



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

<p>GI PANEL^{4,5}</p> <p><input type="checkbox"/> Colorectal Carcinoma¹ Microsatellite instability analysis Mutations: KRAS, NRAS, BRAF If negative for the RAS/RAF, reflex to: FISH: ERBB2 If RAS/RAF negative and MSI-H, reflex to: Fusions: NTRK1/2/3, RET 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^{2,3} Microsatellite instability analysis Mutation: KRAS (by NGS), BRCA1/2 If negative for KRAS mutation, reflex to: Fusions: NRG1, NTRK1/2/3, RET Mutations: BRAF, ERBB2, SMAD4</p> <p><input type="checkbox"/> GIST Mutations: KIT, PDGFRA, BRAF, NF1, SDHA/B/C/D If negative for the above genes, reflex to: Fusions: NTRK1/2/3, RET</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, RET 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: 20px; 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> <p><input type="checkbox"/> NTRK1/2/3 + RET 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																																																						

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

<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. If quantity insufficient for extensive NGS testing, BRCA1/2 will not be reported.</p> <p>4. 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>5. 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: 100px;"></div>
---	--

Note: For any test not listed, please call for availability.

BILLING INFORMATION

<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):	
		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

TESTING ORDERED 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.

TESTING ORDERED 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

TESTING ORDERED 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.

TESTING ORDERED 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:			