneTrails® Colon Mutation Panel (KRAS, BRAF, NRAS)	<input type="checkbox"/> 2033	MSH2 Del/Dup
<input type="checkbox"/> 5440	GeneTrails® Solid Tumor Genotyping Panel (37 Gene Next-Gen Sequencing Panel)	<input type="checkbox"/> 2034	MSH2 Sequencing & Del/Dup
<input type="checkbox"/> 5000	Microsatellite Instability (MSI)	<input type="checkbox"/> 2037	MSH6 Del/Dup
<input type="checkbox"/> 4850	Microsatellite Instability (MSI) and IHC (for MLH1/MSH2/MSH6/PMS2)	<input type="checkbox"/> 2038	MSH6 Sequencing & Del/Dup
<input type="checkbox"/> 2029	MLH1 Del/Dup	<input type="checkbox"/> 4870	Lynch Syndrome Sequencing Panel (MLH1, MSH2, MSH6 Sequencing) or order separately:
<input type="checkbox"/> 2030	MLH1 Sequencing & Del/Dup	<input type="checkbox"/> 2028	MLH1 Sequencing
		<input type="checkbox"/> 2032	MSH2 Sequencing
		<input type="checkbox"/> 2036	MSH6 Sequencing

GIST

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4110	BRAF Mutation Analysis (exon 15)	<input type="checkbox"/> 4500	GeneTrails® GIST Genotyping Panel (23 Gene Next-Gen Sequencing Panel) for 'wild-type' GISTs
<input checked="" type="checkbox"/> 4199	cKIT (exons 9, 11, 13, 17) with reflex to PDGFRA		
<input type="checkbox"/> 5250	PDGFRA Mutation Analysis only (exons 12, 14, 18)		

Gliomas

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4650	IDH1 & IDH2 Mutation Analysis	<input type="checkbox"/> 7270	Glioma FISH Panel - Deletion 1p/19q (FISH) - EGFR amplification (FISH) - Deletion 10q, monosomy 10 (FISH)
<input type="checkbox"/> 5005	MGMT Methylation		

Melanoma

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4110	BRAF Mutation Analysis (exon 15)	<input type="checkbox"/> 4900	Melanoma Panel (BRAF, NRAS, and cKIT Mutation Analysis)
<input type="checkbox"/> 4210	cKIT Mutation Analysis (exons 11, 13, 17)	<input type="checkbox"/> 5100	NRAS Mutation Analysis (exons 1, 2)
<input type="checkbox"/> 4525	GNAQ and GNA11 Mutation Analysis		

Non-Small Cell Lung Cancer

Code	Test Name	Code	Test Name
<input type="checkbox"/> 5120	GeneTrails® NSCLC Genotyping Panel (23 Gene Next-Gen Sequencing Panel)	<input type="checkbox"/> 4825	Lung Cancer Mini Panel ALK FISH - FFPE (2p23) EGFR Mutation Analysis (exons 18-21)
<input type="checkbox"/> 4480	GeneTrails® Solid Tumor Fusion Gene panel	FISH Tests ordered individually (on FFPE tissue sections):	
<input type="checkbox"/> 4110	BRAF Mutation Analysis (exon 15)	<input type="checkbox"/> 8018	ALK FISH - FFPE (2p23)
<input type="checkbox"/> 4360	EGFR Mutation Analysis (exons 18-21)	<input type="checkbox"/> 8219	FGFR1 FISH - FFPE (for amplification)
<input type="checkbox"/> 4363	EGFR T790M Mutation Analysis (erlotinib resistance)	<input type="checkbox"/> 8500	MET FISH (for amplification)
<input type="checkbox"/> 7600	NSCLC FISH Panel (ALK, RET, ROS1, MET)	<input type="checkbox"/> 8700	RET (FISH) FFPE
<input type="checkbox"/> 4800	KRAS Mutation Analysis (exons 1,2)	<input type="checkbox"/> 8720	ROS1 (FISH) FFPE

Solid Tumors

<input type="checkbox"/> 5440 GeneTrails Solid Tumor Genotyping Panel (37 Gene Next-Gen Sequencing Panel)	
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Other Solid Tumor Tests

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4023	ALK Mutation Analysis (Exons 22-25 only)	<input type="checkbox"/> 5005	MGMT Methylation
<input type="checkbox"/> 4110	BRAF Mutation Analysis (exon 15)	<input type="checkbox"/> 5100	NRAS Mutation Analysis (exons 1, 2)
<input type="checkbox"/> 4360	EGFR Mutation Analysis (exons 18-21)	<input type="checkbox"/> 4600	HRAS Mutation Analysis (exons 1,2)
<input type="checkbox"/> 4650	IDH1 & IDH2 Mutation Analysis	<input type="checkbox"/> 5250	PDGFRA Mutation Analysis (exons 12, 14, 18)
<input type="checkbox"/> 4800	KRAS Mutation Analysis (exons 1, 2)	<input type="checkbox"/> 5270	PIK3CA Mutation Analysis (exons 9, 20)
<input type="checkbox"/>	Custom Sequencing Test		

Solid Tumor Immunohistochemistry Tests

Code	Test Name	Code	Test Name
<input type="checkbox"/> 5340	MET IHC	<input type="checkbox"/> 5350	PTEN IHC

Solid Tumor FISH Tests

Code	Test Name	Code	Test Name	Code	Test Name
<input type="checkbox"/> 8018	ALK (2p23)	<input type="checkbox"/> 8692	RB1 (13q14)	<input type="checkbox"/> 8098	MYC (8q24)
<input type="checkbox"/> 8180	EGFR amplification	<input type="checkbox"/> 8100	COL1A/PDGFB t(17;22)	<input type="checkbox"/> 8720	ROS1 (6q22)
<input type="checkbox"/> 8300	HER2 (ERBB2) amplification	<input type="checkbox"/> 8218	FGFR1 amplification	<input type="checkbox"/> 8105	CSF1R (5q32)
<input type="checkbox"/> 8642	PTEN (Del 10q, monosomy 10)	<input type="checkbox"/> 8500	MET amplification	<input type="checkbox"/> 8250	FUS (16p11.2)
<input type="checkbox"/> 8115	CCND1 (11q13)	<input type="checkbox"/> 8700	RET(10q11.2)	<input type="checkbox"/> 8580	N-MYC (2p24)
<input type="checkbox"/> 8200	EWSR1 (22q12.2)	<input type="checkbox"/> 8616	CDKN2A (p16)	<input type="checkbox"/> 8774	SS18 (SYT)
<input type="checkbox"/> 8498	MDM2 (12q15)	<input type="checkbox"/> 8338	FGFR3 t(4;14)	<input type="checkbox"/> 8274	Deletion 1p/19q

Full Chromosome Study*

Code	Test Name	Code	Test Name	Code	Test Name
<input type="checkbox"/> 6460	Lymph Node Chromosome Study	<input type="checkbox"/> 6750	Spleen Chromosome Study	<input type="checkbox"/> 6810	Tumor Chromosome Study

*Chromosome Studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply.