



Colorado Molecular Correlates Laboratory

GI Requisition Form

University of Colorado Denver - Anschutz Medical Campus
12705 E. Montview Blvd., Ste. 400, Aurora, CO 80045
Phone: 303-724-4754 Fax: 303-724-3096
CMOCO@ucdenver.edu



| ORDERING PHYSICIAN/LABORATORY | | | PATIENT INFORMATION (please print) | | |
|-----------------------------------|--------|-------------|--|--------|----------------|
| Physician's Name: | | | Name (Last, First): | | |
| Practice Name: | | | Patient Address: | | |
| Address: | | | City: | State: | Zip: |
| City: | State: | Zip: | Phone Number: | | |
| Phone Number: | | Fax Number: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Date of Birth: |
| Physician's Signature (Required): | | Date: | Patient ID: | | |

Unless checked here order may be modified based on sample quantity & quality.

SPECIMEN INFORMATION

| | | | |
|--|---|---------------------|-----------------------|
| Specimen type/collection procedure: | Place of Service at Time of Collection/Order: <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT | Date of Collection: | Date of IP Discharge: |
| Materials Sent: Specify Block(s) & Unstained/Stained Slides with their quantity and identifiers | Clinical History: | | ICD-10 code(s): |

TEST SELECTION

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| <p>GI PANEL^{3,4}</p> <p><input type="checkbox"/> Colorectal Carcinoma¹ Microsatellite instability analysis Mutations: KRAS, NRAS, BRAF, PIK3CA If negative for the RAS/RAF, reflex to: FISH: ERBB2 If RAS/RAF negative and MSI-H, reflex to: Fusions: NTRK1/2/3 If MSI-H and MLH1/PMS2 loss (by IHC), MLH1 promoter hypermethylation <input type="checkbox"/> Check here to exclude MSI from the panel</p> <p><input type="checkbox"/> Pancreatic Carcinoma^{1,2} Microsatellite instability analysis Mutation: KRAS (by NGS) If negative for KRAS mutation, reflex to: Fusions: NRG1, NTRK1/2/3 Mutations: BRAF, ERBB2, SMAD4</p> <p><input type="checkbox"/> GIST Mutations: KIT, PDGFRA If negative for the above genes, reflex to: Fusions: NTRK1/2/3</p> <p>Add-on gene</p> <table border="0"> <tr> <td><input type="checkbox"/> AKT1</td><td><input type="checkbox"/> BRAF</td><td><input type="checkbox"/> EGFR</td><td><input type="checkbox"/> FGFR1</td><td><input type="checkbox"/> GNAS</td><td><input type="checkbox"/> KDR</td><td><input type="checkbox"/> NOTCH1</td><td><input type="checkbox"/> PTEN</td><td><input type="checkbox"/> SMAD4</td><td><input type="checkbox"/> TP53</td> </tr> <tr> <td><input type="checkbox"/> ALK</td><td><input type="checkbox"/> CDH1</td><td><input type="checkbox"/> ERBB2</td><td><input type="checkbox"/> FGFR2</td><td><input type="checkbox"/> H3F3A</td><td><input type="checkbox"/> KIT</td><td><input type="checkbox"/> NRAS</td><td><input type="checkbox"/> PTPN11</td><td><input type="checkbox"/> SMARCB1</td><td><input type="checkbox"/> VHL</td> </tr> <tr> <td><input type="checkbox"/> APC</td><td><input type="checkbox"/> CDK4</td><td><input type="checkbox"/> ERBB3</td><td><input type="checkbox"/> FGFR3</td><td><input type="checkbox"/> HNF1A</td><td><input type="checkbox"/> KRAS</td><td><input type="checkbox"/> PDGFRA</td><td><input type="checkbox"/> RB1</td><td><input type="checkbox"/> SMO</td><td></td> </tr> <tr> <td><input type="checkbox"/> AR</td><td><input type="checkbox"/> CDKN2A</td><td><input type="checkbox"/> ERBB4</td><td><input type="checkbox"/> FOXL2</td><td><input type="checkbox"/> HRAS</td><td><input type="checkbox"/> MAP2K1</td><td><input type="checkbox"/> PIK3CA</td><td><input type="checkbox"/> RET</td><td><input type="checkbox"/> SRC</td><td></td> </tr> <tr> <td><input type="checkbox"/> ATM</td><td><input type="checkbox"/> CTNNB1</td><td><input type="checkbox"/> ESR1</td><td><input type="checkbox"/> GNA11</td><td><input type="checkbox"/> IDH1</td><td><input type="checkbox"/> MET</td><td><input type="checkbox"/> PIK3R1</td><td><input type="checkbox"/> RHOA</td><td><input type="checkbox"/> STK11</td><td></td> </tr> <tr> <td><input type="checkbox"/> AURKA</td><td><input type="checkbox"/> DDR2</td><td><input type="checkbox"/> FBXW7</td><td><input type="checkbox"/> GNAQ</td><td><input type="checkbox"/> IDH2</td><td><input type="checkbox"/> MLH1</td><td><input type="checkbox"/> POLE</td><td><input type="checkbox"/> ROS1</td><td><input type="checkbox"/> TERT</td><td></td> </tr> </table> | <input type="checkbox"/> AKT1 | <input type="checkbox"/> BRAF | <input type="checkbox"/> EGFR | <input type="checkbox"/> FGFR1 | <input type="checkbox"/> GNAS | <input type="checkbox"/> KDR | <input type="checkbox"/> NOTCH1 | <input type="checkbox"/> PTEN | <input type="checkbox"/> SMAD4 | <input type="checkbox"/> TP53 | <input type="checkbox"/> ALK | <input type="checkbox"/> CDH1 | <input type="checkbox"/> ERBB2 | <input type="checkbox"/> FGFR2 | <input type="checkbox"/> H3F3A | <input type="checkbox"/> KIT | <input type="checkbox"/> NRAS | <input type="checkbox"/> PTPN11 | <input type="checkbox"/> SMARCB1 | <input type="checkbox"/> VHL | <input type="checkbox"/> APC | <input type="checkbox"/> CDK4 | <input type="checkbox"/> ERBB3 | <input type="checkbox"/> FGFR3 | <input type="checkbox"/> HNF1A | <input type="checkbox"/> KRAS | <input type="checkbox"/> PDGFRA | <input type="checkbox"/> RB1 | <input type="checkbox"/> SMO | | <input type="checkbox"/> AR | <input type="checkbox"/> CDKN2A | <input type="checkbox"/> ERBB4 | <input type="checkbox"/> FOXL2 | <input type="checkbox"/> HRAS | <input type="checkbox"/> MAP2K1 | <input type="checkbox"/> PIK3CA | <input type="checkbox"/> RET | <input type="checkbox"/> SRC | | <input type="checkbox"/> ATM | <input type="checkbox"/> CTNNB1 | <input type="checkbox"/> ESR1 | <input type="checkbox"/> GNA11 | <input type="checkbox"/> IDH1 | <input type="checkbox"/> MET | <input type="checkbox"/> PIK3R1 | <input type="checkbox"/> RHOA | <input type="checkbox"/> STK11 | | <input type="checkbox"/> AURKA | <input type="checkbox"/> DDR2 | <input type="checkbox"/> FBXW7 | <input type="checkbox"/> GNAQ | <input type="checkbox"/> IDH2 | <input type="checkbox"/> MLH1 | <input type="checkbox"/> POLE | <input type="checkbox"/> ROS1 | <input type="checkbox"/> TERT | | <p><input type="checkbox"/> Cholangiocarcinoma Fusions: FGFR2/3, ROS1 Mutations: IDH1, BRAF, KRAS</p> <p><input type="checkbox"/> Gastric Carcinoma Microsatellite instability analysis FISH: ERBB2</p> <p><input type="checkbox"/> Rapid KRAS (non-NGS)</p> <p><input type="checkbox"/> Rapid MSI</p> <p><input type="checkbox"/> Relatedness of multiple lesions (multiple primary vs. metastasis) Mutations: Full panel Lesions to compare: <div style="border: 1px solid black; height: 30px; width: 100%;"></div></p> | <p><input type="checkbox"/> NGS Mutation Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> NGS Fusion Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> NGS Mutation + Fusion Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> Targeted Fusion Testing Fusion NGS for ALK, ROS1, RET, NTRK1/2/3, NRG1, FGFR1/2/3</p> <p><input type="checkbox"/> NTRK1/2/3 Fusion Testing</p> |
| <input type="checkbox"/> AKT1 | <input type="checkbox"/> BRAF | <input type="checkbox"/> EGFR | <input type="checkbox"/> FGFR1 | <input type="checkbox"/> GNAS | <input type="checkbox"/> KDR | <input type="checkbox"/> NOTCH1 | <input type="checkbox"/> PTEN | <input type="checkbox"/> SMAD4 | <input type="checkbox"/> TP53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ALK | <input type="checkbox"/> CDH1 | <input type="checkbox"/> ERBB2 | <input type="checkbox"/> FGFR2 | <input type="checkbox"/> H3F3A | <input type="checkbox"/> KIT | <input type="checkbox"/> NRAS | <input type="checkbox"/> PTPN11 | <input type="checkbox"/> SMARCB1 | <input type="checkbox"/> VHL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> APC | <input type="checkbox"/> CDK4 | <input type="checkbox"/> ERBB3 | <input type="checkbox"/> FGFR3 | <input type="checkbox"/> HNF1A | <input type="checkbox"/> KRAS | <input type="checkbox"/> PDGFRA | <input type="checkbox"/> RB1 | <input type="checkbox"/> SMO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AR | <input type="checkbox"/> CDKN2A | <input type="checkbox"/> ERBB4 | <input type="checkbox"/> FOXL2 | <input type="checkbox"/> HRAS | <input type="checkbox"/> MAP2K1 | <input type="checkbox"/> PIK3CA | <input type="checkbox"/> RET | <input type="checkbox"/> SRC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ATM | <input type="checkbox"/> CTNNB1 | <input type="checkbox"/> ESR1 | <input type="checkbox"/> GNA11 | <input type="checkbox"/> IDH1 | <input type="checkbox"/> MET | <input type="checkbox"/> PIK3R1 | <input type="checkbox"/> RHOA | <input type="checkbox"/> STK11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AURKA | <input type="checkbox"/> DDR2 | <input type="checkbox"/> FBXW7 | <input type="checkbox"/> GNAQ | <input type="checkbox"/> IDH2 | <input type="checkbox"/> MLH1 | <input type="checkbox"/> POLE | <input type="checkbox"/> ROS1 | <input type="checkbox"/> TERT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>FISH ANALYSIS</p> <p><input type="checkbox"/> HER2/neu (ERBB2)</p> | <p>MUTATIONAL ANALYSIS (Targeted Assays)</p> <p><input type="checkbox"/> BRAF <input type="checkbox"/> MLH1 promoter methylation</p> <p><input type="checkbox"/> KRAS <input type="checkbox"/> NRAS</p> | <p>MSI</p> <p><input type="checkbox"/> Microsatellite Instability</p> |
|--|--|--|

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| <p><input type="checkbox"/> Please Obtain Pathology Materials from Outside Institution (Pathology Report Required, please attach pathology report or <input type="checkbox"/> check here if available in UCH EMR)</p> <p><input type="checkbox"/> Consultation and Report on Referred Slides and/or Materials (surgical pathology consultation for diagnosis)</p> <p><input type="checkbox"/> All tests include physician interpretation and report unless checked here; contact lab for service eligibility for technical only.</p> <p>1. If quantity insufficient for NGS testing, KRAS, BRAF and NRAS will be tested via alternate methods, as feasible.</p> <p>2. If quantity insufficient for NGS testing, KRAS will be tested via alternate methods, as available.</p> <p>3. Fusions by NGS will be issued in a separate report. If insufficient for fusion by NGS, other components of testing will not be cancelled unless otherwise specified.</p> <p>4. Only indicated genes will be reported. Select 'add-on gene' if desired.</p> | <p>Notes/Special Requests:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
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Note: For any test not listed, please call for availability.

BILLING INFORMATION

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|---|--|---|------|
| <input type="checkbox"/> Self-Pay <input type="checkbox"/> Insurance <input type="checkbox"/> Physician/Lab <input type="checkbox"/> Grant | Insured's Relation to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | Insurance (For non-University of Colorado Hospital patients, please see below): <hr/> Insured's Name (if not patient): | |
| Claims Address: | City: | State: | Zip: |
| Insurance ID#: | Group Name: | Group Number: | |
| Grant Info (Grant Name, Number, Study Coordinator, PI, and SpeedType): | | | |

BILLING INFORMATION FOR PATIENTS OUTSIDE THE UNIVERSITY OF COLORADO HOSPITAL

The CY 2018 OPPTS/ASC final rule (82 FR 52533-52540) introduced a new exception to current laboratory DOS regulations at 42 CFR 414.510. The new exception permits independent laboratories to bill Medicare directly for molecular pathology tests (CPT codes 81105-81479), which are excluded from the OPPTS packaging policy, if the specimen was collected from a hospital outpatient encounter. Payers following this rule include: Medicare, Medicare HMOs, VA and United Healthcare. No such rule has been implemented for specimens collected from hospital inpatients.

IN-PATIENT STATUS AT TIME OF COLLECTION AND/OR ORDER

SPECIMENS RECEIVED WITHIN 14-DAYS FROM THE DATE OF DISCHARGE: The technical component of any/all services will be billed back to your institution (please provide BILL TO INFORMATION below). The professional interpretation will be billed to insurance.

SPECIMENS RECEIVED 14-DAYS AFTER THE DATE OF DISCHARGE: Any/All services will be billed to insurance.

OUT-PATIENT STATUS AT TIME OF COLLECTION AND/OR ORDER

SPECIMENS RECEIVED WITHIN 14-DAYS FROM THE DATE OF COLLECTION: The technical components of microdissection (88381), FISH (88271-88275) and IHC (88341-88342, 88360-88361) will be billed back to your institution (please provide BILL TO INFORMATION below). The professional interpretation will be billed to insurance.

SPECIMENS RECEIVED 14-DAYS AFTER THE DATE OF COLLECTION: Any/All services will be billed to insurance.

TECHNICAL COMPONENT - BILL TO INFORMATION

| | | |
|------------------------|----------------------|------|
| Institution Name: | Billing Person Name: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| Billing Person E-mail: | | |